

7887 GRAVES DETACHMENT

Willis

APO 757

3 Bunk St. Avold X-6454

mg

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-6454 St Avold

(POC) ST AVOLD

*Given
to file
Jd Br
26 Feb 51*

NAME AND ARMY SERIAL NUMBER

LA 2011
8100

X-6454

GRADE E4	COMPANY I	REGIMENT AND ARM OR SERVICE Infantry
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DIVISION	CORPS	ARMY	AGE	RACE W.	NATIV-ITY U.S.	SERVICE, YEARS NA
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STATION WHERE TAGGED: WESTERN FRONT GERMANY	DATE MAY 1946	HOUR 1110
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DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

REENTERED
 U. S. MIL. CEM. ST-AVOLD
 FFF ROW GRAVE 112

LINE OF DUTY

TREATMENT:

ANTITETANIC SERUM: DOSE

TIME

MORPHINE:

DOSE

TIME

DISPOSITION: U.S. MIL. CEM. ST. AVOLD FRANCE Q 260,584	DATE	HOUR
--	------	------

SIGNATURE, WITH RANK AND ORGANIZATION:

[Handwritten signature]
 1st Lt. [illegible]
 6888th C.A.S.T.

CASE # 2071 (538 Q.M. 3P)

REPORT OF INVESTIGATION

AREA SEARCH

RECORDED
U. S. MIL. CEM. DIV.
PLOT PFFFFROW. 7 CANCEL 112

AGRC Form # 10 (Revised)

1 January 1946.

37A wld

25th May 1946.

Date

NAME Unknown X-6454 RANK Unkn. ASN Unknown

ORGANIZATION Ground Forces

MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No
If so, state the following information :

a. NAME Unknown RANK Unkn. ASN Unknown

b. ORGANIZATION Ground Forces

2. Was partial identification established? no If so, state the facts as to whom you believe the deceased to be :

a. NAME unknown RANK unknown ASN unknown

b. ORGANIZATION unknown

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY

none

(Use reverse side for listing of crew members from MACR)

a. Date of above burials 31 December 44 Common Graves? no

5. Name and Type of Cemetery NA
(Military or Civilian)
6. Map Coordinates of the Cemetery NA
a. Town NA Country NA
7. Give exact location in cemetery of the remains.
a. Section NA Row NA Grave NA
b. Is Sketch attached? NA
8. If remains are not located in a cemetery, give exact location.
a. Town Iffezheim Coordinates K 49 WR 300.259
b. Is sketch attached? yes
c. Is area mined? no
9. How is the grave marked? cross
10. If grave is marked with cross, give exact markings thereon hier ruht ein USA-Soldat
gef. am 31.12.1944
a. From what source was this information obtained? German soldiers
(Identification tags, personal effects)
b. By Whom Friedrich Schaefer
11. Where are the cemetery records? NA none
(Town Hall, cemetery, burgermeister's office)
a. What information was contained thereon? NA
b. Where was the information obtained? NA
c. By Whom? NA
12. What is the date of death? 31. December 1944
a. Give basis Friedrich Schaefer
13. What is the cause of death? gun shot wounds
b. Give basis Friedrich Schaefer
14. What is the date of burial? 31 December 1944
a. Give basis Friedrich Schaefer

IDENTIFICATION BRANCH
 DEC 3 2 12 PM '51
 MEMORIAL DIVISION

15. Where was the place of death? across the Rhine in France Coords NA
 Give basis German soldiers
16. Where were the remains found? across the Rhine in Coords NA
France
 a. By Whom? German troops
 b. Is sketch attached? no
17. Was a casket used? no Who furnished the casket? NA
 Type of casket NA How marked? NA
18. Who made the burial Friedrich Schaefer and other German troops
(Civilian, American Mil. or German Mil).
 a. What are the names and addresses? Friedrich Schaefer, Iffezheim/Baden
 b. Are certificates and statements attached? yes

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member
 does not apply of the AAF).

19. Were remains found in the plane wreckage? _____
 a. Give location in plane from which the bodies were removed _____

 (Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
 b. Near wreckage? _____
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when an by whom).
 a. Type of Plane _____
 b. Markings and/or name on plane _____
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? Anti-aircraft
 Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased? _____

28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night ? Day ?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed. _____

- (Radio man, driver, assistant driver or ... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date of death of above named deceased?

37. Precise time and date of destruction of tank _____
(Night? Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) small arms fire

If so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased see attached statement

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team no

If not, state reason no personal effects

a. Were identification tags found at the time of death? unknown

Where? NA By Whom? NA

Present disposition unknown

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? unknown

Where? NA By Whom? NA

Present disposition unknown

c. Was deceased identified by living members of the crew at the time of death? _____

NA

d. Did Cemetery register or cross indicate the immunization shot? _____ NA

42. Was Deceased given first aid? _____ no _____ If so, where? _____ NA

By whom? _____ NA Are statements from the medical people attached? _____ NA

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

WHERE? _____ NA Names of people concerned _____ NA

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? _____ yes

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?

NA

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? _____

no

a. If so, give basis for positive assumption _____ NA

b. If so, has higher headquarters been notified? _____ NA

47. Was case previously investigated? _____ no _____ By Whom? _____ NA

When? _____ NA

48. Give full names, addresses, and information obtained from each person interviewed _____

Buergermeister Huber, Iffezheim/Baden

Friedrich Schaefer, Iffezheim/Baden

49. Are all positive statements regarding identification and particulars surrounding death attached? _____

no statement from Buergermeister

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

no

51. Was investigation preceded by advanced publicity? ~~no~~ yes

(If special investigation, give case number)

52. Give Brief Narrative see attached

(Use attached sheets, if necessary)

Leverenz (md)

Leverenz

Signature of Interpreter

Rank

ASN

Organization

Joseph J

Joseph J. Solak

Joseph J. Solak

Signature of Investigator

Pfc. 31497826

Rank

ASN

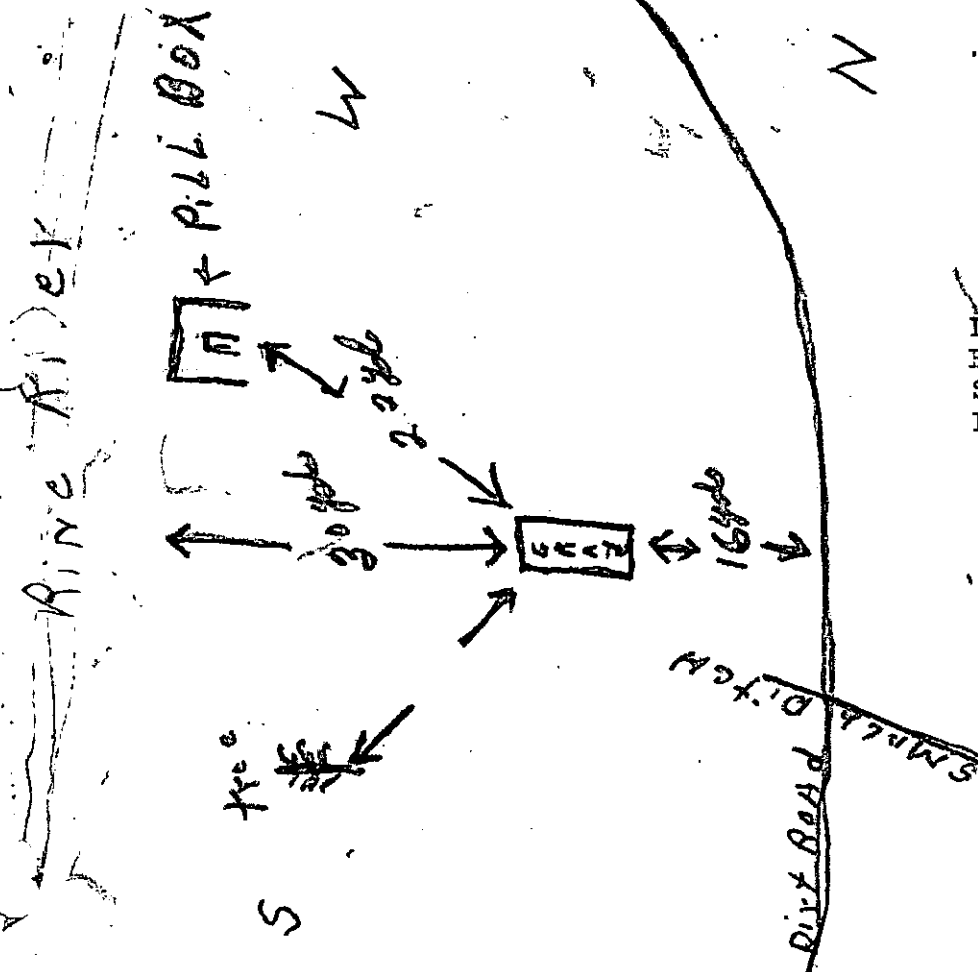
MBU 2, 538 QM GP.

Organization

UNKNOWN X-6454
REINTERRED U.S. MIL. CEM.
ST. AVOLD, FFFF-7-112

Iffezheim, Kreis Rastatt
Baden, Germany
Sht K-49 (WR 300-259)
1/250.000

IFFEZHEIM



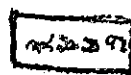
Appelbaum

E

SMALL RIVER

DIRT ROAD

N



UNION X-6454
REGISTERED U.S. MIL. GEN.
ST. AVENUE, NOV-7-112

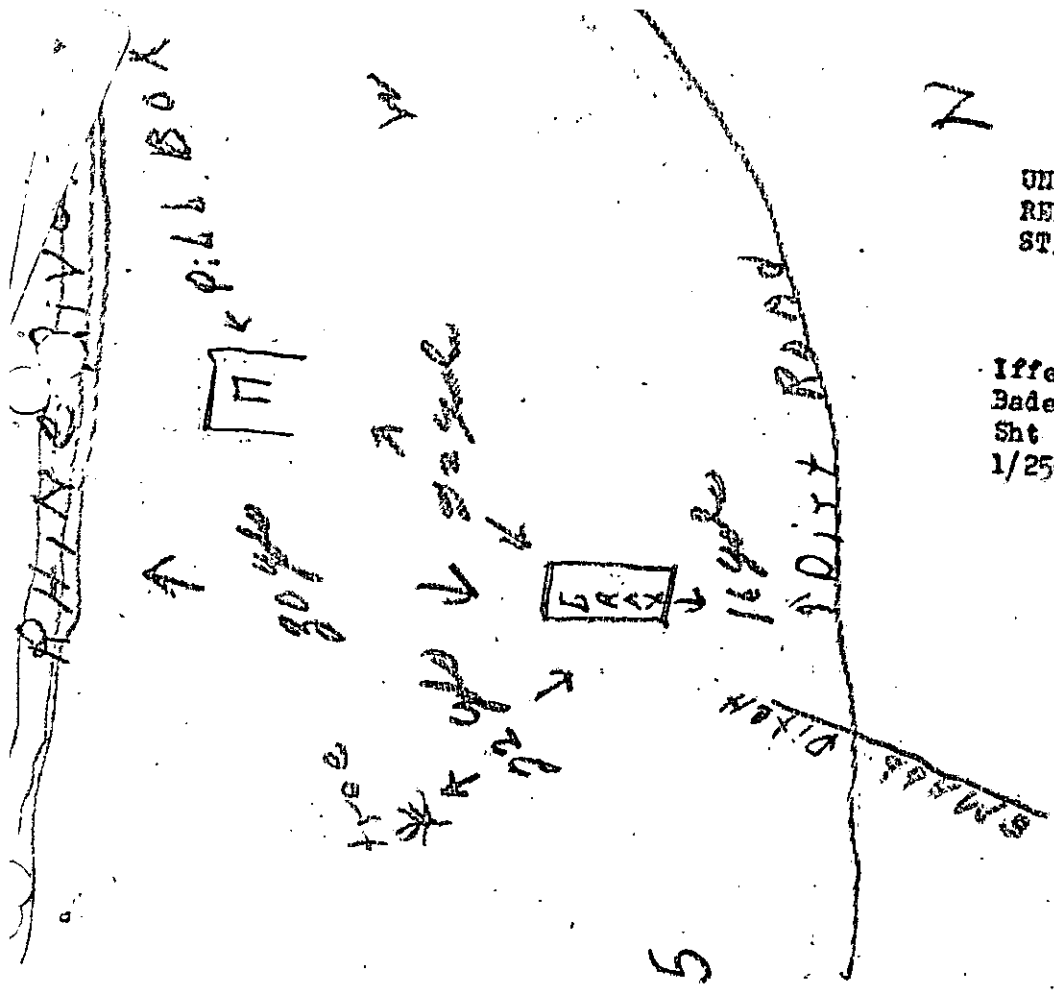
Wiesloch, Kreis Rastatt
Baden, Germany
SER. K-49 (WR 106-259)
1/250,000

PIBLBOK

PRINCE RIVER

S

W



UNKNOWN X-6454
 REENTERED U.S. MIL. CEN.
 ST. AVOLD, FFFF-7-112

Iffesheim, Kreis Rastatt
 Baden, Germany
 Sht K-119 (WR 300-259)
 1/250.000

Iffesheim

UNKNOWN X-6454
REINTERRED U.S. MIL. CEM.
ST. AVOLD, FFFF-7-112

Iffezheim, 10 May 1946.

C E R T I F I C A T I O N

I certify hereby that on 31 December 1944 at 9 o'clock in the evening the dead body of an American soldier was brought by German troops from the other French bank of the Rhine-river. The dead body was buried with my assistance in a field grave.

Grave-place: 20 m from the bank of the Rhine-river, community of Iffezheim.

signed: SCHAEFER, Friedrich

Narrative Report of Iffezheim

While searching the Kreis of Rastatt, province of Baden, town of Iffezheim, it was reported to me by the Burgermeister that there was an American Soldier buried near the Rhine river. He knew little about it. Friedrich Shaefer, a German Soldier, was present at the time of the burial. Shaefer said that the Germans made a raid across the Rhine river into France and brought the body of the American soldier back with them. According to Shaefer the Soldier was dead at the time he was picked up. Further information from Shaefer revealed that the deceased was 29 years of age and that he was from Chicago. We visited the grave which was marked with a wooden cross. The markings are as follows: Hier ruht ein U.S.A. Soldat gef. am. 31. 12.44. Shaefer knows the place of the grave.

Pvt Joseph J. Schalk

UNKNOWN X-6454
REINTERRED U. S. MIL. CEM.
ST. AVOLD, FFFF-7-112

X-6454
ST. AUGUSTINE

IDENTIFICATION CHECK LIST

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

E.O 785

Unknown X 6454
Cemetery St. AUGUSTINE
Plot FFFF Row 10 Grave 112

REPROCESSED

1. Arrived at cemetery 19 Aug 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 REPROCESSED BY MOBILE TEAM #1
(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 _____
(Type)

Raincoat _____

Overcoat _____

Jacket, Field _____

Jacket, Combat _____

Mackinaw _____

X Sweater WOOL REMNANTS OF

Jacket, HBT _____ NONE

X * Shirt, Wool OD REMNANTS OF

X Undershirt, Wool REMNANTS OF

X Undershirt, Cotton REMNANTS OF

Trousers, HBT _____ NONE

X * Trousers, Wool OD REMNANTS OF

X-64541
St. Avolo

Belt, web NONE

X Drawers, wool Remnants of

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD

6. Description of Remains:

(R) HUMERUS 34 FEMUR 48
RADIUS 25.4 TIBIA 37.9
ULNA 27.1 FIBULA 37.9

Age UTD Height 5'8 1/2" Weight UTD Description of wounds

Bandages or dressings Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, poeks, freckles)

Build (Large, fat, thin, muscular)

Hair NONE FOUND
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache UTD Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

X-6454
SE. AUO21D

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears (Size, set close to or far from head)

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth NONE FOUND (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches FRACTURED (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx UTD (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands UTD

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back (Quantity and extent of hair) Circumcision UTD Pubic Hair LIGHT BROWN (Color)

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) Toes NONE (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.

X-6484
SE. 17040

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

If not, explain FINGERS TOO DECOMPOSED AND/OR MISSING

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

CASE PROCESSED AS PER P. O. 785

9. Remarks REMAINS RECEIVED IN SKELETON FORM. CLOTHING FOUND
IN DEBRIS BORE NO MARKINGS. NO TEETH RETRIEVED.

NO EVIDENCE OF HEALED FRACTURES OR AMPUTATIONS. ESTIMATED
WEIGHT OF REPROCESSED REMAINS 16 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.

NAV. TURNER
M. J. NEE
M. V. DEPASS

Thomas Turner
(Officer's Name)

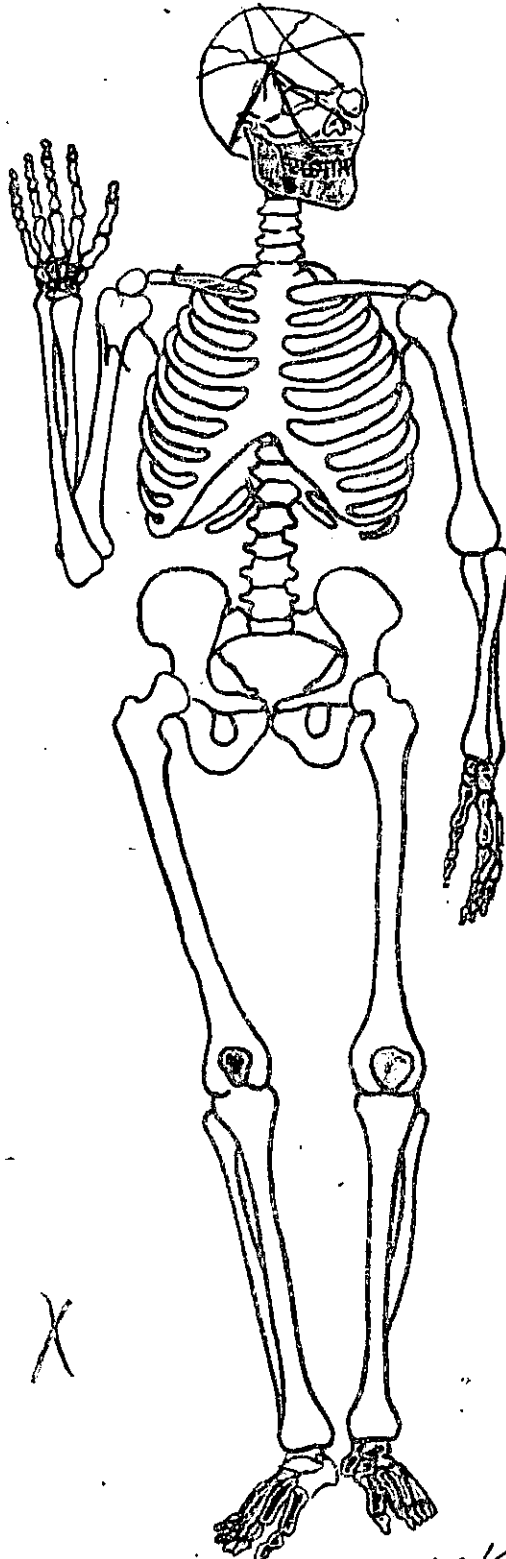
Rank Service

(Organization)

X-6454
SKELETAL CHART & TAVOLLO - 19 AUG 48

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

FFFF-10-112



LEFT

Humerus - 34

ULNA - 27.1
RADIUS - 25.4

FEMUR - 48

TIBIA - 37.9

FIBULA - 37.9

EST 5'8 1/2"

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

14 June 1949

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6454, Plot FFFF, Row 10, Grave 112, USMC St Avold, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 3106, dated 27-9-48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/

Case reviewed by undersigned Members of the Board of Review:

Capt. E. F. PRICE, JR., O-1588236

Lt. Col. E. D. MULVANY, O-359598

1/Lt. Edward E. STOUT, O-1594512

Received 30 Aug 49 **DDMG**
Not identifiable from
information presently
available

Handwritten notes:
File
27-9-48
30 Aug 49

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

14 June 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6454, Plot EEEE
Row 10, Grave 112, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 3106, dated 27-9-48.

3. Remarks:

*T.D. # 4033, 15 June 49
Farmer. See serial*

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

E.D. Mulvanity

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

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

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

CE

Received 30 Aug 49 QOMG
Not identifiable from
information presently
available

Inc #18

T/C with orig. B/R

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 27 SEP. 1948

SUBJECT: Reprocessing of Remains

TO: The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of X - 6454
interred in Plot FFFF, Row 10, Grave 112, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

- SWEATER, Wool : Remnants
- SHIRT, Wool OD : Remnants
- UNDERSHIRT, Wool : Remnants
- UNDERSHIRT, Cotton : Remnants
- TROUSERS, Wool OD : Remnants
- DRAWERS, Wool : Remnants
- HEIGHT : Est. 5' 8½"
- TEETH : Not recovered

No evidence of healed fractures or Amputations.

FOR THE COMMANDING GENERAL :

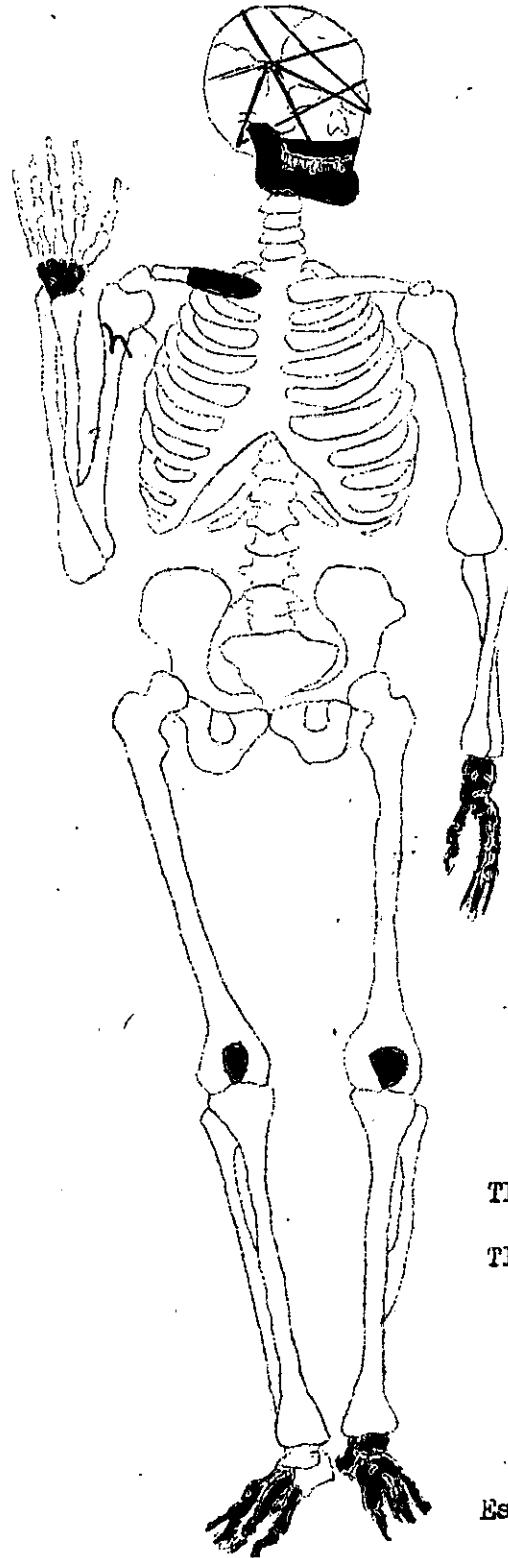
George L. Freeman
 GEORGE L. FREEMAN
 1st Lt QMC
 Actg Asst Adj Gen

1 Incl. :
Skeletal Chart

SKELTAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X - 6454
St. Avold, 19 August, 1948
FFFF : 10 : 112



HUMERUS 34

ULNA 27.1

RADIUS 25.4

FEMUR 48

TIBIA 37.9

TIBULA 27.9

Est. 5' 8½"

Am

CMOBY DEPT OF ARMY WASH DC FOLAROS X 5641
CG AGRC PARIS FRANCE

UNCLASSIFIED

PRIORITY

32913

AGRC 4852 AND WCL 37087

XXXXXXXXXXXX

CHARGE GRAVES WW II

FROM CMOBY REURAD ABLE GEORGE ROGER CHARLIE FOUR EIGHT FIVE TWO
AND REURAD WILLIAM CHARLIE LOVE THREE SEVEN ZERO EIGHT SEVEN

PERTAINING TO SGT JOHN DOG BAKER ONE SEVEN ONE THREE THREE FIVE
ONE ZERO PD REQUEST CURRENT STATUS OF REPROCESSING OF UNKNOWN PD
RADIO REPLY

AGRC 4852 IS MC IN 58923

(24 NOV 47)

WCL 37087

(13 DEC 46)

*283
Lent. X-6452
G.H.S. Sp. Council (24/)*

(Francis)

UNCLASSIFIED

CMOBY 293
GRAVES REGISTRATION EA

19 1930Z
FEB 48

G.J. MURRAY
MAJOR, OMC, MEM DIV

(Ident)

This Grave formerly occupied by: UNKNOWN 006454

1

USMC ST. AVOLD, FRANCE
Plot F, Row 11, Grave 35
Date reburied: 14 July 49

DISINTERMENT DIRECTIVE

Date disinterred: 14 July 49.

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED CAPT QMC

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

H. R. SWART
H. R. SWART

NAME <i>292-UNK. France</i>	SERIAL NUMBER UNKNOWNX-006454	RANK <i>(Standard)</i>	ARM 1	DATE OF DEATH DAY MONTH YEAR 3503 80
CEMETERY ST. AVOLD - METZ				DISPOSITION OF REMAINS CODE DIST. PT. 3503 80
PLOT 4F	ROW 10	GRAVE 112	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006454	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 4 August 1948.
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY Ralph W. Ahearn, Embalmer. NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress Cover	CONDITION OF REMAINS Crushed Skull, Mandible missing, Right Clavicle missing, Right Humerus fractured. Decomposition complete. Disarticulated.
OTHER MEANS OF IDENTIFICATION Report of Burial found with Remains.	

MINOR DISCREPANCIES 1
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE 24 August 1948 BY Ralph W. Ahearn, Embalmer.

CASKET SEALED BY
Ralph W. Ahearn, Embalmer.

EMBALMER (Signature)
Ralph W. Ahearn
Ralph W. Ahearn, Embalmer.

CASKET BOXED AND MARKED
DATE 24 Aug 48 BY Ralph W. Ahearn.

SHIPPING AND STORAGE INSTRUCTIONS
All markings, tags & plates verified by: *H. Mead*
H. Mead Capt. CWS

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

H. Mead Capt. CWS

H. Mead Capt. CWS 7857 AGRC Zone 3 Hq

SIGNATURE OF GRS INSPECTOR

FILE
RECORDS ANNOTATED
DATE 25 Aug 49
NAME *[Signature]*
R & R BR.

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

REPAIRS
 RECORDS BUREAU
 AUG 15 2 42 PM '49

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

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

CHECK LIST OF UNKNOWNNS

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

Unknown X-6454
Cemetery (Q-260584) St Avoild France
Plot FFFF Row 7 Grave 112

1. Arrived at cemetery 0900 (hour) 6 July 1946 (date)
2. Place of death Iffesheim, Germany Sheet K-49 (WR 300-259) 1/250,000
(name of closest town) (coordinates and letter, Prefex, maps)

(Sheet, scale and serials used)
3. Remains recovered or disinterred by 538th Q.M. Group
(name and organization)
4. Evacuated to Cemetery by Major Wm. J. PELTON HQ. Third Field Command AGFC.
(name and organization)

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

Clothing Markings Sizes Indicate unusual markings
Color wear, tear, repairs, etc.

Item
*Headgear None (type)
Raincoat None
Overcoat None
Jacket, Field None
Jacket, Combat None
Mackinaw None
Sweater O.D. Remnants, marking 054 ?
Jacket, HBT None
*Shirt, Wool OD Remnants
Undershirt, Wool Remnants
Undershirt, Cotton None
Trousers HBT None
*Trousers, Wool OD Remnants

Belt, Web **None**

Drawers, Wool **Remnants**

Drawers, Cotton **None**

Leggins, Wool **None** (Note unusual lacing)

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.

6. Chevrons or Insignia **None**
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces **UTD**

8. Description of Remains :
 Age **UTD** Est. Height **6'** Est. Weight **200 lbs** Description of wounds **UTD**
 Bandages or dressings **UTD** Scars **UTD**
(length, width, location)
 Tattoos **UTD**
(Number, location — illustrate on sep, page)
 Outstanding moles, warts or birthmarks **UTD**
(yes-no ; description, location)

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD**
(light, med, dark, 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)

Month **UTD** Lips **UTD**
 (large, medium, small) (small, large, full)

Teeth **UTD** **See Tooth Chart**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw **UTD** Circumference of head in inches **UTD**
 (large, small, normal) (hat band)

Neck **UTD** Larynx **UTD**
 (size, length, short, normal, wrinkled) (prominent, normal)

Shoulders **UTD** Arms **UTD**
 (broad, straight, small, rounded) (length, muscular, color)

(extent and quantity of hair)

Hands **UTD**

Fingers **UTD**
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest **UTD**
 (size of nipples, color, quantity & extent of hair, large, small normal)

Back **UTD** **UTD**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

(quantity & color of hair) Circumcision **UTD** Pubic hair **UTD**
 (yes-no) (color)

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

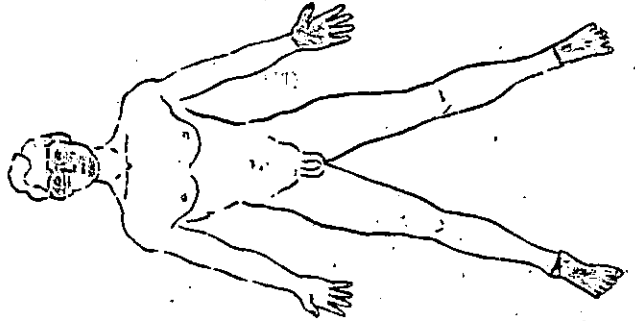
Legs **UTD**
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UFD
(size, corns, callouses, flat)

Toes UFD
(slender, straight, crooked, overlap)

Evidence of healed fractures UFD
(nose, arms, legs, etc.)

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



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

If not, explain UFD

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

12. Remarks : Remains completely decomposed, all bones recovered with exception
of both feet, left hand and portion of fractured skull as shown in diagram.

Est. Weight of Remains recovered: 60 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.

Wm. J. Pelton (md)
Wm. J. PELTON

Officer's Name

Major QMG.

Rank Service

HQ. Third Field Command AGRO.

Organization

Case 2071 (558 G.M. Grp.)

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, ETOUSA

TOOTH CHART

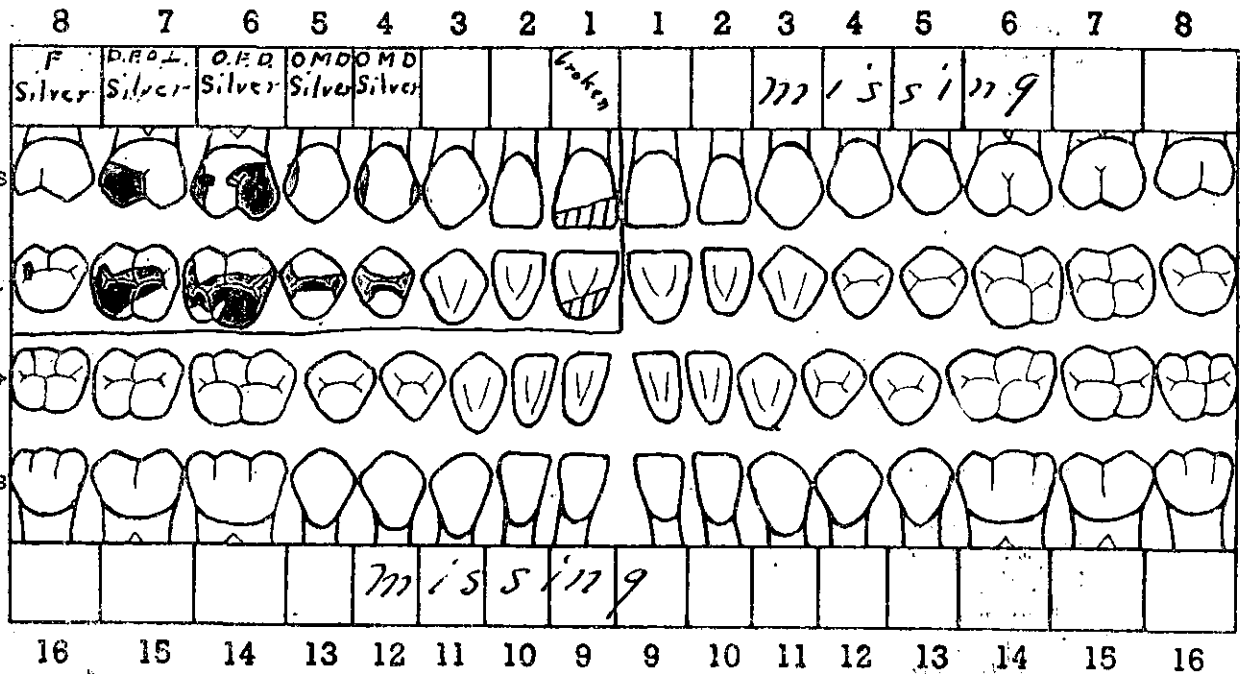
REENTERED
U. S. MIL. CEM. ST-AVOLD
PLOT FFFF ROW 7 GRAVE 112
27 May 1946

Date

Unknown X-6454	Unknown	Unknown	Unknown
Last Name	First	Initial	Rank
Unknown			AAF
Unit	Date of Death	Organization	Cause of Death
Iffezheim Kreis Rastatt, Baden	21 July 1944	Plane crash	
Place of Death	Date of Death	Cause of Death	

Right

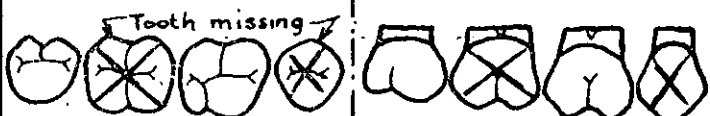




Left



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

James L. Smith
Signature of Officer or other person who prepared Tooth chart

Major Wm. J. Belton (md)
Verified by G.R. S. Officer

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed 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

a. upper right 1, 2, 3, 4, 5, 6, 7, 8 missing since death

b. lower left and right 9, 10, 11, 12, 13, 14, 15, 16 missing since death

RESTRICTED

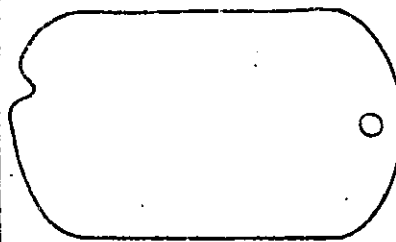
#1

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
6 July 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unknown X-6454		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Ground Forces
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Iffezheim, Kreis Rastatt Baden, Germany	CAUSE OF DEATH GSW (small arms fire)	DATE OF DEATH EST. Dec. 1944
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (U. S. or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US. Military Cemetery (Q- 260584) St. Avold, France

DATE OF BURIAL 6 July 1946	HOUR 0930	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Wooden Cross	PLOT No. FFF	ROW No. 10	GRAVE No. 112
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Iffezheim, Kreis Rastatt, Baden, Germany Sheet k-49 (WR 300-259) 1/250.000
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TYPE OF RELIGIOUS CEREMONY General service	PERSON CONDUCTING BURIAL RITES CH. H.B. JOHNSON, 1st Lt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of W.D. QMC. Form 1042-Report of Interment placed in burial bottle and buried with Remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes-Embossed Plate	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) NORDENDAHL, IRVING M.	RANK 2nd Lt.	SERIAL No. 0-691790	ORGANIZATION 390 BOMB GP.	GRAVE No. 111
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X- 6453	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 113
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SIGNATURE OF PERSON PREPARING REPORT Max M. SCHIFF HQ. Third Field Command AGRC. <i>Max M. Schiff</i>	SIGNATURE OF PERSON VERIFYING REPORT RALPH W. SLEATOR, Major Inf. 3rd Field Command.
--	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

13

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


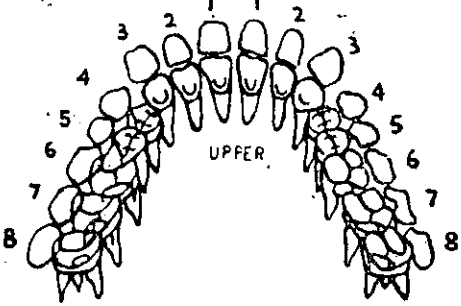
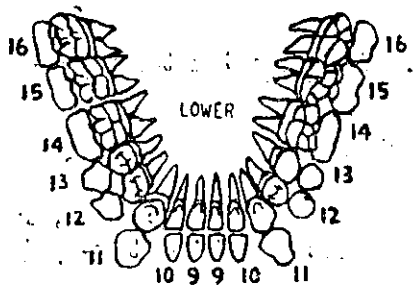




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below: Tooth chart will not be accomplished if one or more fingerprints are secured.

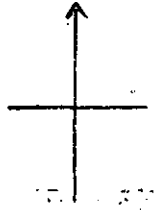
HEIGHT Est. 6'	WEIGHT Est. 200 Lbs.	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
WEAPON AND SERIAL No. None		LAUNDRY MARKS Yes	WHERE BODY WAS BURIED OR FOUND Iffezheim, Germany	

OTHER IDENTIFICATION CLUES

One portion O.D. sweater, marked: "054 ?"

FILLINGS	 SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

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



REMARKS: Attached:

Form 11 Check List of Unknowns and Form IA
Tooth Chart. Impossible to obtain Fingerprints, because:
Left hand missing, right hand too badly decomposed.
Est. Weight of Remains recovered: 60 Lbs.