

JLJ *Rea*

1

Interred 17 July 1951  
A-12-15 USMC, Carthage, Tunisia  
*George Funderman Jr.*  
Major, QMC

DISINTERMENT DIRECTIVE

*943 under St. Arnold X-6469*

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3574 00000

DATE  
15 12 48  
DAY MONTH YEAR

NAME  
UNKNOWN X-006469-A

SERIAL NUMBER  
X-006469-A

RANK

ARM  
1

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
ST AVOLD - METZ

DISPOSITION OF REMAINS  
*4001*  
3503 80  
CODE DIST. PT.

LOT ROW GRAVE COUNTRY  
4E 5 49 FRANCE

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
CARTHAGE, TUNISIA  
~~SAINT AVOLD, FRANCE~~  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN  
These remains are unidentifiable and are to be permanently interred (OPNS DIV. 9 Apr 51)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNKNOWN X- 006469

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
3 Aug 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER EFB

ORGANIZATION  
USAAF

RELIGION  
Unk

IDENTIFICATION VERIFIED BY  
Millard H Mc Whorter,  
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Mattress cover

CONDITION OF REMAINS  
All major bones fractured or missing, except L/tibia and R/clavicle.

OTHER MEANS OF IDENTIFICATION  
None

MAJOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 12 Oct 48

BY Millard H Mc Whorter, Embalmer

CASKET SEALED BY  
Millard H Mc Whorter, Embalmer

EMBALMER SIGNATURE  
*Millard H Mc Whorter*  
Millard H Mc Whorter

CASKET BOXED AND MARKED  
DATE 12 Oct 48 BY Millard H Mc Whorter, Embalmer

SHIPPING ADDRESS VERIFIED BY  
All markings, plates & tags verified by: *Rafael Ruiz*  
Rafael T Ruiz, 1st Lt FA

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

Final casketing by  
*Rafael Ruiz*  
Rafael T Ruiz, 1st Lt FA

*Rafael Ruiz*  
Rafael T Ruiz, 1st Lt FA, 7857 AGRC Zone 3 Hq

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NAT  
FILE  
RECORDS ANNOTATED  
DATE *2 Aug 51*  
NAME *Eugene Hunter*  
REG. BR. ME

*Incl # 8*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St Avoird, France</b>	TO <b>OIC Neuville, Belgium</b>
KIND OF CONVEYANCE <b>Truck</b>	NAME OF CONVOYER <b>Cpl William H Bryant, RA 33720418</b>
SIGNATURE OF SHIPPER <b>Frank J. Callaghan</b> <i>Frank J. Callaghan</i> <b>1st Lt RA</b>	DATE <b>28 Oct 49</b>
SIGNATURE OF RECEIVER	
DATE	

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	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	

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc. - (misc.) L. Arnold  
X-552 X-1085 X-1120 X-1121 X-6469-A  
SYNOPSIS AND DATES X-6469-15 X-6564-11

*misc. filed*  
↓

NEW CLASSIFICATION 293 Misc. - L. Arnold X-552

# RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

APC 757

93 unk St. Avold X-6469 *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 - 6469 - *A* Avold

X-6469 A  
 ST. DUOLD

**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 6469-A  
 Cemetery St. Duold  
 Plot EEEE Row 5 Grave 49

1. REPROCESSED  
 Arrived at cemetery 14 Aug 48  
 (Hour) 0 (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 #7  
 (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 _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

NONE

N.A.N.  
 217 Feb 51  
 S. M. K. Sample  
 Ident. Section

Belt, web .....  
Drawers, wool .....  
Drawers, cotton .....  
Leggings, wool .....

~~NONE~~

X Socks, cotton REMNANTS OF

\* 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

HUMERUS 33.9  
FIBULA 40.5  
TIBIA 40.8

6. Description of Remains:

Age UTD Height EST 5'10 3/4 Weight UTD Description of wounds UTD

Bandages or dressings UTD 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 UTD

Complexion .....  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build .....  
(Large, fat, thin, muscular)

X Hair ..... MEDIUM BROWN 2" LONG STRAIGHT  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

Goatee ..... (Light, color, extent) *U/D*

Eyes ..... (Color, setting, shape) *U/D*      Eyebrows ..... (Color, bushiness, extent across nose) *U/D*

Nose ..... (Size, shape, straight) *U/D*      Ears ..... (Size, set close to or far from head) *U/D*

Mouth ..... (Large, medium, small) *U/D*      Lips ..... (Small, large, full) *U/D*

Teeth ..... *SEE DENT CHART*  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double) *U/D*

Jaw ..... (Large, small, normal) *U/D*      Circumference of head in inches ..... *FRACTURED*  
(Hat band)

Neck ..... (Size, length, short, normal, wrinkled) *U/D*      Larynx ..... (Prominent, normal) *U/D*

Shoulders ..... (Broad, straight, small, rounded) *U/D*      Arms ..... (Length, muscular, color, extent and quantity of hair) *U/D*

Hands ..... *U/D*

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints) *U/D*  
(Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal) *U/D*

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair) *U/D*

Back ..... (Quantity and extent of hair) *U/D*      Circumcision ..... *U/D*      Pubic Hair ..... *MEDIUM BROWN*  
(Yes-no)      (Color)

Hernioplasty ..... (Yes-no; location)

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

Feet ..... (Size, corns, callouses, flat) *U/D*      Toes ..... (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 AND/OR TOO DECOMPOSED

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

CASE PROCESSED AS PER E.O. 785

9. Remarks REMAINS RECEIVED DISARTICULATED WITH A LARGE AMOUNT OF  
DECOMPOSED FLESH CLOTHING FOUND IN DEBRIS, BORE NO MARKS.  
TEETH FOUND ~~WITH~~ WITH THE REMAINS. NO EVIDENCE OF HEALED FRACTURES OR  
AMPUTATIONS. ESTIMATED WEIGHT OF REPOSED REMAINS 2.5 LBS.  
FOR ADDITIONAL INFORMATION SEE NARRATIVE ATTACHED.

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.

Mr. Turner  
Mr. PEE  
Mr. DE PASS

Thomas Turner  
(Officer's Name)

Rank

Service

(Organization)

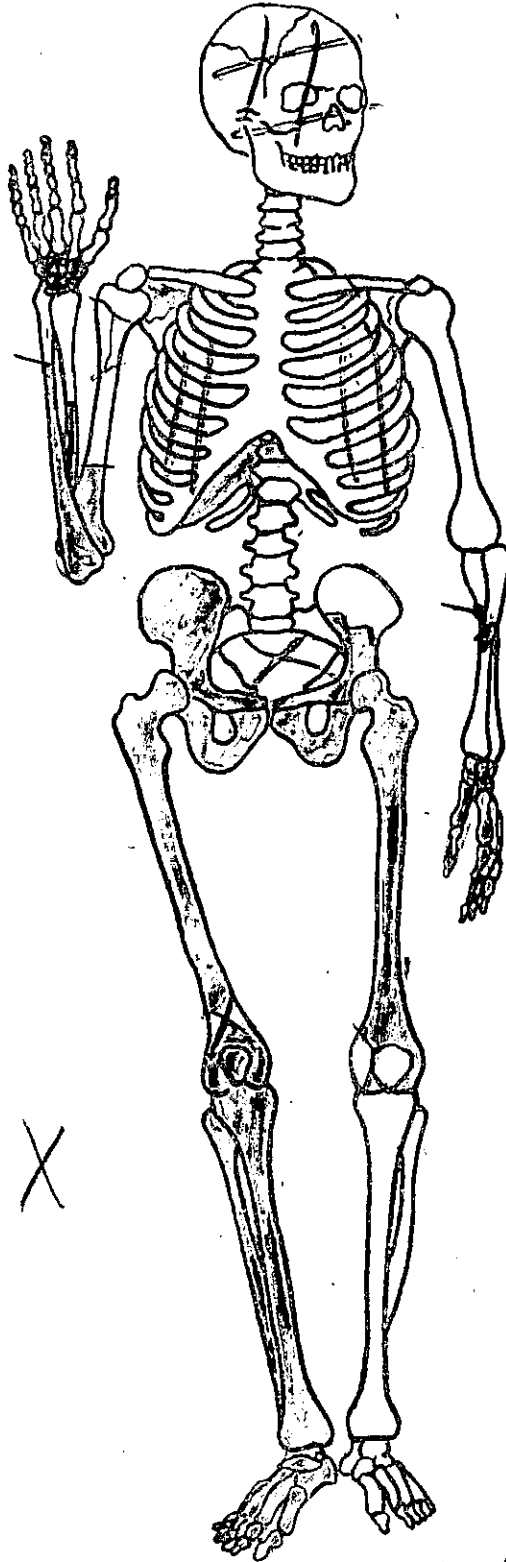
Note: X-6469 A is a new case and Report of Burial has not been received by this office to date.



X-6469A

# SKELETAL CHART

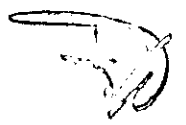
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Humerus-33.9

Fibula-40.5  
Tibia-40.8

EST 5'10 3/4"



Investive Case X-6469A

X

Case received as a single burial, processing revealed the parts of two deceased. Segregation was possible due to difference of size and structure of bones. Teeth for two men found in debris, Charted and placed with X-6469A. Clothing and debris placed with case X-6469A. Other remains redesignated X-~~13034~~<sup>6469B</sup> and placed in above ground storage, pending disposition.

X

Thomas Turner

# Narrative Case X-6469A

X

Case received as a single burial, processing revealed the parts of two deceased. Segregation was possible due to differences of size and structure of bones. Teeth for two men found in debris, Charted and placed with X-6469A. Clothing and debris placed with case X-6469A. Other remains redesignated X-~~13034~~<sup>6469B</sup> and placed in above ground storage, pending disposition.

X

Thomas Turner

REPORT OF INVESTIGATION  
AREA SEARCH

REENTERED  
U. S. MIL. CEM. ST-AYOLD  
PLOT ~~ELC~~ ROW 5 GRAVE 49

AGRC Form 10 (Revised)

June 14th 1946  
Date

1 January 1946

NAME Unknown X-6469-A RANK Unknown ASN Unknown

ORGANIZATION AAF

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? If so, state the following information: NO

a. NAME RANK ASN

b. ORGANIZATION

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

a. NAME RANK ASN

b. ORGANIZATION

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY

UNKNOWN

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

a. Date of above burials Est Oct. 1944 Common Graves?

5. Name and Type of Cemetery MILITARE CEMETERY  
(Military or Civilian)

6. Map Coordinates of the Cemetery WY 8159

a. Town Muenchen Country GERMANY

7. Give exact location in cemetery of the remains.

a. Section 30 Row 3 Grave 50 49 (md)

b. Is sketch attached? YES

8. If remains are not located in a cemetery, give exact location.

a. Town Coordinates

b. Is Sketch attached?

c. Is area mined?

9. How is the grave marked?

10. If grave is marked with cross, give exact markings thereon.

a. From what source was this information obtained?

(Identification tags, personal effects)

1. By whom

11. Where are the cemetery records? BUERGERMEISTERS OFFICE AND CARETAKERS OFFICE  
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? .....
- b. Where was the information obtained? .....
- c. By whom? .....
12. What is the date of death? **Est. SEPT. 1944**  
 a. Give basis **BODIES BURIED AROUND THAT TIME**
13. What is the cause of death? **UNKNOWN**  
 b. Give basis .....
14. What is the date of burial? **EST. SEPT. 1944**  
 a. Give basis **CARETAKERS RECORD**
15. What was the place of death? **UNKNOWN** Coords .....
- b. Give basis .....
16. Where were the remains found? **UNKNOWN** Coords .....
- a. By whom? .....
- b. Is sketch attached? **NO**
17. Was a casket used? **NO** Who furnished the casket? .....
- Type of casket .....
- How marked? .....
18. Who made the burial **GERMAN SOLDIERS**  
 (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? **UNKNOWN**

SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? **UNKNOWN**  
 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 and by whom).  
 a. Type of Plane **NO WRECKAGE LOCATED**  
 b. Markings and/or name on plane .....
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: .....
21. How did crash occur? **UNKNOWN** Anti-aircraft .....
- Enemy Planes? .....
- Collision? .....
22. Did plane explode in the air? **UNKNOWN** On ground? .....
23. Did plane burn in the air? **UNKNOWN** On ground? .....
24. What was the direction of the flight? **UNKNOWN**
25. What was the civilian opinion regarding destination of plane? .....
- NONE**

26. Had bombs been released prior to the crash? **UNKNOWN**
27. Does specific time and date of crash correspond with date of death of above named deceased? **UNKNOWN**
28. Number of planes in formation prior to crash **UNKNOWN**
29. State precise time and date of plane crash \_\_\_\_\_ (Night?) (Day?)
30. Were parachutists seen? **UNKNOWN** How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
 Prisoners? **2-3 30<sup>th</sup>**

**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? **all**
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) \_\_\_\_\_  
 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? \_\_\_\_\_
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **NONE**

**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 **ALL PERSONAL EFFECTS REMOVED BY GERMAN PERSONNEL**
- a. Were identification tags found at the time of death? **UNKNOWN**  
 Where? \_\_\_\_\_ By whom? \_\_\_\_\_
- 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? ..... By whom? .....  
 Present disposition .....
- c. Was deceased identified by living members of the crew at the time of death? .....
- d. Did Cemetery Register or cross indicate the immunization shot? .....
42. Was Deceased given first aid? **UNKNOWN** If so, where? .....  
 By whom? ..... Are statements from the medical people attached? .....
43. Was deceased evacuated to a German civilian hospital? **UNKNOWN**  
 Where? ..... Names of people concerned .....
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **NO**
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? .....
- (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 .....
- b. If so, has higher headquarters been notified? .....
47. Was case previously investigated? **No** By whom? .....  
 When? .....
48. Give full names, addresses, and information obtained from each person interviewed .....
49. Are all positive statements regarding identification and particulars surrounding death attached? .....
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? **NO**
51. Was investigation preceded by advanced publicity? **YES**  
 (If special investigation, give case number) .....
52. Give Brief Narrative **NO INFORMATION COULD BE FOUND AS WHERE THESE BODIES  
 CAME FROM OR WHERE THEY DIED.**  
 (Use attached, sheets if necessary)

*Horst Wegener*  
 Signature of Interpreter  
**HORST WEGENER**

Rank ASN  
**INTERPRETER**

Organization  
**606 QM GR CO.**

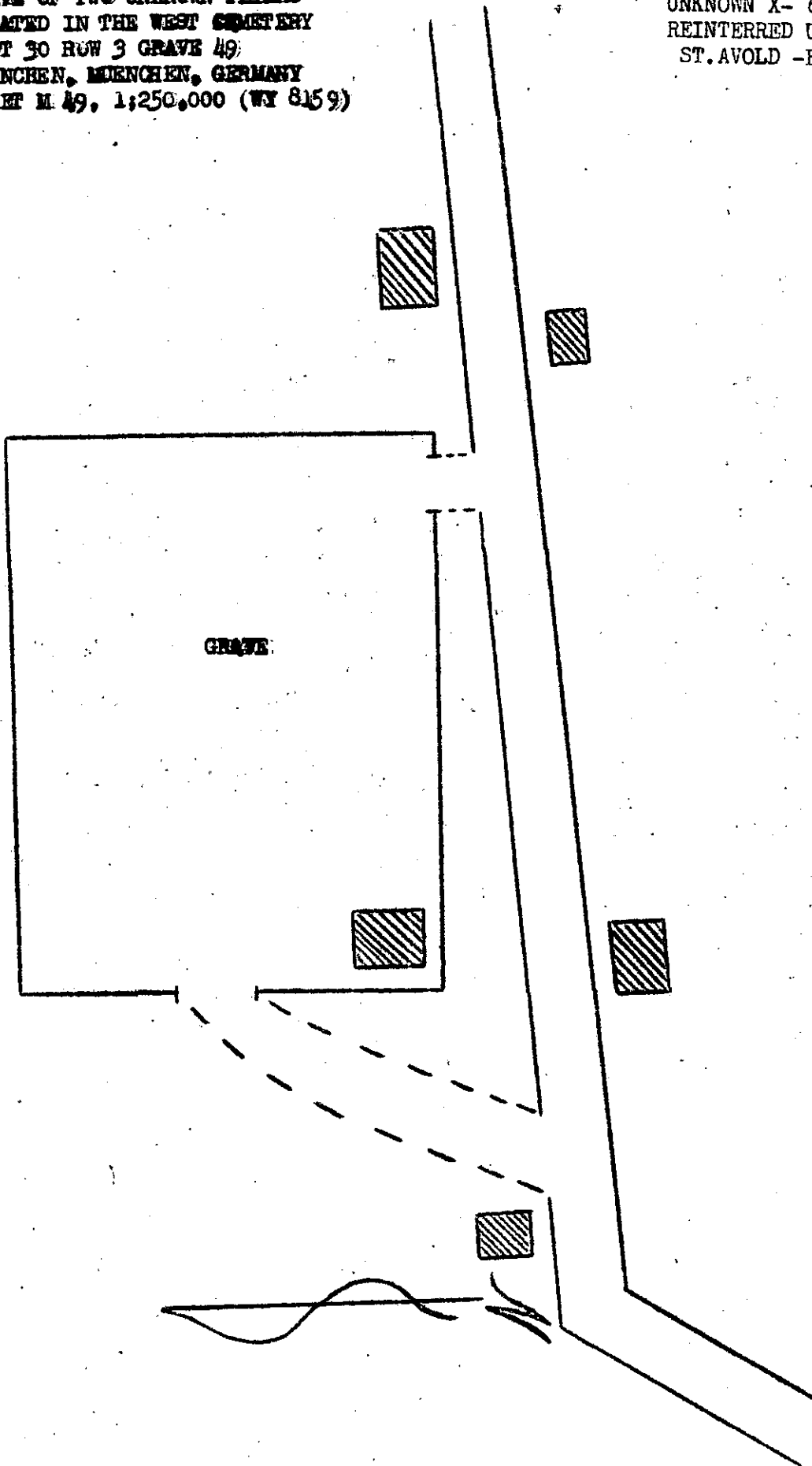
*David A. Burries Jr.*  
 Signature of Investigator  
**DAVID A BURRIES**

Rank ASN  
**SGT. 3870525**

Organization  
**606 QM GR CO.**

GRAVE OF TWO UNKNOWN Fliers  
LOCATED IN THE WEST CEMETERY  
PLOT 30 ROW 3 GRAVE 49;  
MUENCHEN, MUENCHEN, GERMANY  
SHEET M. 49, 1:250,000 (WY 8159)

UNKNOWN X- 6469  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD -EEEE-5-49





STATEMENT

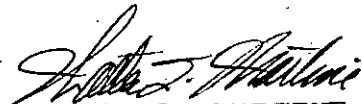
I. The undersigned certify that I have given all information on my records of deceased. I do not know of any one who would know of any other information.

DER OBERBUERGERMEISTER  
I.A.

(gßz.) WACHTER  
(WACHTER)  
Staedt. Verw. Insp.

KATH. BESTATTUNGSDIENST MUENCHEN

This is a true copy.

  
WALTER I. MARTINE  
2nd Lt. Inf.  
606 QM GR CO.  
Commanding

UNKNOWN A- 6469  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD-EEEE-5-49

STATEMENT

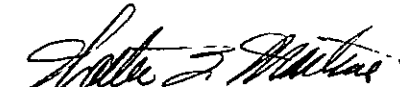
I. The undersigned certify that I have given all information on my records of deceased. I do not know of any one who would know of any other information.

DER OBERBUERGERMEISTER  
I.A.

(giz.) WACHTER  
(WACHTER)  
staedt. Verw. Insp.

KATH. BESTATTUNGSDIENST MUENCHEN

This is a true copy.

  
WALTER I. MARTINE  
2nd Lt. Inf.  
606 QM GR CO.  
Commanding

AIRMAIL

293 unk France (miss) St Avold

QMGMT 293  
GRS European

See list below 10 February 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Transmittal Letter No. 4583 dated 12 December 1949, forwarding Certificates of Unidentifiability of Remains.
2. This Office approves the classification of the following Unknowns interred in United States Military Cemetery St. Avold, France as Unidentifiable:

<u>UNKNOWN</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
X- 552	EE	7	161
X-1088	TTT	6	71
X-1120	PP	12	136
X-1121	PP	12	134
X-6469A	EEEE	5	49
X-6469B	XXX	4	43
X-6564A	FFFF	2	23

FOR THE QUARTERMASTER GENERAL:

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

Holden:cam  
Clements  
REB

JMN

TEC

X-293 Unk France (miss) X-6469A (St Avold)

AIRMAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

292 Unknown-France X-6469-A (St. Avoild)

8 December 1949  
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-6469 A, Plot EEEE, Row 5, Grave 49, 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. 3134, dated 11-10-48. No further information is available.

FOR THE COMMANDING GENERAL:

Signed:

/s/  
/t/

Col. H. P. Henry O-12589

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

CWO Leodore Goudreau W-2113434



Received 26 JAN 1950 **CGMG**

Not identifiable from  
information presently  
available

File-NAT  
J. Parker  
Id. Branch  
26 Jan. 50

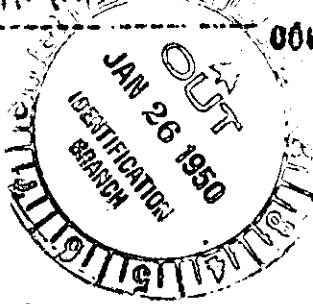
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HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION COMMAND  
 EUROPEAN AREA  
 APO 58 U S ARMY

RRE 293

8 December 1949

(Date)

## CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6469 A, Plot EEEE, Row 5, Grave 49, USMC ST. AVOID, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 3134, dated 11-10-48.

3. Remarks:

See Case History attached.

**Received 26 JAN 1950 DQMG**  
**Not identifiable from**  
**information presently**  
**available**

Case reviewed by undersigned Members of the Board of Review:

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

QMC

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

QMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

QMC

Lst Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GLEER, W-2102925

USA Capt. Jack C. HAYES, O-1577297

QMC

Parker

*Leodore Goudreau*  
 CWO Leodore GOUDREAU, W-2113434, USA

Incl #5

CASE HISTORY

Unknown X-6469 A & B

United States Military Cemetery St Avoird (France)

1. The remains of Unknowns X-6469 A & B, USMC St Avoird, were recovered from the civilian cemetery at HOCHMUTTING, Germany, along with numerous other unknown deceased. All efforts to associate these two cases with any of the unresolved casualties within the Germany M-49 area have been unsuccessful.

2. Contained in the case on Unknown X-6469 A are four tooth charts that have been compared with all available dental data on unresolved casualties within the M-49 area with negative results.

3. In view of the foregoing and due to a lack of any conclusive identifying data, it is recommended that Unknowns X-6469 A & B be declared Un-identifiable.

*NB*

hcb

*John*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 11 OCT 1948

SUBJECT: Reprocessing of Remains

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

The remains of X-6469-A  
interred in Plot EEEE, Row 5, Grave 49, USMC St-Avoid  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

Socks, cotton : Remnants of

Est. Height : 5' 10 3/4"

Hair : Medium Brown 2" long straight

Teeth found with the remains

No evidence of healed fractures or amputations.


For additional information see narrative attached.

NOTE : X-6469-A is a new case and report of burial has not  
been received by this office to date.

FOR THE COMMANDING GENERAL :

6 Incls :

- 1 - Skeletal Chart
- 2 - Tooth Chart # 1
- 3 - Tooth Chart # 2
- 4 - Tooth Chart # 3
- 5 - Tooth Chart # 4
- 6 - Narrative

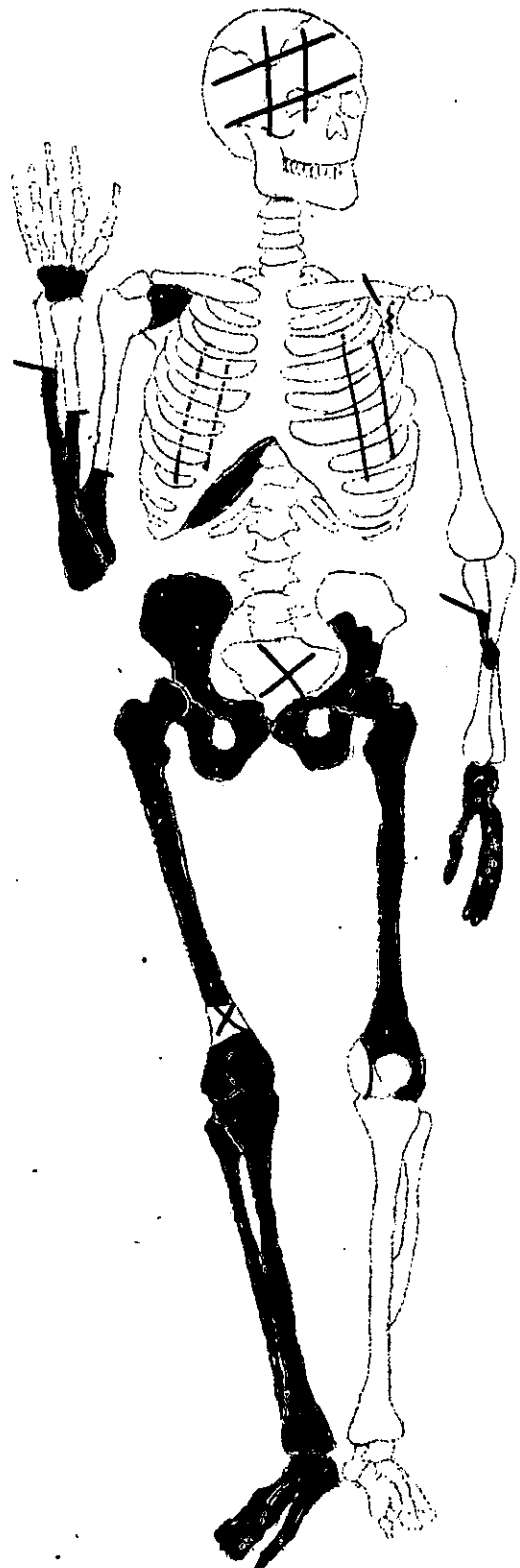
  
GEORGE L. FREEMAN  
1st Lt. QMC  
Actg Asst Adj Gen.



SKELTAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

E.O #785



HUMERUS 33.9

FIBULA 40.5

TIBIA 40.8

Est. HEIGHT 5' 10 3/4"

# CHART #1 TOOTH CHART

4 AUG. 1948

Date

X-6469 A

Last Name	First	Initial	Grade	Serial No.
Unit		Organisation		

Place of Death

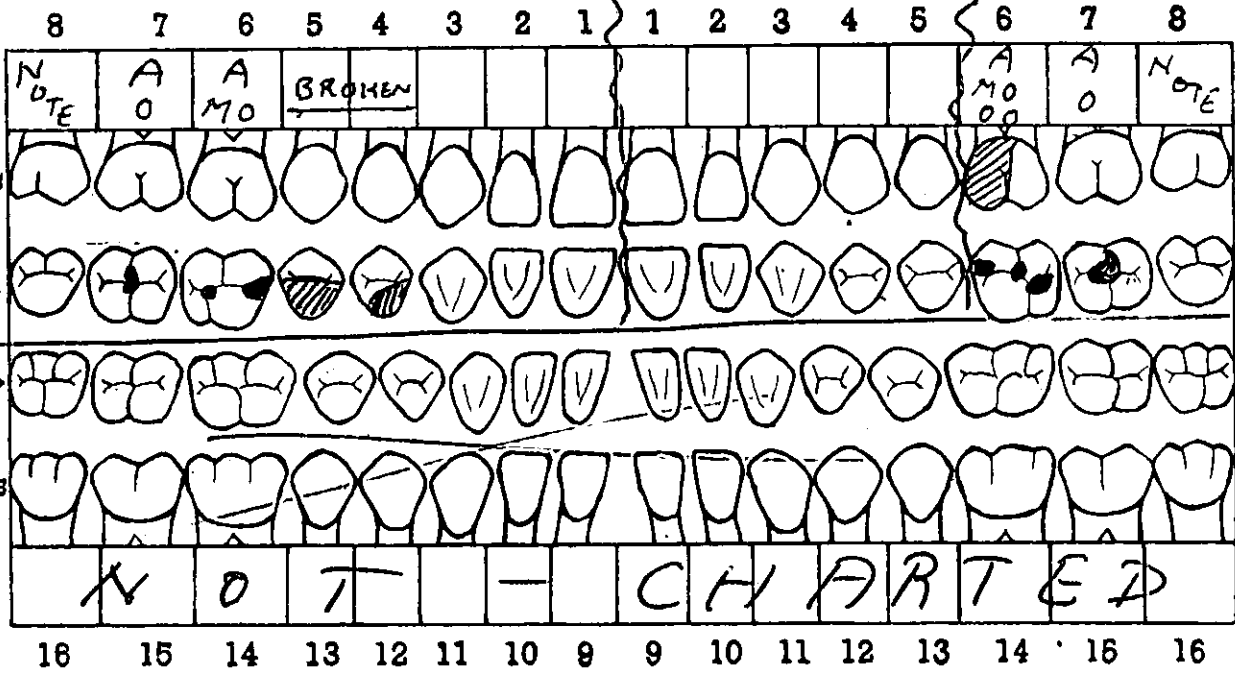
Date of Death

Cause of Death

Right

Left

← FRACTURED →



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.

See Reverse

CERTIFIED TRUE COPY :

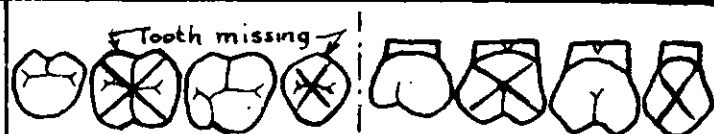
s/ Ivor J. Fosmo  
SP #7 DAC

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt. QMC

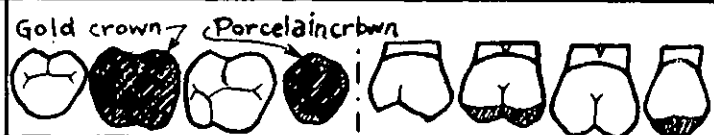
Signature of Officer or other person who prepared Tooth chart

Verified by G. R.C. Officer

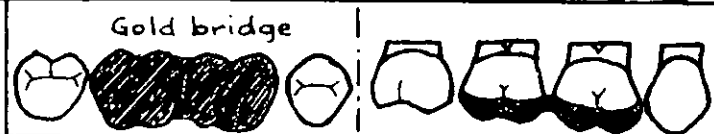
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



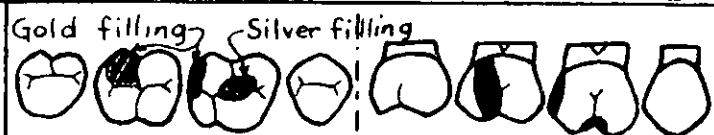
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



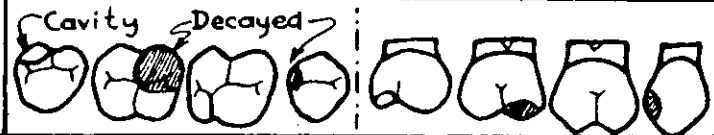
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Broken or chipped

R-8 Unerupted

R-4 Lingual version

R-3 Rotated  $\frac{1}{4}$  turn distally

L-3 Rotated  $\frac{1}{16}$  turn distally

Color Dull Ivory

Size Average

Alignment Good

**NOTE :** These teeth are part of a mass burial of 2 men. Four (4) charts made. Teeth placed with original case.

CHART # 2

# TOOTH CHART

Plot ~~EEEE~~  
Row 5  
Grave 49

4 August 1948  
Date

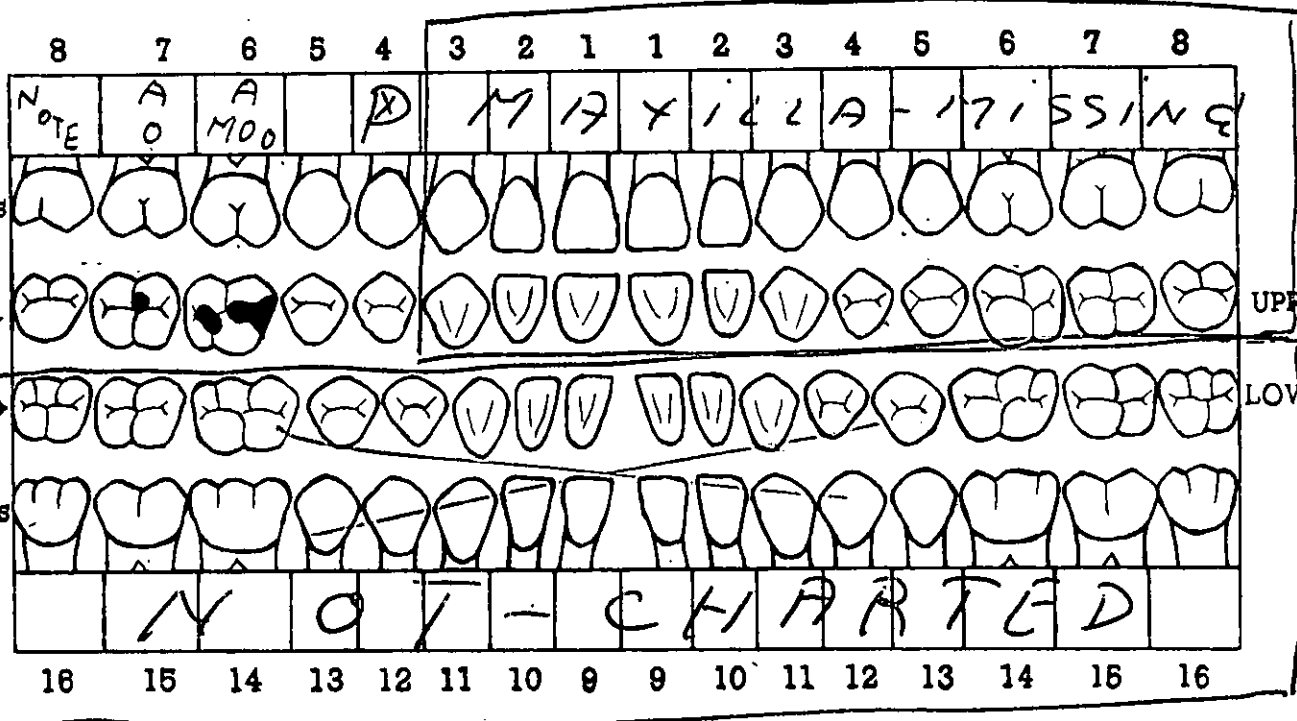
X-6469 A

Last Name	First	Initial	Grade	Serial No.
Unit		Organization		

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), 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.

See Reverse

CERTIFIED TRUE COPY

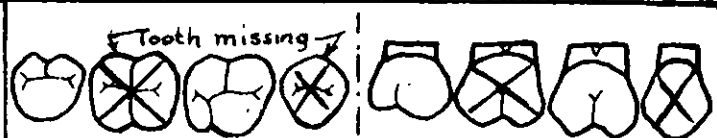
*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt. QMC

s/ Ivor J. Fosmo  
SP #7 DAC

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

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



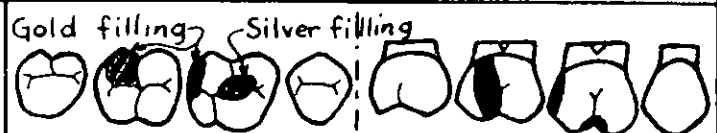
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



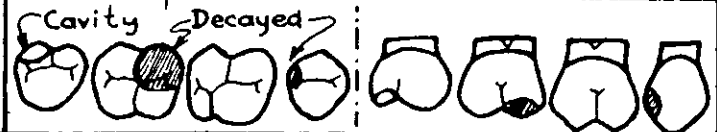
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing

R-8 Unerupted

Color Dull Ivory  
 Size Average  
 Alignment Good

**NOTE :** These teeth are part of a mass burial of two (2) men. Four (4) charts made. Teeth placed with original case.

CHART # 3

**TOOTH CHART**

Plot EEEE  
Row 5  
Grave 49

4 August 1948

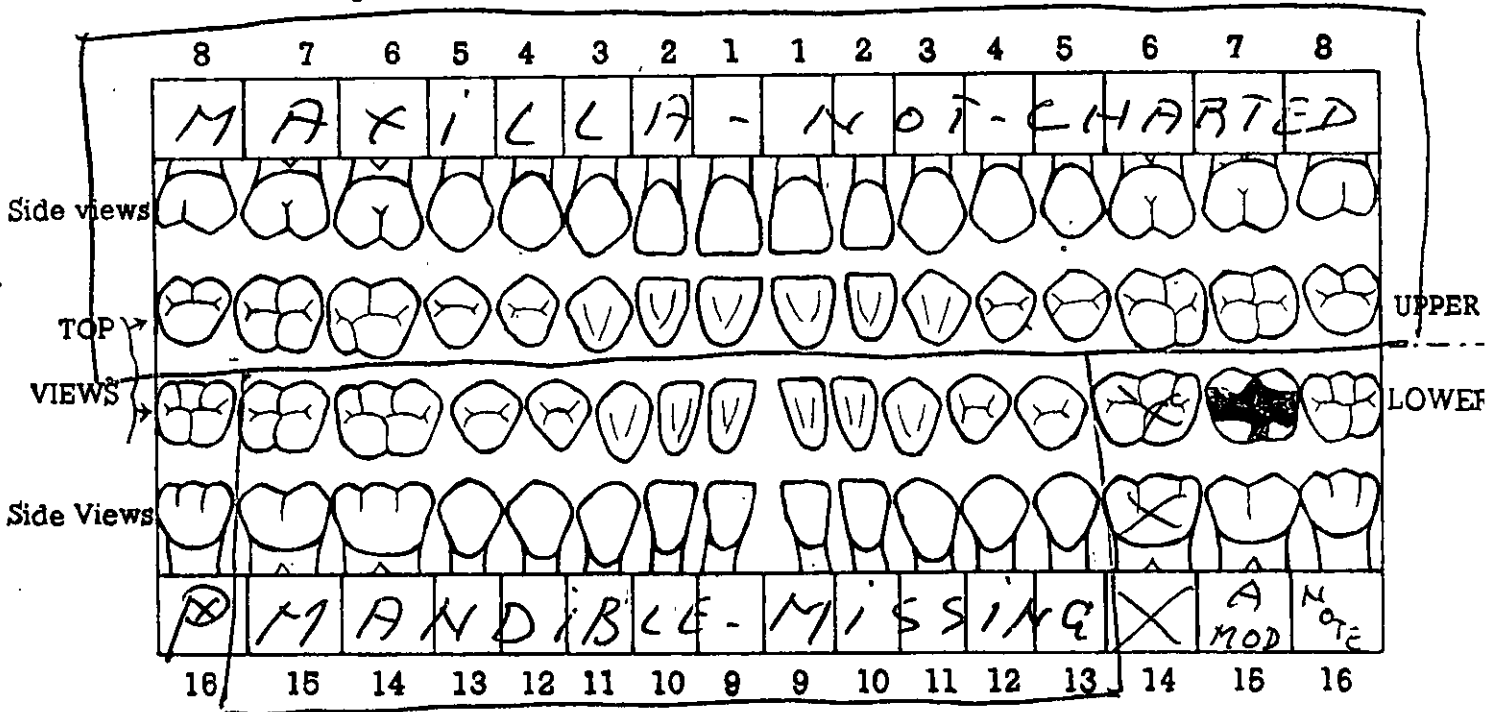
Date

X-6469 A

Last Name	First	Initial	Grade	Serial No.
Unit		Organisation		
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), 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.

See Reverse

CERTIFIED TRUE COPY

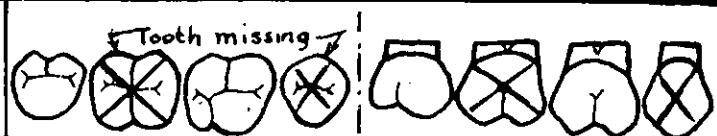
*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt. QMC

s/ Ivor J. Fosmo  
SP #7 DAC

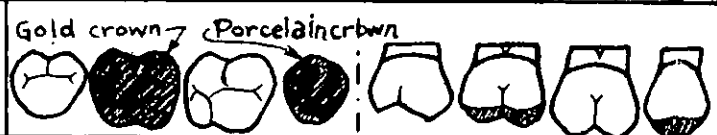
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

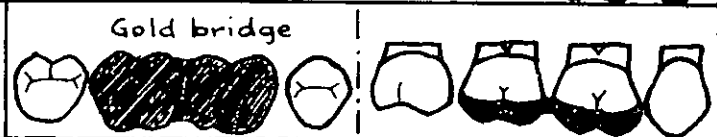
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



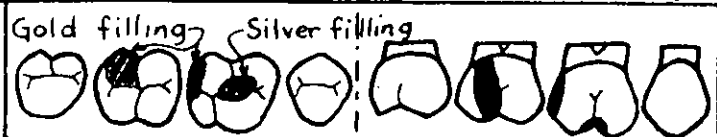
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



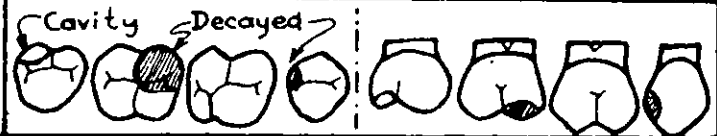
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing

Color Dull Ivory

Size Average

Alignment Good

L-16 unerupted and impacted againsy L-15

L-15 slight distal rotation

Note : These teeth are part of a mass burial of two (2) men. Four (4) charts made. Teeth placed with original case.

CHART # 4

**TOOTH CHART**

Plot ~~XXXX~~  
Row 5  
Grave 49

4 Aug. 1948

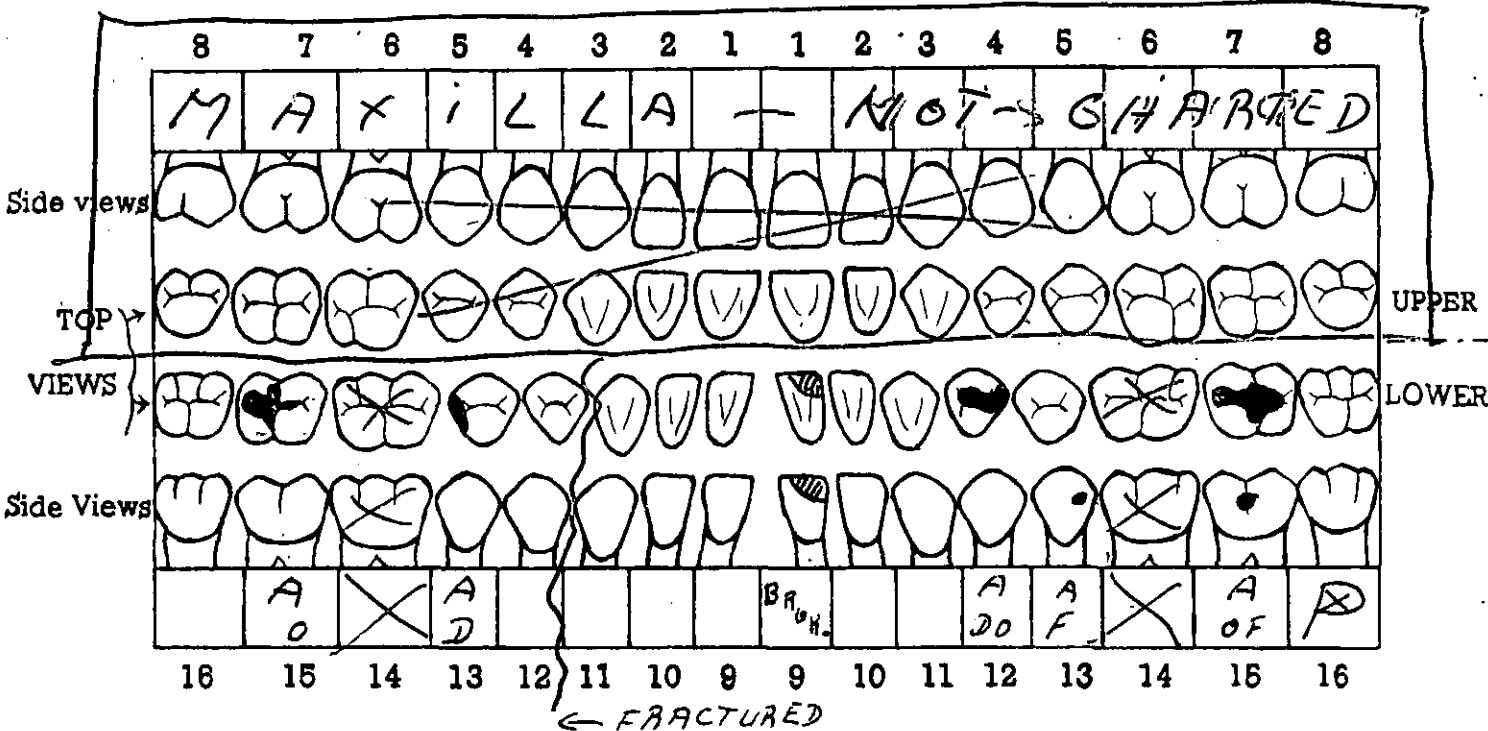
Date

X-6469 A

Last Name	First	Initial	Grade	Serial No.
Unit		Organization		
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), 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.

See reverse

CERTIFIED TRUE COPY

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt. QMC

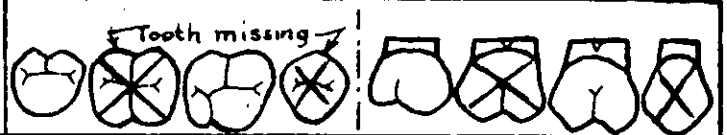
s/ Ivor J. Fosmo  
SP # 7 DAC

Signature of Officer or other person who prepared Tooth chart

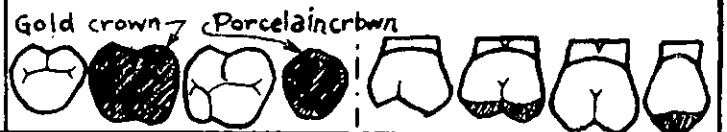
Verified by G. R. C. Officer



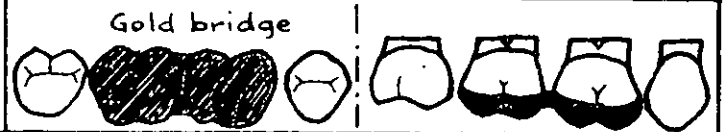
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



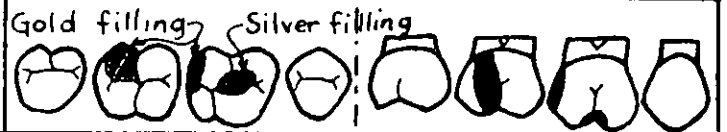
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing  
Broken or chipped

Color Dull Ivory  
Size Average  
Alignment Good

Space : R-13-15 2mm  
L-13-15 3mm

- R-15 Mesial version
- R-12 Rotated 1/16 turn distally
- L-9 Lingual version
- L-12 Rotated mesially slightly
- L-13 Rotated mesially slightly
- L-15 Mesial version

Note : These teeth are part of a mass burial of two (2) men. Four (4) charts made. Teeth placed with original case.

NARRATIVE CASE X-6469 A

Case received as a single burial, processing revealed the parts of two deceased. Segregation was possible due to difference of size and structure of bones. Teeth for two men found in debris, charted and placed with X-6469 A. Clothing and debris placed with case X-6469 A. Other remains redesignated X-6469 B placed in above ground storage, pending disposition.

Thomas TURNER

*J.L. Pen*

DISINTERMENT DIRECTIVE

6

*293 Unknown France - 6469 (St Avold)*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3574 00000

DATE  
15 12 47  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		00000		1	DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - 1452					3500 00 CODE DIST. PT.
LOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
48	3	43	FRANCE		5

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	
REMAINS PREPARED AND PLACED IN CASKET	
DATE ASKET SEALED BY	BY EMBALMER (Signature)
DATE ASKET BOXED AND MARKED	BY SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

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

# CHECK LIST OF UNKNOWNNS

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

Unknown X 6469  
Cemetery Q-260584 St Avold  
Plot EEEE Row 5 Grave 49

1. Arrived at cemetery 1030 29 June 1946  
(hour) (date)
2. Place of death Muenchen, Muenchen, Germany ( WY 8159  
(name of closest town) (coordinates and letter Prefex, maps)  
Sheet M - 49 Scale 1:250,000  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 535th Q.M.G.R.Co.  
(name and organization)
4. Evacuated to Cemetery by Major Wm.J.Pelton , Third Field Command  
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

Item \_\_\_\_\_

\*Headgear Remnants of flying helmet  
(type)

Raincoat None

Overcoat None

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater Wool Remnants

Jacket, HBT None

\*Shirt, Wool OD Remnants of officer's shirt

Undershirt, Wool Remnants

Undershirt, Cotton Remnants

Trousers HBT None

\*Trousers, Wool OD None

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing) None

Socks, Cotton None

\*Shoes None (type) \_\_\_\_\_

Overshoes None

Web Equipment None (Type) \_\_\_\_\_

(Other item) Remnants of flyer's mask, flak-west, bag made from civilian towel

(Other item) \_\_\_\_\_

\*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. \_\_\_\_\_  
Air Force

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD  
(length, width, location)

UTD 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 Brown  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair UTD  
(baldness, widows peak, distinctive cutting or other characteristics).

Sideburns UTD Mustache UTD Beard or UTD  
(color, setting, shape) (color, size, shape) (length, heavy)

Goatee UTD  
(light, color, extent)

Eyes UTD Eyebrows UTD  
(color, setting, shape) (color, bushiness, extent across nose)

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

Mouth UTD Lips UTD  
(large, medium, small) (small large, full)

Teeth See tooth chart  
(white, size, unevenness, spacing, noticeable crowns, fillings, 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)

UTD  
(extent and quantity of hair)

Hands UTD

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

UTD  
(Unusual characteristics of fingernails)

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

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

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

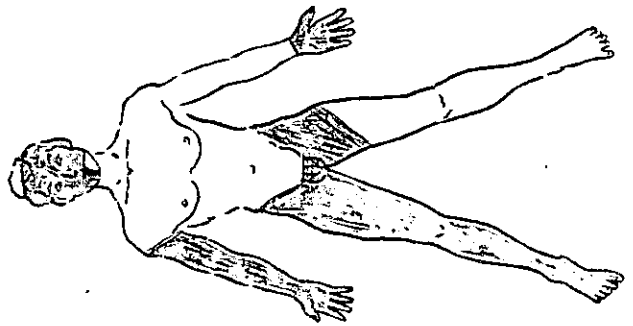
Hernioplasty UTD  
(yes-no; location)

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

Feet UTD Toes UTD  
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed factures UTD  
(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 No hands

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

12. Remarks : Remains in last stage of decomposition.

Weight of remains approx. 50 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 (med)*

Wm. J. PELTON

Officer's Name

MAJOR

Rank

QM.C.

Service

HQ. THIRD FIELD COMMAND A.G.R.C.

Organization

# 9060

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

REENTERED  
U. S. MIL. CEM. 30-A-1 OLD  
PLOT 6EE ROV 5 GRAVE 49

# TOOTH CHART

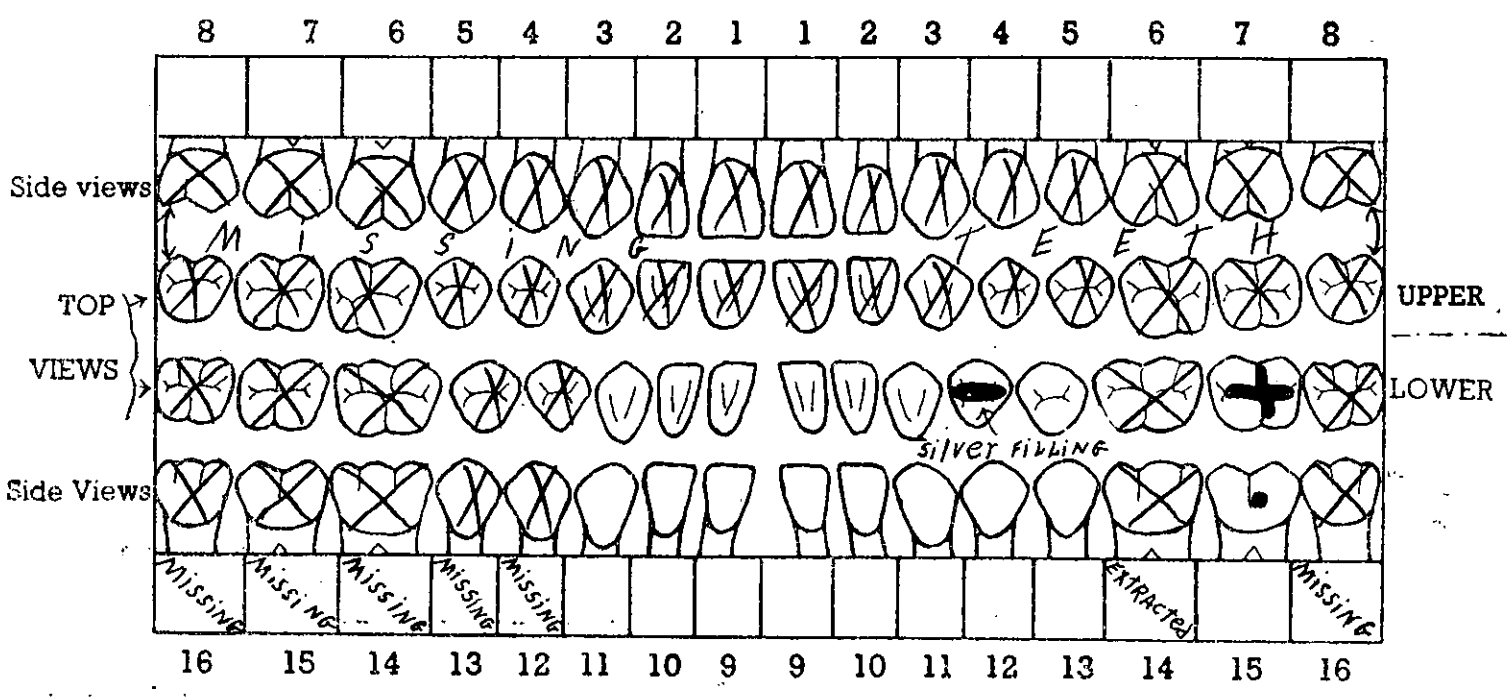
24 June 1946  
Date

Unknown X-6469    Unknown    Unknown    Unknown  
Last Name    First    Initial    Rank    Serial No.

Unknown    A.A.P.  
Unit    Organization  
Munichen, Munichen Germany    Est Sept, 1944    U.S. 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), 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.

*Thomas W. Turner*

Signature of Officer or other person who prepared Tooth chart

*Major William J. Pelton (rd)*  
Verified by G. R. S. Officer

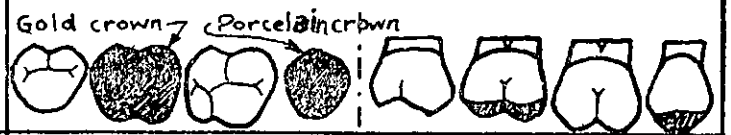
Major William J. Pelton    Q.M.C.



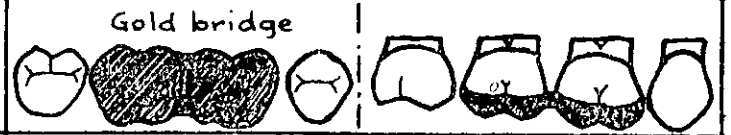
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



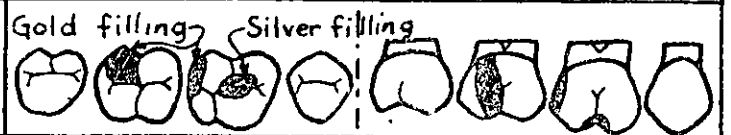
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



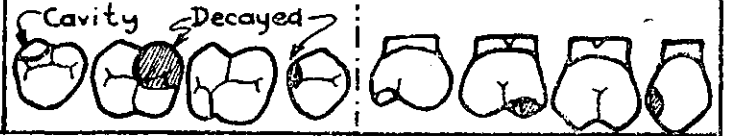
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

**Mandible of the lower jaw was fractured between 15 and 16 left and the right mandible was missing from 16 to 12. There was no upper maxillary jaw bone.**

CORRECTED COPY

# REPORT OF BURIAL

19 October 1949

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1945)

Serial No. **UNK X-6469-A**

Unknown X-6469-A

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Muenchen, Germany

Plane Crash

Place of Death

Date of Death

Cause of Death

1100 - 29 June 46

U. S. Military Cemetery, St. Avold, France (0-260584)

Time and Date of Burial

Name of Cemetery

Coordinates of Location

79

Row Number

Grave

Grave

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

If No Identification Tags

How were remains identified?

Unknown X-6469 (St. Avold, EEEE-5-49) segregated into A and B cases. Unknown X-6469-A remains in the original grave location. Unknown X-6469-B reinterred in Plot XXX Row A, Grave 43, U. S. Military Cemetery, St. Avold, France.

What means of identification were buried with the body?

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

Who is buried on :

Deceased's Right :

UNK X-6466

Name

Serial No.

Rank

Organization

50  
Grave No.

Deceased's Left :

OLIVE

Name

3/810861

Serial No.

S/SGT

Rank

AC

Organization

18  
Grave No.

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



If print of identification tags not affixed fill in below :

Emergency Addressee

Unknown

Name

Address

Religion

Unknown

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

## REBURIAL

Previously buried in Military Cem.  
Muenchen, Germany (FY 8159) Sheet  
M-49 Scale 1/250,000

This corrected copy of Report of Burial, prepared at HHS, AGRC-EA.

Signature of Officer or other person reporting burial

EDWARD F. PRICE JR.

CAPE

Verified by G.R.S. Officer

21-2 M 566-89961 21-2

## 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.

Left Hand

8
7
6
5
4
3
2
1
Thumb

Right Hand

8
7
6
5
4
3
2
1
Thumb

### TOOTH CHART

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

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

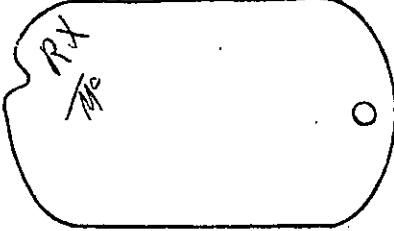
Characteristics :

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.**



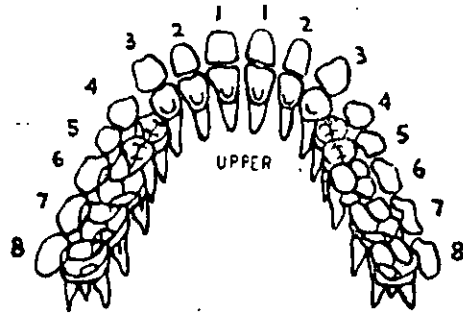
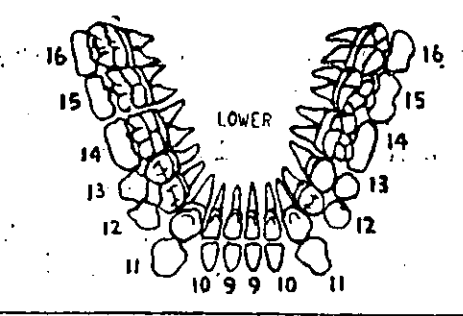







**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 29 June 1946			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) Unknown X-6469				SERIAL No. Unknown			
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE AAF			
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY			
PLACE OF DEATH Muenchen, Muenchen, Germany		CAUSE OF DEATH B.T.B. Plane crash				DATE OF DEATH Est. Sept. 1944			
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown									
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		None							
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 U.S. Military Cemetery ( Q 260584) St. Avold, France									
DATE OF BURIAL 29 June 1946		HOUR 1100		BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Wooden Cross	PLOT No. 30	ROW No. 5	GRAVE No. 49
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Military Cemetery Muenchen, Germany (WY 8159) Sheet M-49 Scale 1:250,000				PLOT No. 30	ROW No. 3	GRAVE No. 50 49	
TYPE OF RELIGIOUS CEREMONY General Service		PERSON CONDUCTING BURIAL RITES CH. J.B. JOHNSON, 1st Lt.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy W.D. Q.M.C. 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) BEGINNING OF ROW				RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-6466				RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 50		
SIGNATURE OF PERSON PREPARING REPORT Max M. Schiff Hq. Third Field Command A.G.R.C.				SIGNATURE OF GRS OFFICER 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**

**RESTRICTED**

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.			
	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	UTD	UTD	UTD	Brown
	BIRTHMARKS, SCARS, OR TATTOOS			UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	None		None	Muenchen, Muenchen, Germany
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	None			
LEFT THUMB	FILLINGS  SILVER FILLING  GOLD FILLING	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p>		
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN  GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.			
	JUN 20 3 15 PM '45 RECORD BRANCH			
	REMARKS:			
	Est. Weight of remains 50 Pounds. Attached: Form IA "Tooth Chart" "Check List Of Unknowns" Unable to obtain finger prints because of missing portions of remains.			

**RESTRICTED**