

Notes

7887 GRAVES DETACHMENT

APO 757

243unk St. Avold X-6813 *mm*

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-6813 St Avold

(POC) ST AVOLD

*File
S. Flores
J. B. B.
26 Feb 51*

IDENTIFICATION CHECK LIST

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

Proc by: C. [unclear]
 R. [unclear]
 Class: H. Richardson

 E.O. 790 dttd. 9 Mar. 48

Unknown X 6813
 Cemetery St. Amand, France
 Plot HHHH Row 6 Grave 66

1. ^{Note reprocessed: 23 June '71}
 Arrived at cemetery (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ^{reprocessed} recovered or disinterred by Mobile Team #1, I.S. (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			

Belt, web

Drawers, wool

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:	<i>L. Humerus 31.6</i>	<i>L. Femur 45.7</i>
	<i>L. Radius 23.6</i>	<i>L. Tibia 34.5</i>
	<i>R. Ulna 25.7</i>	<i>L. Fibula 35.2</i>

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

Bandages or dressings *None* Scars *UTD* (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 *Dark brown 7" long, slightly wavy* (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)

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 *See Tooth Chart* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches *21 1/2* (Hat band)

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

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

Hands *Missing and/or decomposed*

Fingers *Missing and/or decomposed* (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* (Yes-no) Pubic Hair *None* (Color)

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) Toes *UTD* (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 far too decomposed

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

9. Remarks Remains received in skeletal form with small amount of flesh in last stage of decomposition. No clothing. Report of Burial Found, no GRS tags. Estimated weight of reprocessed remains: 30 pounds. Estimated height: 5' 3 3/4. Teeth found in debris and in skull

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.

No evidence of old or healed fractures or amputations found.

Skull disarticulated.

Carl A. Rice
(Officer's Name)

PP-7 AB-PC
Rank Service

Mobile Team #1 IIS
(Organization)

A. Richardson

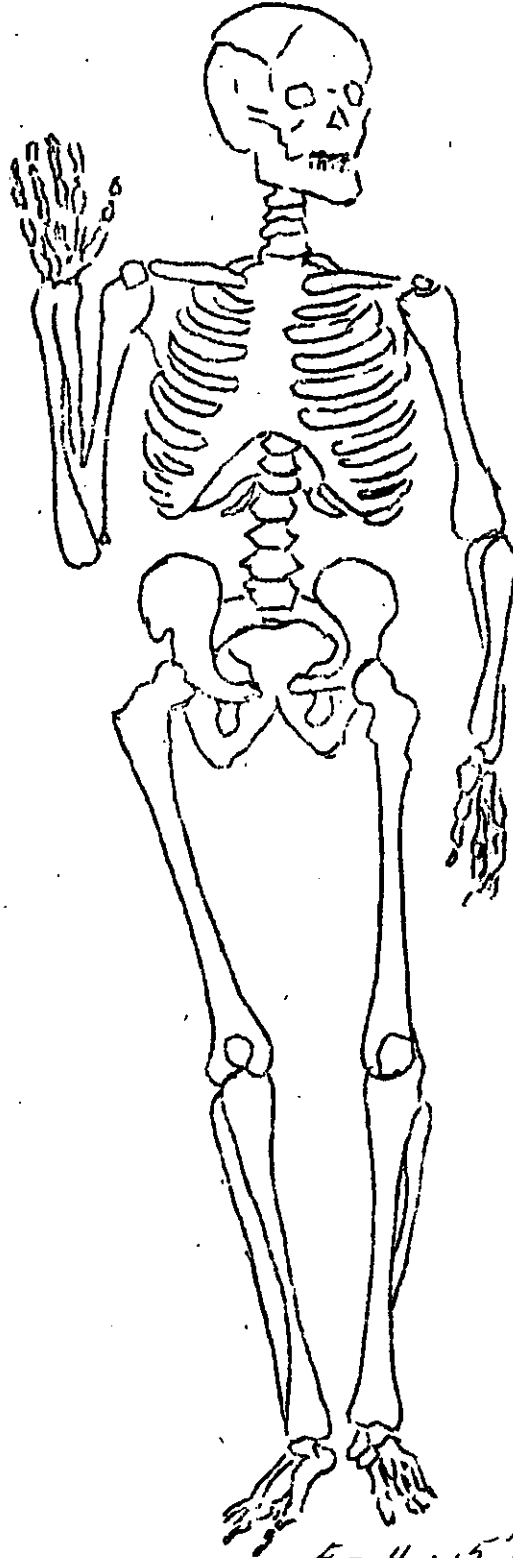
SKELETAL CHART

X 6813

23-June 48

FT AVOLA

Black out parts missing



HUMERUS - 31.6

RADIUS - 23.6

ULNA - 21.7

FEMUR - 45.7

TIBIA - 34.5

FIBULA - 35.2

Est Hr: 5' 3 3/4"

E.O.# 790

USMC - Sr. Avold

TOOTH CHART

Plot - HHHH
Row - 6
Grave - 66

23 - June 48
Date

X-6813

UNK

UNK

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

Place of Death

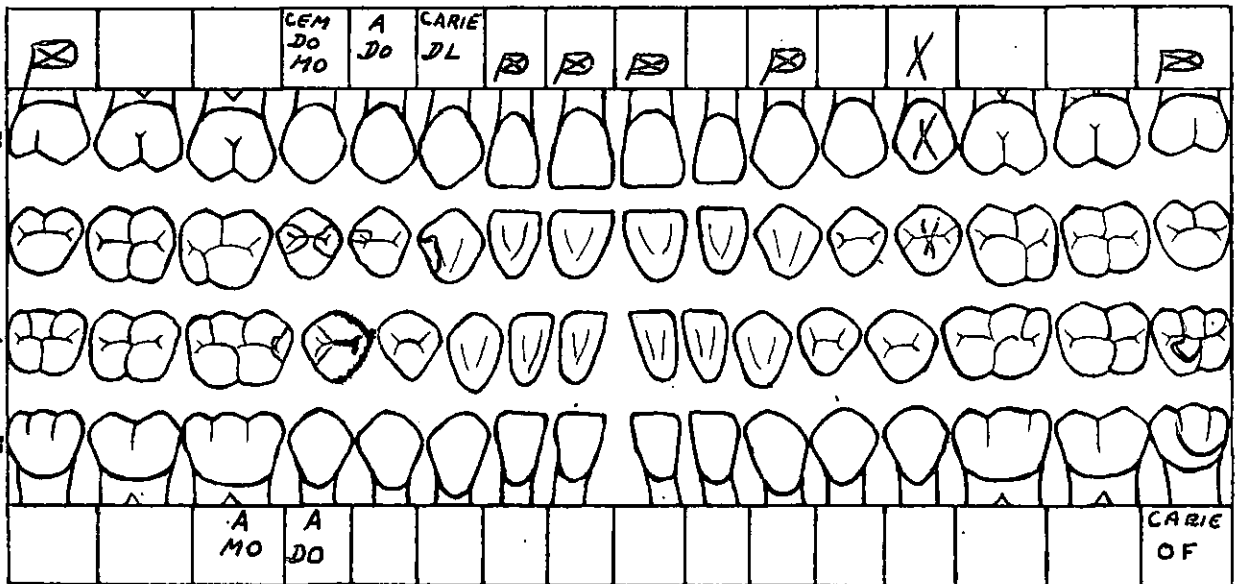
Date of Death

Cause of Death

Right

Left

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



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

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

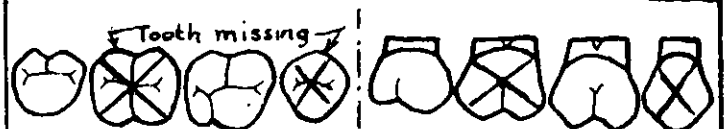
See Reverse for Remarks

Quar J. F...

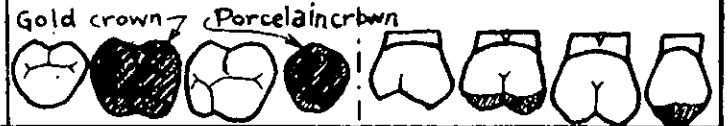
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

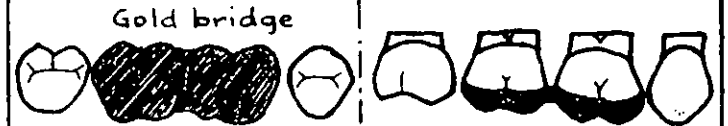
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



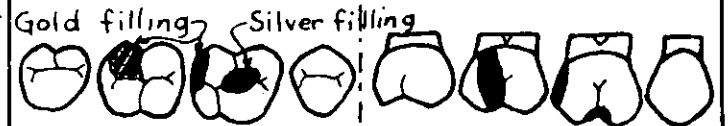
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



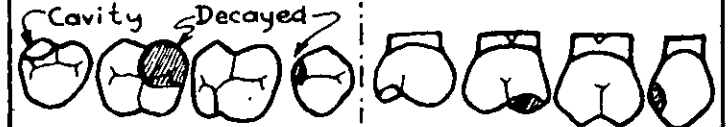
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

\otimes = POSTHUMOUSLY MISSING

SPACE: L-4-6 = 4mm.

COLOR = DULL IVORY
 SIZE = AVERAGE
 ALIGNMENT = Good

MAXILLA

R-5 = SLIGHT MESIAL ROTATION

L-4 = ROTATED $\frac{1}{16}$ OF A TURN DISTALLY

MANDIBLE

R-13 = SLIGHT MESIAL ROTATION

R-12 = SLIGHT FACIAL MALPOSITION

R-11 = LINGUAL VERSION

R-10 = FACIAL VERSION

R-9 = SLIGHT MESIAL ROTATION

L-12 = SLIGHT FACIAL MALPOSITION

L-13 = V MESIAL ROTATION

L-16 = VERY BADLY DECAYED (SEE CHART)

15040

REPORT OF INVESTIGATION AREA SEARCH

U. S. I. C. 6
66

July, 5, 1946

Date

NAME Unknown X6813 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:

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:

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 _____ Common Graves? _____

4. Name and Type of Cemetery OSWALD
(Military or Civilian)

5. Map Coordinates of the Cemetery 010040, 2000000 (V-0101)

a. Town Osling Country Australia

6. Give exact location in cemetery of the remains.

a. Section 000 Row 0 Grave 20

b. Is Sketch attached?

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

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? Small wooden cross

10. If grave is marked with cross, give exact markings thereon no markings

a. From what source was this information obtained?
(Identification tags, personal effects)

b. By whom? _____

11. Where are the cemetery records? 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? 22.2.1943

a. Give basis _____

13. What is the cause of death? 1st Airborne

a. Give basis _____

14. What is the date of burial? 22.2.1943

a. Give basis _____

15. Where was the place of death? Germany Coords 50° 42' N, 10° 23' E

Give basis _____

16. Where were the remains found? Germany Coords 50° 42' N, 10° 23' E

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? Civilian
(Civilian, American Mil. or German Mil.)

a. what are the names and addresses? British forces and military cemetery

b. Are certificates and statements attached? yes

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? _____

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 _____

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 _____

150-410
Enemy planes? _____ Collision? _____

Did plane explode in the air? _____ On ground? _____

Did plane burn in the air? _____ On ground? _____

What was the direction of the flight? _____

What was the civilian opinion regarding destination of plane? _____

Had bombs released prior to the crash? _____

Does specific time and date of crash correspond with date of death of above named deceased? _____

Number of planes in formation prior to crash? _____

State precise time and date of plane crash _____
(Night? Day?)

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)

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? _____

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 _____

What was the type or enemy action that resulted in the tank's disablement? _____

Did tank explode? _____ Burn? _____

Number of tanks in immediate vicinity at time of disablement _____

Does specific time and date of disablement with date of death of above named deceased? _____

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

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

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

1. 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? _____

2. 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)

1. Were personal effects recovered by the investigating team? no

If not, state reason none found

a. Were identification tags found at the time of death? no

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? no

Where? _____ By whom? _____

Present disposition unk.

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

no

d. Did Cemetery register or cross indicate the immunization shot? no

2. Was deceased given first aid? no If so, where? _____

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

3. Was deceased evacuated to a German civilian hospital? no

Where? _____ Names of people concerned _____

4. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? no

5. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? yes - body had head injuries

(Burnt? Decapitated? etc)

5040
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? _____

7. Was case previously investigated? no By Whom _____

When? _____

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

Burgomaster, Priest, Caretaker

9. Are all positive statements regarding identification and particulars surrounding death attached? no

10. Has any information been given concerning isolated burials in the area outside the immediate vicinity? no

11. Was investigation preceded by advanced publicity? yes

(If special investigation, give case number) _____

12. Give Brief Narrative body was brought to town by an American Officer. It had on head injury. The officer never came back and the body remains unidentified.

(Use attached sheets, if necessary)

Erich Dewald
Erich Dewald.

Signature of Interpreter

Rank ASN

Organization

Donald Knott
Donald Knott

Signature of Investigator

Pvt. 38614220

Rank ASN

536th QM.Gp. ACRC

Organization

UNKNOWN X- 6813
REINTERRED U.S. MIL. CPM.
ST. AVOLD - IHMH-6-66

Colling.

B e r i c h t .

In der Zeit des 20. Mai 1945 brachte ein amerikanischer Offizier einen toten Mann in amerikanischer Uniform in unsere Stadt und ordnete an, ihn zu begraben. Er gab uns keine Auskunft aber er sagte uns, er werde am nächsten Tag zurückkommen. Er kam nicht mehr zurück und der Körper, den wir begraben, blieb unbekannt.

(signed illegible)

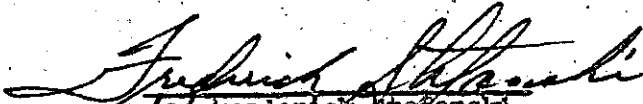
Unterschrift unleserlich.

S t a t e m e n t .

About the 20th of May 1945 an American officer brought a dead man in American uniform to our town and ordered him to be buried. He gave us no information but told us he would return on the next day. He never came back and the body we buried remains unknown.

signed illegible

A true copy


s/ Frederick Stefanski

2nd Lt. Inf.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

5 April 1949
(Date)

293 unk. France (St. Avold) X-6813

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6813, Plot HHHH,
Row 6, Grave 66, 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.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 3186, dated 1-11-48.

Case reviewed by undersigned Members of the Board of Review:

Roger Berger
Maj. Roger BERGER, O-251736 CRD Capt Jack C. HAYES, O-1577297 QMC

Edward F. Price, Jr.
Capt. Edward F. PRICE, Jr. O-1588236 QMC 1/Lt Edward E. STOUT, O-1594512 CE

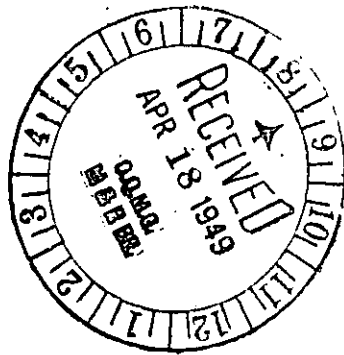
Ernest J. Oglesby
1/Lt. Ernest J. OGLESBY, O-449004, Cav

Received T.P. # 3125 of Apr 4 9
Not identifiable from
information presently
available

TL# 3125
8 Apr 49

Opus Rice
2d
19 Apr 49

Incl #9



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date - 1 NOV 1948

SUBJECT : Reprocessing of Remains

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

The remains of X - 6813
interred in Plot HHHH, Row 6, Grave 66, USMC St Avold,
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.


Est. Height : 5'3 3/4"
Hair : Dark brown, 3" long, slightly wavy

Teeth found with the remains.

No evidence of old or healed fractures or amputations found.
Skull disarticulated.

FOR THE COMMANDING GENERAL:

2 Incls :
1. Tooth Chart
2. Skeletal Chart


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

Incl #11

TOOTH CHART

Plot HHHH
Row 6
Grave 66

23 June 48

Date

X - 6813

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

Place of Death

Date of Death

Cause of Death

Right

Left

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

			CCM DO MO	A DO	CARIE DL							X				
Side views																
TOP VIEWS																
Side Views																
			A MO	A DO												CARIE OF

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

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

A CERTIFIED TRUE COPY

/s/ IVOR J. FOSMO

GEORGE L. FREEMAN

1st Lt QMC

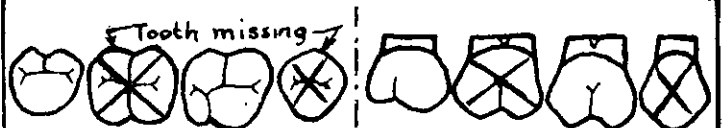
Actg Asst Adj Gen.

Signature of Officer or other person who prepared Tooth chart

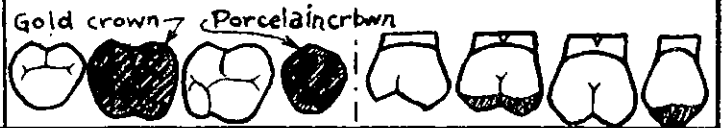
SP # 7 DAC

Verified by G. R. C. Officer

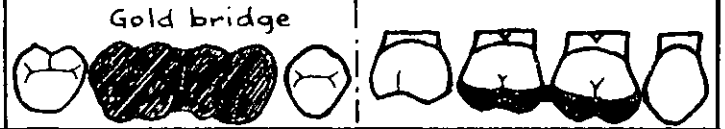
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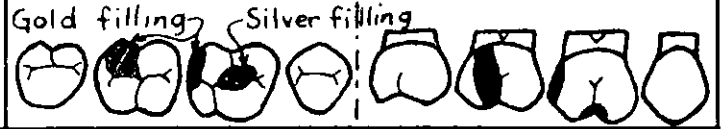
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



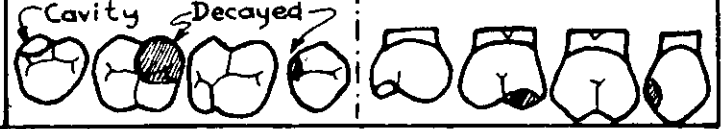
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Space : L-4-6 : 4 mm

Alignment : Good

Maxilla

- R-5 : slight mesial rotation
- L-4 : rotated 1/16 of a turn distally

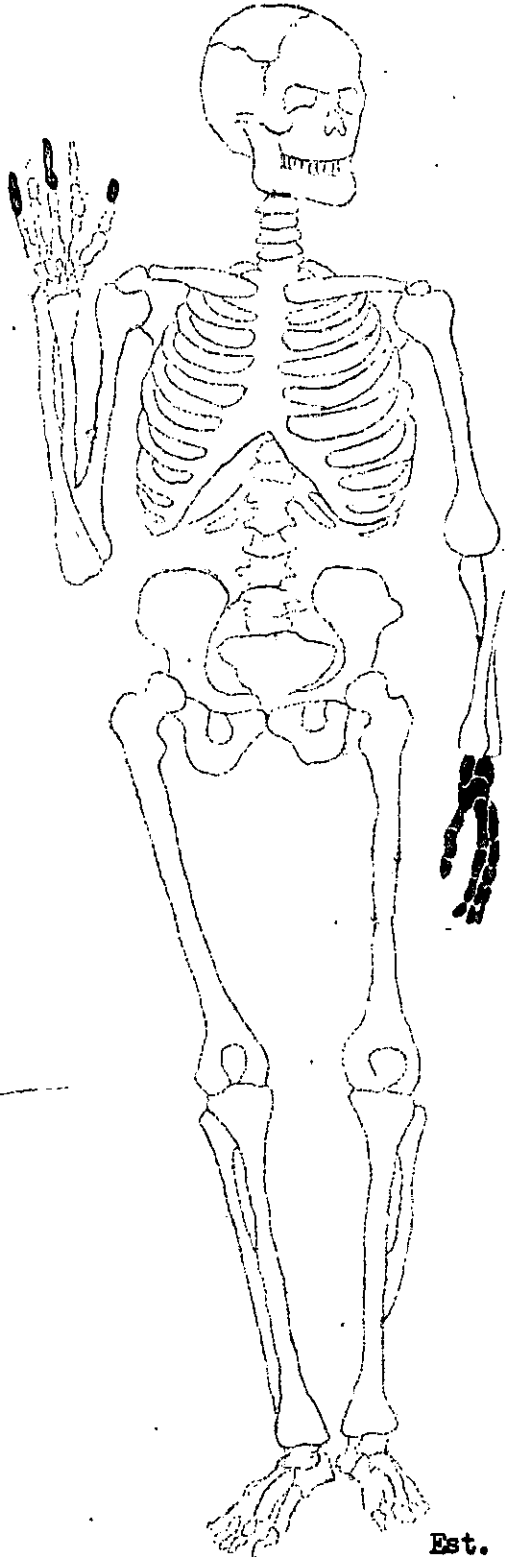
Mandible

- R-13 : slight mesial rotation
- R-12 : slight facial malposition
- R-11 : lingual version
- R-10 : facial version
- R-9 : slight mesial rotation
- L-12 : slight facial malposition
- L-13 : slight mesial rotation
- L-16 : very badly decayed (see chart)

X - 6813
23 June 48
St Avold

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Humerus : 31.6

Radius : 23.6

Ulna : 25.7

Femur : 45.7

Tibia : 34.5

Fibula : 35.2

Est. Height : 5'3 3/4"

711

This grave-formerly occupied by LARTENSEN James H 6906308, Pvt.
 USEC, ST. AVOID, FRANCE
 Plot A, Row 20, Grave 18
 Date reburied: 14 April 49
DISINTERMENT DIRECTIVE Disinterred: 14 Apr 1949

1 ✓

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

CAPT. Q.C.

NAME: UNKNOWN X-006813
 SERIAL NUMBER: UNKNOWN X-006813
 RANK: [blank]
 ARM: 1
 DATE OF DEATH: [blank]
DAY MONTH YEAR

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

PLOT: 4H ROW: 6 GRAVE: 66 COUNTRY: FRANCE
 CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ST. AVOID, FRANCE
 (BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN: [blank]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-006813
 SERIAL NUMBER: [blank]
 RANK: [blank]
 DATE OF DEATH: [blank]
 DATE DISTINTERRED: 22 June 48

IDENTIFICATION TAG ON:
 REMAINS
 MARKER GRS

ORGANIZATION: USAAF
 RELIGION: Unknown
 IDENTIFICATION VERIFIED BY: Melvin W. Blackburn
 Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Uniform & mattress/cover
 CONDITION OF REMAINS: Body - Skeleton form - fractured skull. Complete. Final stage of decomposition.

OTHER MEANS OF IDENTIFICATION: Report of Burial with remains

MINOR DISCREPANCIES: [blank]

REMAINS PREPARED AND PLACED IN CASKET: [blank]

DATE: 25 June 48 BY: Melvin W. Blackburn, Embalmer

CASKET SEALED BY: Melvin W. Blackburn, Embalmer
 EMBALMER (Signature): Melvin W. Blackburn
 Melvin W. Blackburn

CASKET BOXED AND MARKED: [blank]
 SHIPMENT CHECKED BY: [blank]
 verified by: HENRY F. ALZMANN, 1st Lt. Inf.

DATE: 25 June 48 BY: Melvin W. Blackburn

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

Henry F. Alzmann
 HENRY F. ALZMANN, 1st Lt. Inf. 7857 AGRC
 3rd Zone Hq. SIGNATURE OF GRS INSPECTOR

29 JUN 1949
 REPATRIATION BRANCH
 METZ, DIV.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HH HH 6 66

TOOTH CHART

Case # 13040

July, 5, 1948

Date

X6813

Unknown

Unknown

Unknown

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Unit

AM Ground Force

Organization

Golling, Austria.

Est. May 1943

Head Injuries

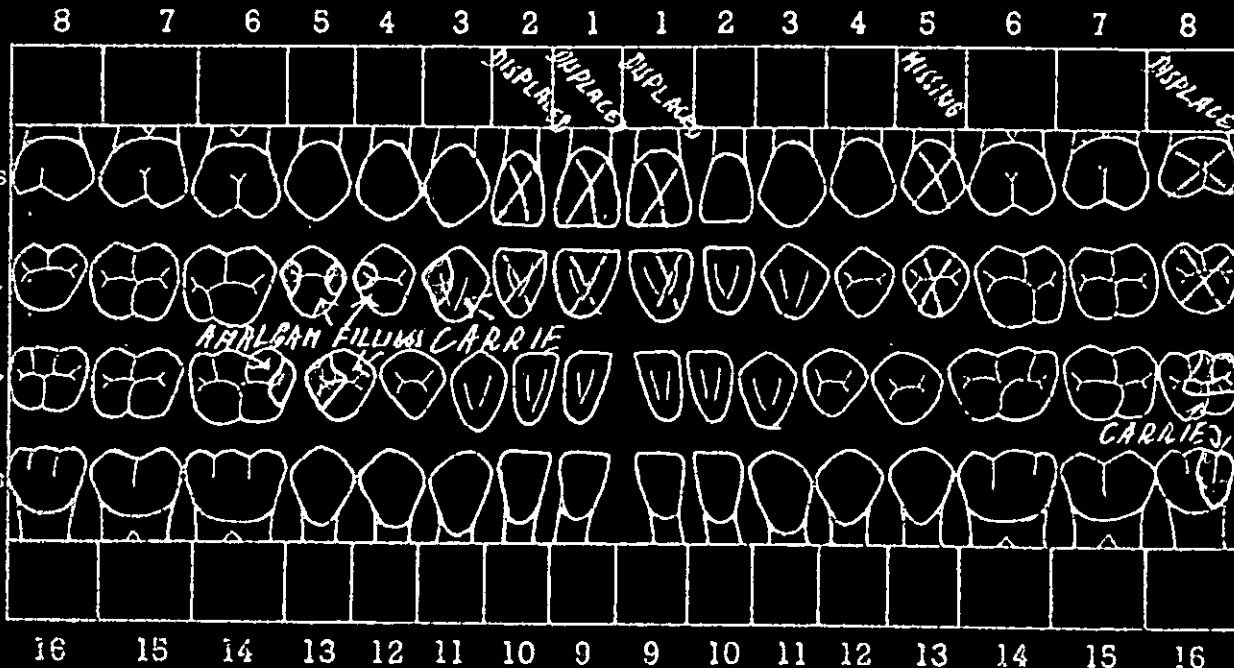
Place of Death

Date of Death

Cause of Death

Right

Left




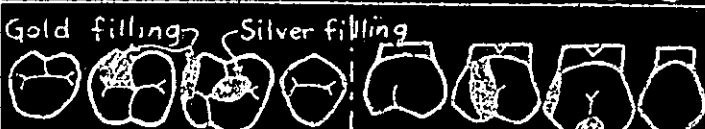



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

JOHN A. TRENT (FE)

Signature of Officer or other person who prepared Tooth chart

W. S. Polton
 Verified by G. R. S. Officer
 W. S. Polton Major QMG

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

1. L1, L8, R1, and R2 are displaced teeth which were not recovered with the remains.
2. L5 was previously extracted and is granulated in.
3. In cisal surfaces of the upper and lower anterior teeth are slightly ground.
4. Teeth are even, medium shade.

CHECK LIST OF UNKNOWNNS.

AGRC
FORM No.11
revised 5 January 1946

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

Unknown I...6813
Cemetery: Q-260584 St. Avold...
Plot: HHH. Row...6...Grave...66

1. Arrived at Cemetery...1330..... 31 July 1946
(hour) (date)
 2. Place of death...Collins, Austria.
(name of closest town) (coordinates and letter Pre
Map: 1:250,000 Sheet: 49 Coord: V-0404
(Sheet, scale, and serials used)
 3. Remains recovered or disinterred by...585th QM GR CO.
 4. Evacuated to Cemetery by: Major W. J. Pelton, F., Third Field Command
 5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements.)
Clothing Markings: Sizes: Unusual marking
(color, wear, tear)
- Headgear..... Alpine hat and OD military cap non-American
(type) None
- Raincoat..... None
- Overcoat..... None
- Jacket, Field..... None
- Jacket, Combat..... None
- Mackinaw..... None
- Sweater..... Heavy green civilian sweater
- Jacket, HBT..... None
- Shirt wool, OD..... gabardine shirt
- Undershirt, wool..... None
- Undershirt, cotton..... One (1)
- Trousers, HBT..... None
- Trousers, wool, OD..... Heavy OD trousers

Belt, Web..... **Civilian leather belt**.....

Drawers, Wool..... **None**.....

Drawers, cotton..... **One (1)**.....

Leggins, wool..... **None**.....

Socks, ~~Cotton~~ ^{wool}..... **Heavy woolen socks**.....

Shoes..... (type) **None**.....

Overshoes..... **None**.....

Web Equipment..... (type) **None**.....

(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**.....

Shoulder Patch..... **None**.....

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces..... **None**.....

8. Description of Remains:

Age.....	Height.....	Est. 6'10"	Weight.....	Est. 200 lbs.	Description of wounds.....	UTD
UTD						
Bandages or dressings.....	UTD		Scars.....	UTD		
			Tatoos.....	UTD		
Outstanding moles, warts or birthmarks.....	UTD					
Sunburn or tan, other than hands and face.....	UTD					
Complexion.....	UTD					
Build.....	UTD					
Hair.....	Long, black, curly.					

Hair..... UTD.....

Sideburns.... UTD..... Mustache.... UTD..... Beard or..... UTD.....

Goatee..... UTD.....

Eyes..... UTD..... Eyebrows..... UTD.....

Nose;..... UTD..... Ears..... UTD.....

Mouth..... UTD..... Lips..... UTD.....

Teeth..... See attached Tooth Chart.....

Chin..... UTD.....

Jaw..... UTD..... Circumference of head in inches.. 19. 1/2 in.....

Neck..... UTD..... Larynx..... UTD.....

Shoulders..... UTD..... Arms..... UTD.....

..... UTD.....
(extent and quantity of hair)

Hands..... UTD..... Fingers..... UTD.....

Chest..... UTD..... UTD.....

Back..... UTD..... Waist..... UTD.....

..... UTD..... Circumcision..... UTD..... Pubic hair..... UTD.....
(quantity & color of hair)

Hernioplasty..... UTD.....

Legs..... UTD.....

Feet..... UTD..... Toes..... UTD.....

Evidence of healed fractures..... UTD.....

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



10. Have fingerprints been placed on Report of Interment. **No**

If not, explain:..... **No hands**

11. Has Tooth Chart been prepared. **Yes**

If not, explain.....

12. Remarks: **Clothing indicates it is maybe a civilian.**

Est. weight of remains recovered: 45 Lbs.

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

Wm. J. Pelton
.....
Wm. J. Pelton

Major QMC
HQ, Third Field Command AGI

RECORDS AND
RECORDS BRANCH

NOV 4 2 24 PM '46

MEMORANDUM

RECORDS ARCHIVE

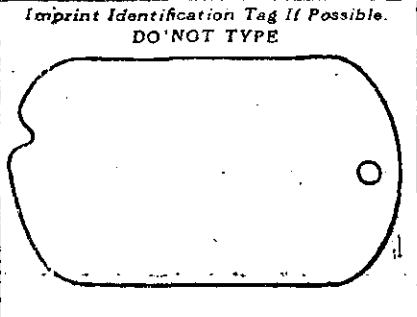
APR 4 2 29 PM '48

MEMPHIS TENN

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
31 July 1946



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unknown X6813		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 Golling, Austria.	CAUSE OF DEATH Head Injuries	DATE OF DEATH Est, May 1945
--	--	---------------------------------------

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) None
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

REGISTRATION AND RECORDS BRANCH
 AUG 30 1 52 PM '46
 MEMORIAL DIVISION

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 St. Avoird, France. (Q-260. 584)

DATE OF BURIAL 31 July 1946	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood. cross	PLOT No. HHHH	ROW No. 6	GRAVE No. 66
---------------------------------------	---------------------	--	--	-------------------------	---------------------	------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civ. Cem. Golling, Austria. Map: 1:250,000 Sht: 49 Coord: V-0904	PLOT No. -	ROW No. 6	GRAVE No. 10
--	--	----------------------	---------------------	------------------------

TYPE OF RELIGIOUS CEREMONY General service	PERSON CONDUCTING BURIAL RITES CH. H.A. LEE, 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- 6812	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 65
--	--------------------	--------------------------	----------------------------	------------------------

BODY BURIED ON DECEASED RIGHT: NAME (Last, first, middle initial) EULERT, FREDERICK H	RANK UNK	SERIAL No. 37492872	ORGANIZATION AAF	GRAVE No. 67
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APPROVAL OF PERSON PREPARING REPORT
Dorothea G. Verbeek
HQ Third Field Command AGRC

SIGNATURE OF GRS OFFICER VERIFYING REPORT
Ralph W. Sleator
RALPH W. SLEATOR, Major Inf.

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

Section **UNIDENTIFIED REMAINS.**

INSTRUCTIONS:


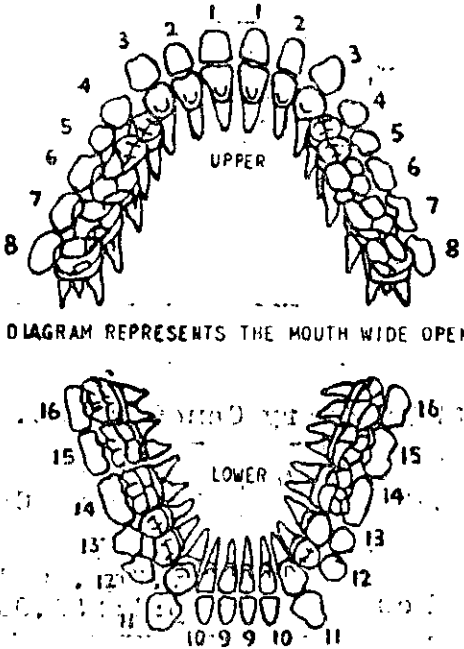




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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. 6'1"	WEIGHT Est. 200 Lbs.	COLOR OF EYES UTD	COLOR OF HAIR Black	BIRTHMARKS, SCARS, OR TATTOOS UTD
WEAPON AND SERIAL No. None		LAUNDRY MARKS None		WHERE BODY WAS BURIED OR FOUND Golling, Austria.

OTHER IDENTIFICATION CLUES

None

FILLINGS 	SILVER FILLING GOLD FILLING	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES 	CAVITY DECAYED	
MISSING TEETH 	TEETH MISSING	
CROWNED TEETH 	PORCELAIN CROWN GOLD CROWNS	
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 1A Tooth Chart. Impossible to obtain fingerprints because of missing portions. Est. weight of the remains recovered: 45Lbs.