

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

26 August 1949
Date

SUBJECT: Unidentifiable Remains

293 Unknown - France X-654 (A) (Add)

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

1. The records pertaining to Unknown X-6546 A, Plot FFFF, Row 8, Grave 96, 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. 3249, dated 1-12-48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ Col. H.P. Henry
/s/ Lt. Col. E.D. MULVANY
/s/ 1/Lt Gaylord E. LUTZ

Received 6 OCT 1949 OPMG
Not identifiable from
information presently
available

NAT
FILE 6 OCT 1949
M. Blank
2 Oct 49

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

26 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6546 A, Plot FFFF, Row 8, Grave 96, 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. 3249, dated 1-12-48.
3. Remarks:

Received 6 OCT 1949 QQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

[Signature]
Col. H.P. HENRY, O-12589

QMC

[Signature]
Lt. Col. E.D. MULVANY, O-359598

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

[Signature]
~~XX~~
1/Lt. Gaylord E. LUTZ, O-1595665

QMC

Incl #10

This grave formerly occupied by **GOELL, Julien** O-1325886 2 LT.
USMC - ST AVOLD, FRANCE
Plot D, Row 16, Grave 33
Date reburied *10 Nov 49*
DISINTERMENT DIRECTIVE
Date Disinterred: *10 Nov 49*

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

NAME **UNKNOWNX-006546A** SERIAL NUMBER **1** RANK **1** ARM **1** DATE OF DEATH
DAY MONTH YEAR
CEMETERY **ST AVOLD - METZ** DISPOSITION OF REMAINS **0 3503 80**
CODE DIST. PT.
PLOT **4F** ROW **8** GRAVE **96** 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER **UNKNOWN** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES I
UNKNOWN X NUMBER CORR. (HC. AGRC)

REMAINS PREPARED AND PLACED IN CASKET
DATE BY

CASKET SEALED BY **Karl K Kasca, Embalmer** EMBALMER (Signature) *Karl K Kasca*

CASKET BOXED AND MARKED **4 Mar 49 Karl K Kasca** SHIPPING ADDRESS VERIFIED BY **ALL MARKINGS PLATES & tags verified by: Rafael T Ruiz**
DATE BY **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.

Rafael T Ruiz
Rafael T Ruiz, 1st Lt FA, 7857 AGRC Zone 3 Hq
SIGNATURE OF GRS INSPECTOR

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

2 2 DEC 1949

BRANCH

2nd 192

Chavez

X-V

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-6546 (A) B					
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
St. Avoild, France	4F	8	96	CODE	DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X- 6546 (A) B				3 Aug 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS EMB			Forrest L Brown, Embalmer	
<input checked="" type="checkbox"/> MARKER EMB			NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Matress cover	Remains consist of : complete L/humerus, radius, ulna, R/clavicle, fractured L/clavicle, R/humerus, pelvic-girdle, L/femur, few ribs and vertebrae.
OTHER MEANS OF IDENTIFICATION	
Embossed plate found with remains. - Report of Burial, found with remains, dated 11 July 1946.	

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

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 26 Aug 48 BY Forrest L Brown, Embalmer

CASKET SEALED BY	EMBALMER (Signature)
Anthony J Martin, Embalmer	<i>Anthony J Martin</i> Anthony J Martin

CASKET BOXED AND MARKED	SHIPPING AND STORAGE
22 Nov 48 Anthony J Martin	All markings, tags and plates verified by <i>Rafael T Ruiz</i> Rafael T Ruiz, 1st Lt FA
DATE BY	

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

Bruce E Blair, 1st Lt QMC, 7857 AGRC Zone 3 Hq

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Frank B Callaghan
Frank B Callaghan, 1st Lt FA

X-6546

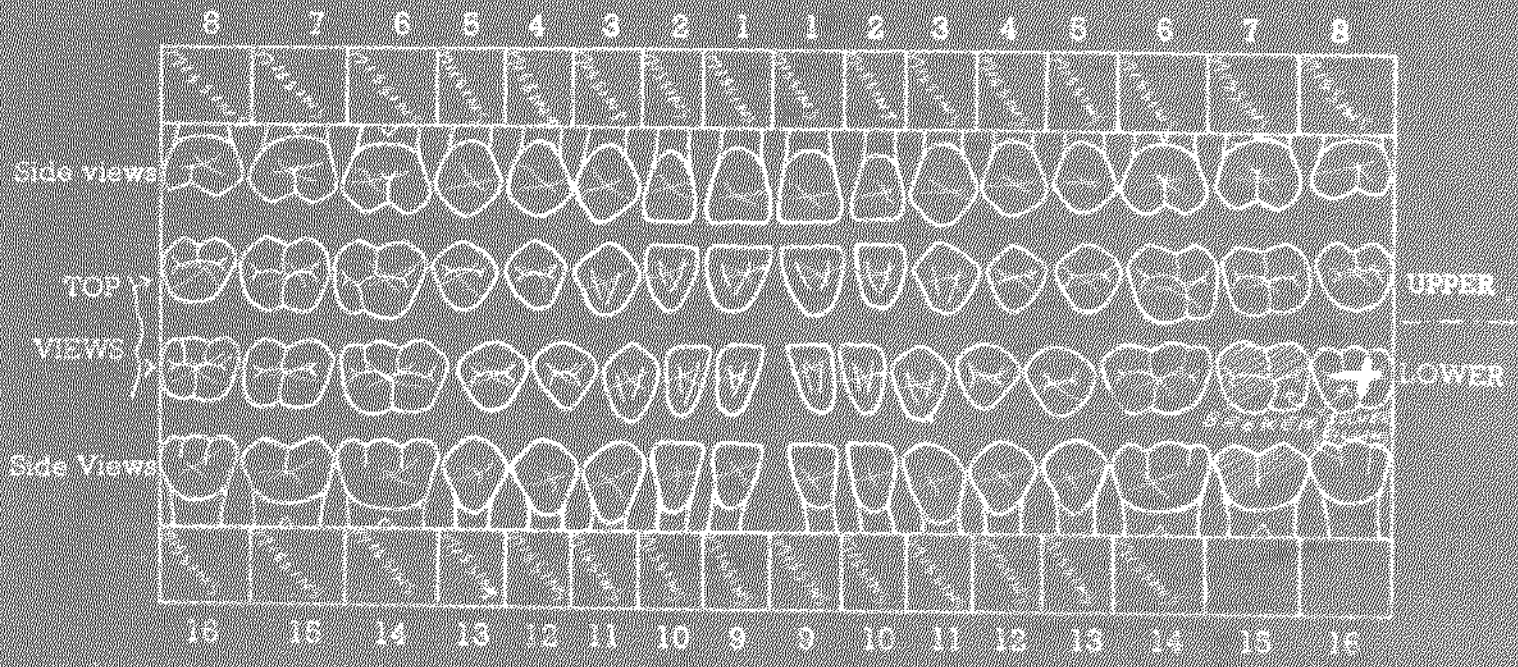
TOOTH CHART

31 June 1946

Unknown X6546 Unknown Unknown
 Last Name First Initial Last Name Serial No.
 Unknown
 Unit
 Hochzutting, Germany, Est. July 1944
 Place of Death Date of Death
 Unknown
 Organization
 Plane crash.
 Cause of Death

Right

Left



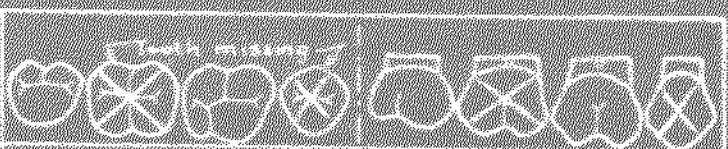
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

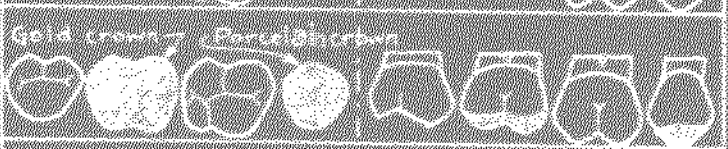
Approved by the ...
 M. J. Pelton (41)
 M. J. Pelton
 Major MC.

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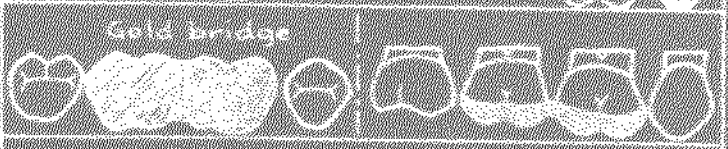
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



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



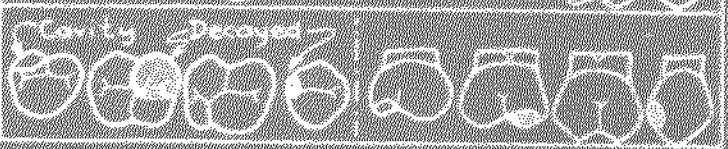
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

The mandible is missing from 16 right to 14 left and also the maxillary jaw bone was missing.

X-6546

AGBC
FORM No. 11
Revised 3 January 1948

CHECK LIST OF UNKNOWNNS

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

Unknown X **6546**
Cemetery **Q260584 St Avold**
Plot **FFFF** Row **8** Grave **96**

1. Arrived at cemetery **0930** **11 July 1946**
(hour) (date)
2. Place of death **Hochmiltzing, Germany** **Germany (W-8159)**
(name of closest town) (coordinates and letter, Prefex, map)
Sheet 4-49 Scale 1/250,000
(Sheet, scale and serial used)
3. Remains recovered or disinterred by **390th M-B Det.** **355th Q.M. Group**
(name and organization)
4. Evacuated to Cemetery by **Major Va. J. PEHON, HQ, Third Field Command, AGBC.**
(name and organization)

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

Item	Clothing		
	Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	None		
	<small>(type)</small>		
Raincoat	None		
Overcoat	Charred fragments of cloth recognizable flying suit		
Jacket, Field	None		
Jacket, Combat	None		
Macinaw	None		
Sweater	None		
Jacket, HBT	None		
*Shirt, Wool OD	None		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers HBT	None		
*Trousers, Wool OD	None		

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Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None

(Note unusual lacing)

Socks, Cotton None

Shoes None (type)

Overshoes None

Web Equipment None (Type)

(Other item) Goggles rayon, size medium, general electrical paraphernalia

(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

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)

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, st, thin, vascular)

Hair Brown (color, length, quantity, curly, wavy, straight, wavy, or definite parting)

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Hair ~~None~~ **UTD**
 (thickness, recedes peak, distribution, coloring or other characteristics)

Sideburns ~~None~~ **UTD** **Mustache** **UTD** **Beard or** **UTD**
 (color, texture, shape) (color, size, shape) (length, amount)

Goatee **UTD**
 (light, color, extent)

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

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

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

Teeth ~~None~~ **See tooth chart.**
 (color, size, unevenness, spacing, noticeable missing, filling, extract)

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

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

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

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

Hands **UTD**
 (extent and quantity of hair)

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

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

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

Hernioplasty **UTD** **Circumcision** **UTD** **Pubic hair** **UTD**
 (yes-no) location (yes-no) (color)

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

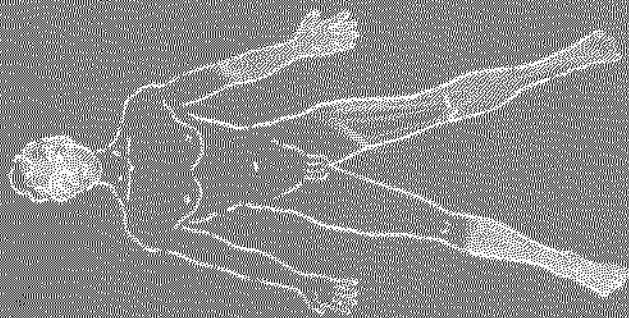
65

X-6546

Feet (DTP, corns, splines, etc.) (DTP)

Evidence of healed fractures (DTP)

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



10. Have fingerprints been placed on Report of Interment (Yes/No) If not, explain (Impossible to obtain fingerprints because of missing portions.)

11. Has tooth chart been prepared (Yes/No) If not, explain

12. Remarks : Portions of body recovered as per diagram. Body broken completely and in last stage of decomposition. Est. Weight of Remains recovered: 40 lbs

Received with case records; Marking on a piece of white silk in light blue ink. The letters AN, about 1 1/2" (Forwarded to HQ AGRC)

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

Signature: Wm. J. PRITCH, Major, USAF, U.S. Air Force, U.S. Armed Forces, U.S. Armed Forces

IDENTIFICATION CHECK LIST

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

E.O. 786

Unknown X 6548 [↑]

Cemetery St. Avoild, France

Plot FFFF Row 8 Grave 96

Date Processed : 24 August 1948
~~24 August 1948~~
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~processed~~ **processed** by Mobile Team # 1, C.I.P.
~~processed by~~ (Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>none</u> (Type)		
Raincoat	<u>none</u>		
Overcoat	<u>none</u>		
Jacket, Field	<u>none</u>		
Jacket, Combat	<u>none</u>		
Mackinaw	<u>none</u>		
Sweater	<u>none</u>		
Jacket, HBT	<u>none</u>		
* Shirt, Wool OD	<u>none</u>		
Undershirt, Wool	<u>none</u>		
Undershirt, Cotton	<u>none</u>		
Trousers, HBT	<u>none</u>		
* Trousers, Wool OD	<u>none</u>		

Belt, web none

Drawers, wool none

Drawers, cotton none

Leggings, wool none

Socks, cotton none

* Shoes none (type) _____

Overshoes none

Web Equipment none (type) _____

(Other item) Remnants of : parachute harness

(Other item) Complete parachute

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

Chevrons or Insignia none
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch none

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

6. Description of Remains: L. Humerus - 32.5
L. Ulna - 24.4
L. Radius - 22.7

Age UTD Est. 5'2 9/16" Height utd Weight utd Description of wounds UTD

Bandages or dressings None Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location -- illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

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

Build UTD
(Large, fat, thin, muscular)

Hair None
(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, lushiness, 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 **No teeth found**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Skull fractured**
 (Large, small, normal) (Hair band) **and/or missing**

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 **Missing**

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

(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **Medium Brown**
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

Feet **UTD** Toes **UTD**
 (Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **None**
 (Nose, arms, legs, etc.)

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

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

If not, explain Fingers missing

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

Remains processed as per E.O. # 786

9. Remarks Remains received in skeleton form ; no flesh. Clothing, found in debris, bore no markings. Report of Burial found, No GBS tags.

Estimated weight of reprocessed remains : 9 Lbs. Estimated Height -

5' 2 9/16". Only small portion of fractured disarticulated skull found. (occipital portion). No evidence of old or healed fractures or amputations. Prts of two remains were found. (See attached narrative)

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.

/s/ George J. Schwaderer
(Officer's Name)

Rank Service

(Organization)

A Certified True Copy
Clyde V. Carlson
CLYDE V. CARLSON
WOJG USA

NARRATIVE OF SEGREGATION CONCERNING
CA E X-6546 and X-13039. 6546B

Upon reprocessing case X-6546, as per E.O. # 786, parts of two remains necessary to the life of a person were found. Segregation was made and the new remains were assigned Unk. X-13039-6546B

Segregation was possible because of difference in size and structure of the bones and also on the basis of bone articulations.

The temporary wooden cross had X-6546 stencilled once indicating that only one remains was known to be buried.

Clothing found in debris, bore no markings. No teeth found.

A small portion of a skull (occipital portion) was found in debris and could belong to either case. It was placed with case X-6546A

The basis case (X-6546) was placed in a burial box and re-
signed to grave from which disinterred, that is, Plot : FFFF
Row : 8
Grave : 96

6546B

The new case (X-13039) was wrapped in a mattress cover and put above ground in storage at St. Avold.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

small portion of occipital present does not show on chart.

X-6546 A
FFFF - 8 - 96
USMC St. Avoird, France
24 August 1948

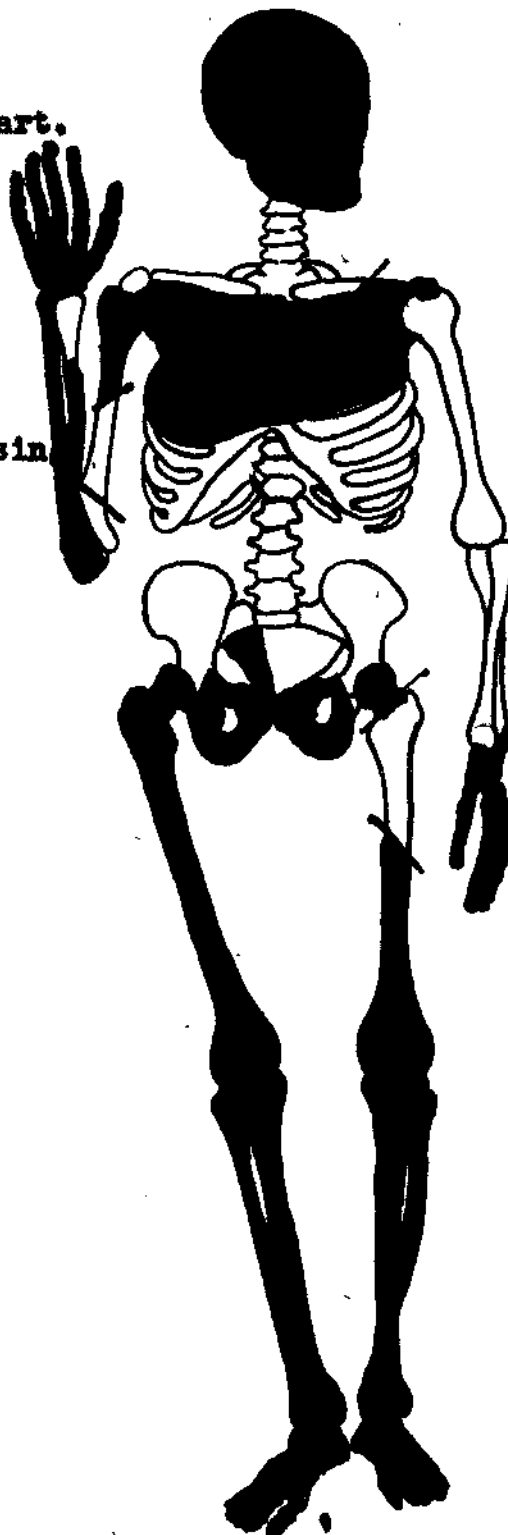
L. Humerus - 32.5

L. Ulna - 24.4
(3MM's added for missing styloid)

L. Radius - 22.7

*recovered remains segreted from these remains and designated X-18639 St. Avoird.

6546B



Estimated Height - 5' 2 9/16"

CHART "A"

CORRECTED COPY

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

24 Aug. 1948

X-6546

Last Name

Unk.

First Name

Unk.

Initial

Rank

Unk.

Serial No.

Unk.

Hochmattig, Germany

Place of Birth

Unit

Est. July 1944

Color of Hair

Plane Crash

1000 - 11 July 1946

96

Grave Number

Row Number

USMC St. Avold, France

FFFF

(Q-260584)

Temp. Wdn. Cross

Type of Marker

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

If No Identification Tags

How were remains identified?

Processing revealed parts of two remains. Degre-gation was made. Case X-6546 changed to case X-6546 and X-13000 6546 B

What means of identification were buried with the body?

One copy of GRS Form # 1 placed in burial bottle and put with remains.

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

Who is buried on:

Deceased's Right:

End. Of Bow

Name: X-6558

Serial No.: Unk.

Rank: Unk.

Organization: AAF

Grave No.: 95

Deceased's Left:

Name

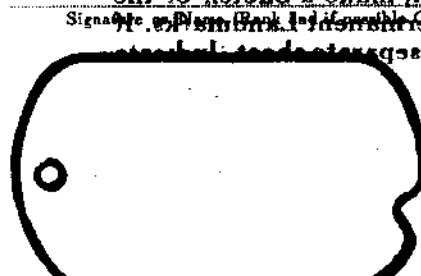
Serial No.

Rank

Organization

Grave No.

If this is an isolated burial make a sketch of the tooth chart



Signature of Officer or other person reporting burial

Data when other than officer reporting burial

If print of identification tag not affixed fill in below

Emergency Addressee: Unk.

Name

Unk.

Address

Unk.

Religion

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

Remains previously buried in same grave as now assigned.

This corrected copy of report of Burial prepared at IS, Hqs First Zone, AGRC, EA, APO 58, US Army by:

A CERTIFIED TRUE COPY

Signature of Albert G. Richardson, USMA Civ.

/s/ Albert G. Richardson, USMA Civ.

Signature of other person reporting burial

/s/ Jesse R. Ward, Capt.

Verified by G.R.S. Officer

CORRECTED COPY

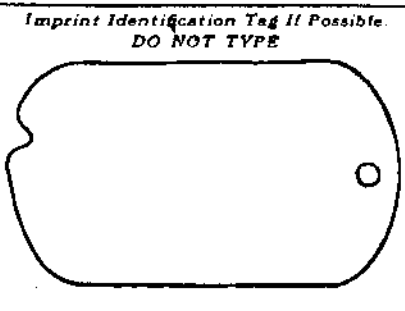
IIIC1 #3

RESTRICTED

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
11 July 1946



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X6546

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
HOCHMUTTING, GERMANY
Coord: **WY-8159**

CAUSE OF DEATH
PLANE CRASH

DATE OF DEATH
Est. **July 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 2 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
U.S. Military Cemetery (G-260584) St. Avoird, France.

DATE OF BURIAL 11 July 1946	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) casket	TYPE OF GRAVE MARKER wooden cross	ROW No. 8	GRAVE No. 96
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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
Outside civilian cemetery of Hochmutting, Germany, Map: 17250,000 Sht: M-49 Coord: WY-8159 Isolated grave.

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 WD.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) UNKNOWN X- 6558	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 95
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) END OF ROW	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT Sgt. Harvey Klafke Hq. Third Field Command AGRO.	SIGNATURE OF THEATRE COMMANDER RALPH W. SLEATOR, Major Inf. 3rd Field Command.
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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

Section 3. 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.


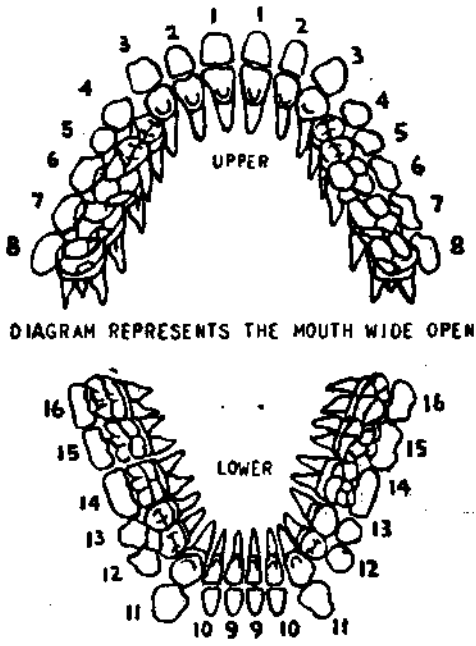




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	BROWN	UTD

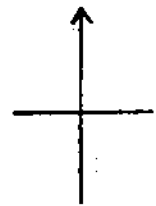
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
NONE	NONE	HOCHMUTTING, Germany.

OTHER IDENTIFICATION CLUES

Received with case records; Marking on a piece of white silk in light blue ink. The letters: A.N. None about 1 1/2" (Forwarded to HQ A.G.R.C.)

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

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



REMARKS: Attached Form 11 Checklist of Unknowns and Form 1A tooth chart.
 * Unable to obtain fingerprints because of missing portions.
 Est. weight of remains recovered 60 Lbs.