

GWA

1

USMC MAMM

Plot: I Row: 12 Gr: 23

Date of Burial: 29 June 50 **DISINTERMENT DIRECTIVE**

Verified by GRS Officer
Robert W. GANSEL, 1st Lt QMC

app
28/3/50

SECTION A - NAME AND BURIAL LOCATION OF DECEASED <i>Robert W. Gansel</i>	DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
--	--------------------------------	------------------------------------

NAME	SERIAL NUMBER UNKNOWN X-007524	RANK	ARM J	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 0 3503 80 CODE DIST. PT.
PLOT 4L	ROW 3	GRAVE 61	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE HALL, LUXELBOURG (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (HQ, AGRC - 15 DEC. 49.)
---	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-007524	SERIAL NUMBER	RANK Unk	DATE OF DEATH Est Feb 45	DATE DISTINTERRED 26 May 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY Richard F Peterson Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Totally disarticulated - Small amount of decomposed flesh - No fractures - Skeleton complete
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OTHER MEANS OF IDENTIFICATION
Report of Burial found with remains

MINOR DISCREPANCIES 1
None

NOT FILE
RECORDS ANNOTATED
DATE 27 JUL 50
NAME R. T. Johns
R. T. Johns BR. MEN. DIV.

REMAINS PREPARED AND PLACED IN CASKET
DATE 9 June 48 BY Richard F Peterson Embalmer

CASKET SEALED BY Richard F Peterson Embalmer	EMBALMER (Signature) <i>Richard F Peterson</i> Richard F Peterson
---	---

CASKET BOXED AND MARKED DATE 9 June 48 By Richard F Peterson	SHIPPING ADDRESS VERIFIED BY All markings plates & tags verified by: <i>Bruce E Blair</i> BRUCE E BLAIR, 1st Lt QMC
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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
BRUCE E BLAIR, 1st Lt QMC, 337 M Bn.

SIGNATURE OF GRS INSPECTOR

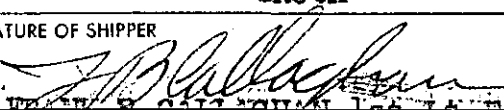
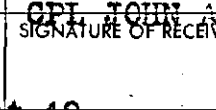
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

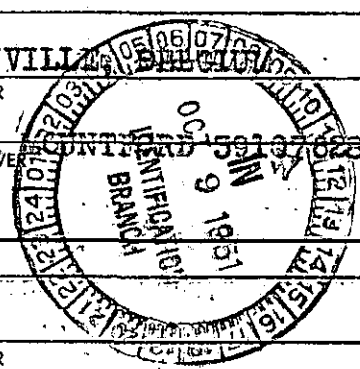
CONSIGNEE CORRECTED (REG. DIV)

met 21

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC ST AVOLD, FRANCE		TO OIC NEUVILLE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPI JOHN	
SIGNATURE OF SHIPPER 	DATE 25 Oct 49	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 DURE	
KIND OF CONVEYANCE		NAME OF CONVOYER SECONTE VIGNONNE	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER SVS	DATE

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST AVOLD FRANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM ST AVOLD FRANCE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER 0 3200 00	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER 00000 12 01 49	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

AIRMAIL

293 *unk* *France* *7-75-24* *(Stavall)* *Em*

AND European
SUBJECT: Identification of World War II Deceased

Dept. of the Army, GSA, Washington 25, D. C., 28 March 1950

TO: Commanding Officer, 737 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York

This Office approves the classification of Unknown 2-7524, GSA
St. Avall, France, as Unidentifiable.

FOR THE COMMANDING OFFICER:

Marks/id *[Signature]*
Foy *[Signature]*
REB
Cy furnished: Adm Sec

S. H. [Signature]
Lt. Colonel, US
Memorial Division

[Signature]
TEC

MAR 28 12 57 PM '50
O. D. M. G.
MAILS RECORDS BRANCH

AG [Signature], Lester E. 39571251

Em
293 ABC [Signature]

AIRMAIL

AIRMAIL

293 unk France 7-75-24 (St Avold)

~~CGST 293~~

~~2nd Ind~~

Em

GAS European

SUBJECT: Identification of World War II Deceased

Dept. of the Army, OAG, Washington 25, D. C., 28 March 1950

TO: Commanding Officer, 7857 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York

This Office approves the classification of Unknown I-7524, USAG
St. Avold, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Marks/id *fw*
Foy *off*
REB
Cy furnished: Adm Sec

T. H. SETZ
Lt. Colonel, USMC
Memorial Division

JMN
TEC

REC
MAR 28 1950

293 page, Lester 39591251

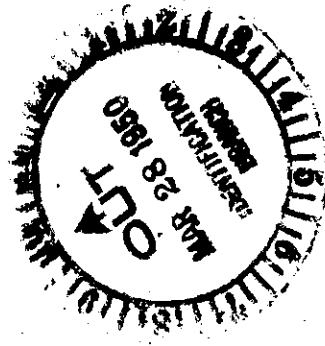
MAR 28 12 57 PM '50
O. D. M. C.
MAILS & RECORDS BRANCH

293 GRS European

AIRMAIL

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RECEIVED
MAR 28 1960



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COMMUNICATIONS IDENTIFICATION

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VIAMRIA

Basic ltr, Dept of the Army, OCMG, OCMGT 293, Unknown X-7524 (St Avold),
Subject: Identification of World War II Deceased, dated 23 January 1950

RRE 200.2 (USMC St Avold)

1st Ind

Chief, Registration Division, American Graves Registration Command, European
Area, APO 58, U S Army, 1 February 1950

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

1. Reference basic communication, in view of lack of corroborating dental data, this headquarters cannot establish identity of remains of Unknown X-7524 St Avold, as Pvt Lester E. PYLE, 39 391 251.

2. Information contained in paragraph 2, brings to attention a small opening directly below pit of lower central incisor (L-9), which appears to be a pit left from an abscess of that tooth. Dental records of Pvt Pyle, as shown on MD Form 79 dated 9 February 1943, reveals that a tumor was removed from one of the anterior teeth, however, it is definitely recorded as an upper left anterior. Further, the MD Form 79 and OCMG Form 371, show the mandible teeth void of fillings or extractions.

3. Tooth chart obtained for remains of Unknown X-7524 shows a prominent full gold crown on one of the first molars (R-14), and the space for the other first molar (L-14), reflects an "X", indicating extraction. Right 13, 15, and left 13, 15, and 16 (all mandible teeth), contain large occlusal fillings. MD Form 79 dated 21 April 1944, makes no reference whatsoever to either the upper denture or fillings in the lower teeth.

4. Unknown case X-7524 is being held in suspense status pending further notification by your office.

FOR CHIEF, REGISTRATION DIVISION:

GAYLORD E. LUTZ
1st Lt, OMC
Registration Division



199 Vols France X-7524 (St. Avold)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

↑
DISPATCHED
2 FEB. 1950
4QS.
ACRC

FORM 201
Unknown I-7524 (St. Avoird)

unk France X-7524 (St. Avoird)

23 January 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 #4522, dated 29 November 1949, relative to Certificate of Unidentifiability of Remains of Unknown I-7524, Plot LIII, Row 3, Grave 61, USMC St. Avoird, France.

2. This finding is not acceptable to this Office as Unknown I-7524 may be associated with Private Lester E. Pyle, 39 391 251, for the following reasons:

- a. Height of Unknown I-7524 compares favorably with Private Pyle.
- b. Tooth chart accomplished for Unknown I-7524 indicates a full upper denture, which is in agreement with Private Pyle's dental record.
- c. Reprocessed findings disclose that "I-9 has a small hole directly below pit of tooth which appears to be pit left from an abscess", and Private Pyle's dental record shows a "Tooth Left Imbedded". Only one missing tooth, I-14, is shown in the maxilla of I-7524, which is also in agreement with Private Pyle's dental record.
- d. Remains of I-7524 were recovered in the cemetery Waldfrischhof, Diez, Germany, in which ~~remains of~~ ^{remains of} ~~one~~ ^{one} who died at Stalag XIII, are known to have been buried. Private Pyle's name is included in a list of U. S. Deceaseds who died at Stalag XIII.

3. It is requested that the remains of I-7524 be reprocessed, re-investigated, and if identification of Private Pyle can be established, Field Board Findings forwarded this Office by air mail.

4. All action on the above case has been suspended pending reply you Headquarters.

FOR THE QUARTERMASTER GENERAL:

Copy for 293 Pyle, Lester E, 39,391,251

F. H. MEYER
Lt. Colonel, GSC
Memorial Division

JAN 24 3 43 PM '50
MAIL & RECORDS BRANCH
O. O. M. G.

Marks/nsj
For
REB

AIRMAIL

Ann
REB
TEG

Form 293

Unknown X-7524 (St. Aved)

23 January 1950

unk France X-7524 (St. Aved)

SUBJECT: Identification of World War II Deceased

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

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2. This finding is not acceptable to this Office as Unknown X-7524 may be associated with Private Lester E. Pyle, 39 391 251, for the following reasons:

a. Height of Unknown X-7524 compares favorably with Private Pyle.

b. Tooth chart accomplished for Unknown X-7524 indicates a full upper denture, which is in agreement with Private Pyle's dental record. *map*

c. Reprocessed findings disclose that "L-9 has a small hole directly below pit of tooth which appears to be pit left from an abscess", and Private Pyle's dental record shows a "Tumor Left Anterior". Only one missing tooth, L-14, is shown in the maxilla of X-7524, which is also in agreement with Private Pyle's dental record.

d. Remains of X-7524 were recovered in the cemetery Waldfriedhof, Bism, Germany, in which cemetery POW's who died at Stalag XIIIa, are known to have been buried. Private Pyle's name is included in a list of U. S. Deceaseds who died at Stalag XIIIa.

3. It is requested that the remains of X-7524 be reprocessed, re-investigated, and if identification of Private Pyle can be established, Field Board Findings forwarded this Office by air mail.

4. All action on the above case has been suspended pending reply from your Headquarters.

FOR THE QUARTERMASTER GENERAL:

*Copy for 293 Pyle, Lester E
39 391 251*

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

Marks/nsj
Foy
REB

AIRMAIL

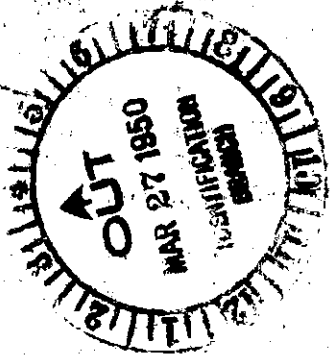
TEC

JAN 24 3 43 PM '50
MAIL & RECORDS BRANCH
O. O. M. C.

mm
REB

JAMBAIA

RECEIVED
MAR 27 1950
U.S. AIR FORCE



7887 GRAVES DETACHMENT

243 unk St. Avold APO 757 X-7524 *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-7524, ST AVOLD

(FOC) HAMM

*File
5 March 51
m. martin
dd sec*

REPORT OF INVESTIGATION
AREA SEARCH

AGRC Form 10 (Revised)

21. September 1946

1 January 1946

Date

NAME Unknown X- 7524 RANK Unknown ASN UnknownORGANIZATION UnknownMEANS OF IDENTIFICATION None

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

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

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

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? No If so, state the facts as to whom you believe the deceased to be:a. NAME Unknown RANK Unknown ASN Unknownb. ORGANIZATION Unknown3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Kupper, Michael J.

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

a. Date of above burials Est February 1945 Common Graves? _____5. Name and Type of Cemetery Waldfriedhof

(Military or Civilian)

6. Map Coordinates of the Cemetery WM 1090a. Town Diez Country Germany

7. Give exact location in cemetery of the remains.

a. Section _____ Row 5 Grave 9b. 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? No9. How is the grave marked? Wooden Cross10. If grave is marked with cross, give exact markings thereon No Markingsa. From what source was this information obtained? Dr. Schmidt Swartzenburg

(Identification tags, personal effects)

1. By whom _____

11. Where are the cemetery records? Town Hall Using
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? Date of Death and Cause of Death
- b. Where was the information obtained? Dr. Schmidt Swartzenburg, Stalag XII A
- c. By whom? Dr. Schmidt Swartzenburg, Stalag XII A
- 12. What is the date of death? Est. February 1945
 - a. Give basis Dr. Schmidt Swartzenburg, Stalag XII A
- 13. What is the cause of death? Wounds or Diphtheria (See Attached Statements)
 - b. Give basis Dr. Schmidt Swartzenburg, Stalag XII A
- 14. What is the date of burial? Est. February 1945
 - a. Give basis Dr. Schmidt Swartzenburg, Stalag XII A
- 15. What was the place of death? Stalag XII A, PW Camp, Diez, Ger. Coords wM 1090
 - b. Give basis Dr. Schmidt Swartzenburg, Stalag XII A
- 16. Where were the remains found? Stalag XII A, PW Camp, Diez, Ger. Coords wM 1090
 - a. By whom? German Civilians
 - b. Is sketch attached? Yes
- 17. Was a casket used? No Who furnished the casket? _____
 Type of casket _____ How marked? _____
- 18. Who made the burial German Military Personnel
 (Civilian, American Mil. or German Mil.)
 a. What are the names and addresses? John Kline, Limberg, Obere Fleisch Gasse # 7
Dr. Schmidt Swartzenburg, Staffel/Lahn by Limberg

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? DOES NOT APPLY
 - 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 _____
 Enemy Planes? _____ Collision? _____
- 22. Did plane explode in the air? _____ On ground? _____
- 23. Did plane burn in the air? _____ On ground? _____
- 24. What was the direction of the flight? _____
- 25. What was the civilian opinion regarding destination of plane? _____

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

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

- 31. Were remains found in wreckage of a tank? **DOES NOT APPLY.**
- a. Give specific position in tank from which deceased was removed
 (Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage?
- 32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank
- b. Markings and/or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc
- 33. What was the type of enemy action that resulted in the tank's disablement?
- 34. Did tank explode? Burn?
- 35. Number of tanks in immediate vicinity at time of disablement
- 36. Does specific time and date of disablement correspond with date of death of above named deceased?
- 37. Precise time and date of destruction of tank
 (Night?) (Day?)
- 38. Did any of the crew members escape? Prisoners?

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

- 39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) **No**
- If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? **Yes**
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **John Kline, Limberg, Obere Fleisch Gasse # 7**
- Dr. Schmidt Swartzenburg, Staffel, Lahn by Limberg**

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
- a. Were identification tags found at the time of death? **No**
- Where? By whom?
- Present disposition

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? Yes
Where? On Remains By whom? American PW. Doctors
Present disposition Unknown

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? No

42. Was Deceased given first aid? Yes If so, where? Stalag X 11 A.
By whom? American PW. Doctors Are statements from the medical people attached? Yes

43. Was deceased evacuated to a German civilian hospital? No
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? No
(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case?
a. If so, give basis for positive assumption _____
b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? _____ 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? Yes

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 All information pertaining to deceased is attached to this form
No further information was available. (If attached, sheets if necessary)

Signature of Interpreter

Rank ASN

Organization



Signature of Investigator

IVOR J. FOSMO
2nd. Lt. Inf. o-2020812
Rank ASN

610 QM GR Co. TRITTRNHRIM/MOSEL DET.
Organization

STATEMENT

On the 28 September 1944, I buried an American Major at the Waldfriedhof (forest-cemetery) at DIE, who had been killed in the hospital in Limburg/Lahn during an air-raid. During an air-raid on the 23 December 1944, 62 Americans were killed. These were buried on the 28 December. 14 Americans were killed and buried in February 1945, cause of death is unknown. Further 25 Americans were buried in March 1945, cause of death is unknown.

Johannes Klein
Fleischgasse No. 17
Limburg/Lahn

A TRUE TRANSLATION

Ivor J. Fosmo

IVOR J. FOSMO
2nd Lt. INF.
G. R. Officer

S T A T E M E N T

As Camp Doctor of the Prisoner of War Camp XII A, STALAG, I can remember that about 70 American Officers were killed during an air-raid on the 23 December 1944. Between 8 and 10 American Soldiers died during the months of January and February 1945. They had come from the front with a bad attack of Diphtheria and although they were treated with Serum injections, but there was no help for them.

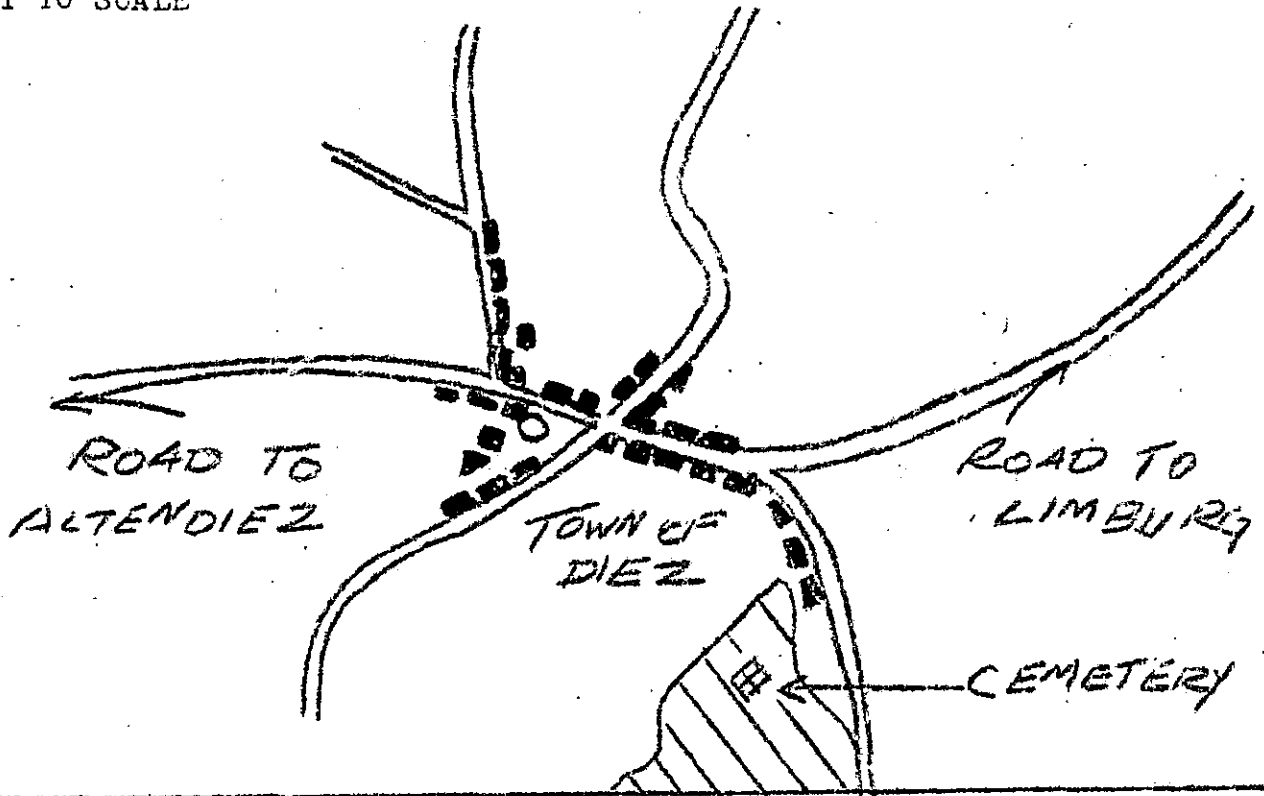
Dr. Schmitt-Schwartzenberg
Staffel/ Lahn
Landweg 8

A TRUE TRANSLATION

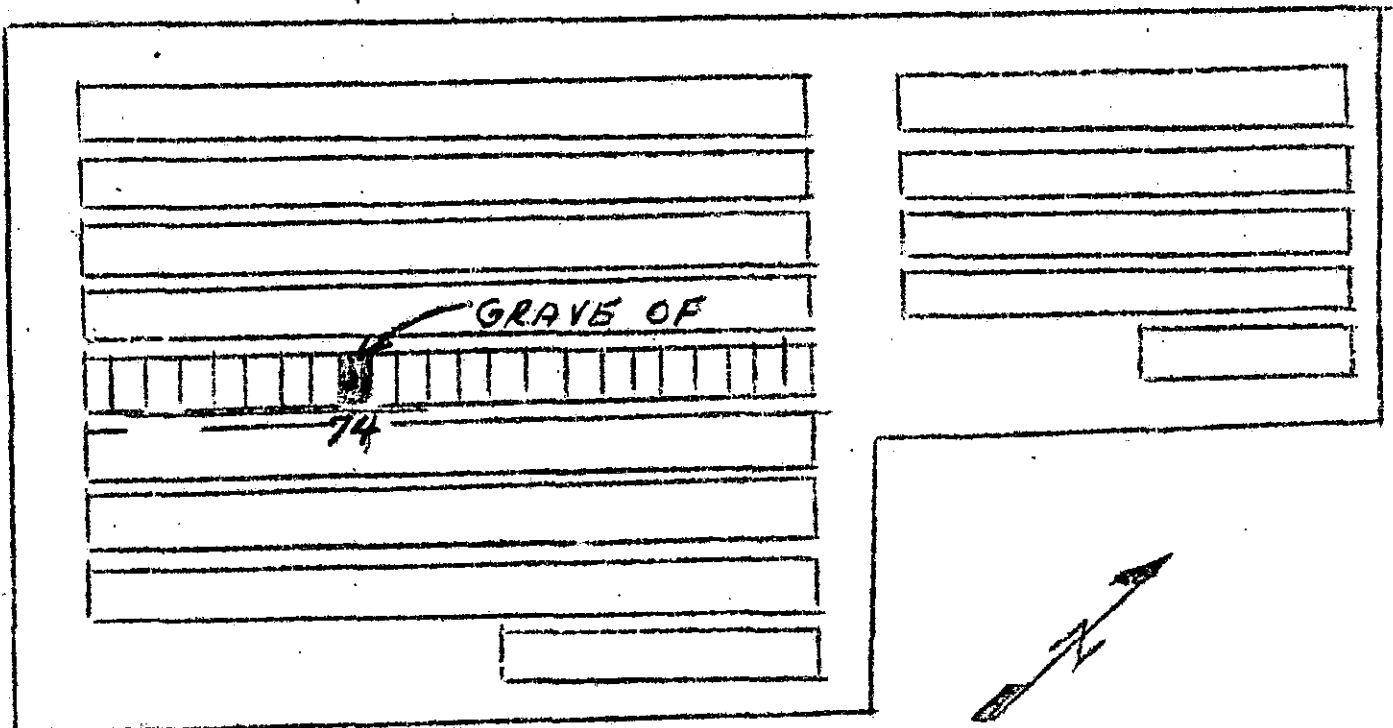
Ivor J. Fosmo

IVOR J. FOSMO
2nd Lt. INF
G. R. Officer

Map: Germany 1/100 000
Sheet: S-2
Coordinates: WM 1090
Location: Diez, Germany
Date: 4 September 1946
Sketch by: T/5 Hall
610 QM GR CO
NOT TO SCALE



WALDFRIEDHOFES CEMETERY



CHECK LIST OF UNKNOWN 17 1069

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

Unknown X - **7524**
Cemetery **St. Avold**
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(Hour) (date)

2. Place of death **Stalag XII A P.W. Camp at Diez, Germany.**
(Name of closest town) (coordinates and letter Prefex, maps)
1/100,000 S2 WM1090
Sheet, scale and serials used.

3. Remains recovered or disinterred by **610th QM. BR. CO.**
(name and organization)

4. Evacuated to Cemetery by **Central Identification Point.**
(name and organization)

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

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

*Headgear **None**
(type)

Raincoat **None**

Overcoat **None**

Jacket, Field **None** Jacket, Combat **None**

Mackinaw **None**

Sweater **None**

Jacket, HBT **None**

*Shirt, Wool, OD **None**

Undershirt, Wool **None**

Undershirt, Cotton **None**

Trousers HBT **None**

*Trousers, Wool OD **None**

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

*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**
(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
Unable to determine.

8. Description of Remains:

Age **Utd** Height **Utd** Weight **170 Lbs** Description of wounds **Utd**

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

Tattoos **None**
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks **None**
(yes-no; description, location)

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

Complexion **Utd**
(light, med, dark, clear, pimples, pocks freckles)

Build **Utd**
(large, fat, thin, muscular)

Hair **Utd**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair **Utd**
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Utd Mustache Utd Beard or Goatee Utd
 (color, setting, shape) (color, size, shape) (length, heavy, 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 21 $\frac{1}{2}$ "
 (large, small, normal) (hat band)

Neck Utd Larvnx Utd
 (size, length, short, normal, wrinkled) (prominent, normal)

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

(extent and quantity of hair)

Hands Utd
 L

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

(unusual characteristics of fingernails)

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

Back Utd Waist Utd
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

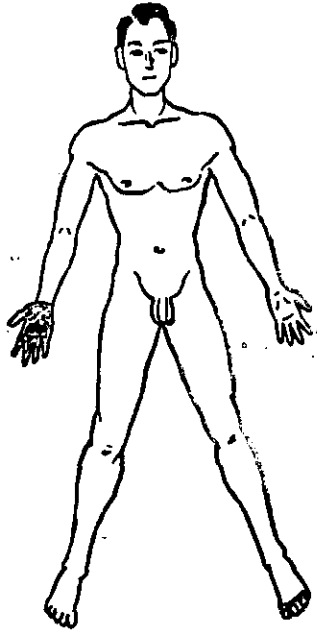
Hernioplasty Utd
 (yes-no, location)

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

Feet Utd Toes Utd
 (Size, corns, callouses, flat) (slender, straight, crooked, overlap)

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

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



10. Have fingerprints been placed on Report of Internet no
Yes-no

If not, explain hands missing

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

12. Remarks: Body badly decomposed. No clothing. All bones present
except right hand and toes of left foot.
No upper teeth.
Est. weight of remains recovered 69 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.

R.G. Johnson
Officers Name

R.G. Johnson

2nd.Lt. Inf.

Rank

Service

Lab. Off.

Central Identification Point.

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

RRE 293

18 November 1949
 (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X-7524, Plot LLLL; Row 3, Grave 61, USMC St Avold, 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. 4500, dated 18 November 1949.

3. Remarks: See Case History, attached.

28 Nov 1949 OOMG
 not identifiable from
 information presently
 available
App. 27 March 1950
L. Mark

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

CMC

E. D. Mulvanity

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

CMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

CMC

Frederick S. David

1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GEER, W-2102925

USA

Capt. Jack C. HAYES, O-1577297

CMC

Incl # 11

T.L. # 4522, 29 Nov 49

CASE HISTORY

UNKNOWN NO. X-7524

U.S. MILITARY CEMETERY

St. Avold, France

(Location)

Unknown X-7524 was originally recovered from Cemetery at Diez, Germany. This cemetery received the remains of deceased Prisoners of War who were interned in Stalag XIII A, Diez/Limburg, Germany.

Physical and dental records of all American Prisoners of War known to have succumbed at Stalag XIII A have been accumulated and these records have been compared with dental and physical records (recorded on skeletal and tooth charts) for the decedents disinterred from Cemetery at Diez. The result of the records comparison revealed an association of these remains with Private Lester E. Pyle, 39391251. The association was accomplished by favorable tooth chart comparison (full upper denture), however, dental records on file at this headquarters lack the necessary information to establish identity on the basis of tooth chart comparison as six fillings (in mandible) including a full gold crown on R-14 and an extraction of L-14 are shown on tooth chart obtained for X-7524 whereas dental records of Pvt. Pyle show the mandible as void of any fillings or extractions.

It will be further noted that OQMG Form 371 for Pvt. Pyle lists his height as 71 inches. Height estimated for the remains of X-7524 is 5 feet 1 inch. A discrepancy is noted on the height estimation of X-7524 as a recalculation of the individual bone measurements reveals a height estimate of approximately 5' 9 1/2" on the femur alone bringing the remains in for a much closer association with Pyle.

On the basis of lack of more favorable dental records of Pyle, this case is being recommended as UNIDENTIFIABLE.

T. J. Murphy



AUG 2 1948

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

RRE 200.2

Date 25 JUL 1948

SUBJECT: Reprocessing of Remains

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

The remains of X-7524
interred in Plot LLLL, Row 3, Grave 61, USMC St-Avoid
France, have been reprocessed and the information not previously
forwarded to your headquarters is herewith submitted.


Est. Height : ~~5' 2"~~ 5' 9" ✓

Teeth found in mandible

No evidence of old or healed fractures or amputations found.

FOR THE COMMANDING GENERAL :

2 Incls : 1. Tooth Chart
1. Skeletal Chart


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

TOOTH CHART

Plot LLL, Row 3, Grave 61

3 June 48

Date

Unk

X-7524

Unk

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

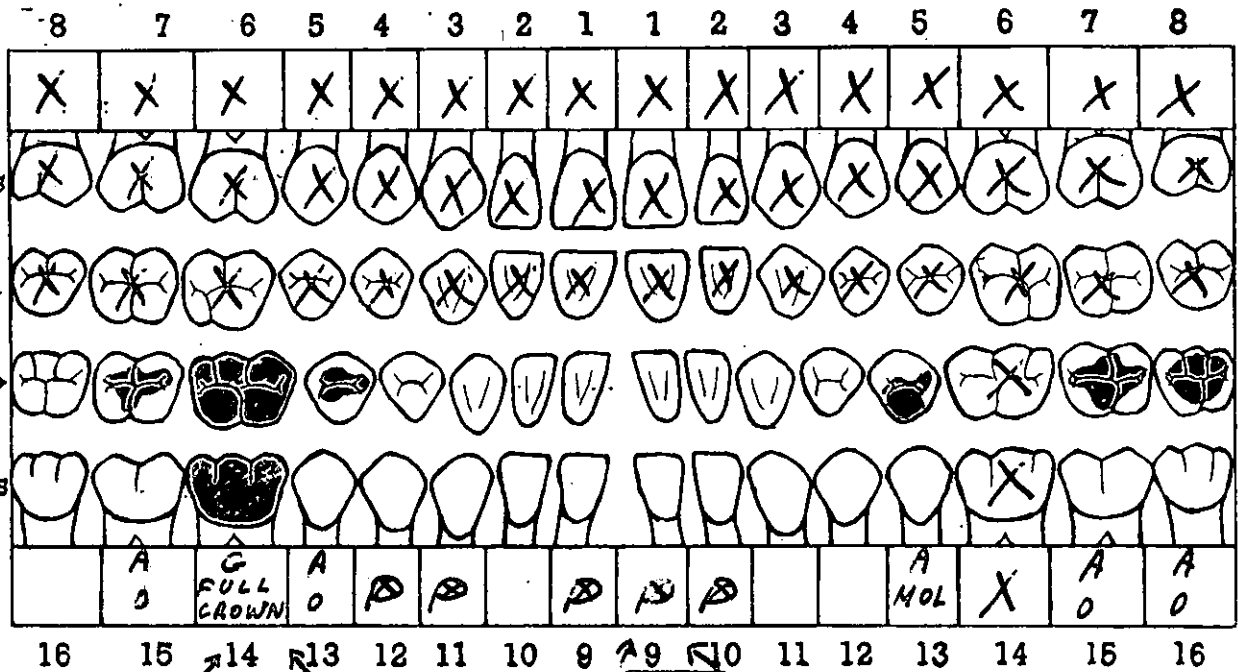
Place of Death

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), 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.

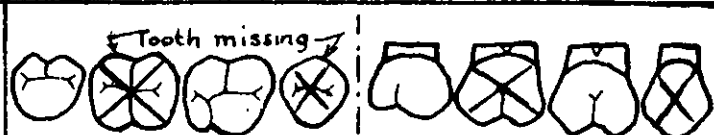
See Reverse for Remarks

Certified True copy
George L. Freeman
GEORGE L. FREEMAN
1st. Lt.
Q. M. C.

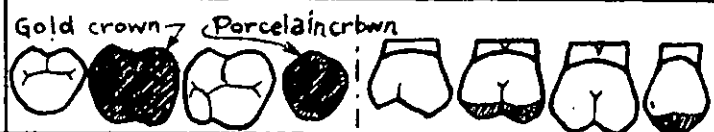
Signature of Officer or other person who prepared Tooth chart

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 :



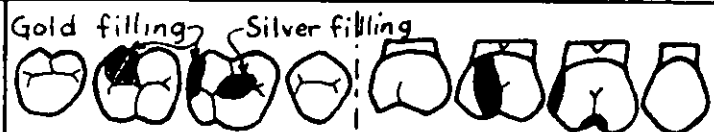
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



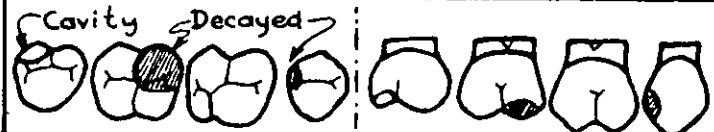
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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
Space : L-13-15 Omm (touching)

Color Dull Ivory
Size Average
Alignment Good

Maxilla

✓ All the teeth have been previously extracted indicates the deceased had a full denture.

Mandible

R-16 lingual version

R-14 the occlusal surface of the gold crown appears to be worn as shown here :



R-13 rotated 1/16 of a turn mesially

R-10 slight distal rotation → MESIAL SURFACE

L-12 slight distal rotation

L-13 rotated 1/8 of a turn mesially

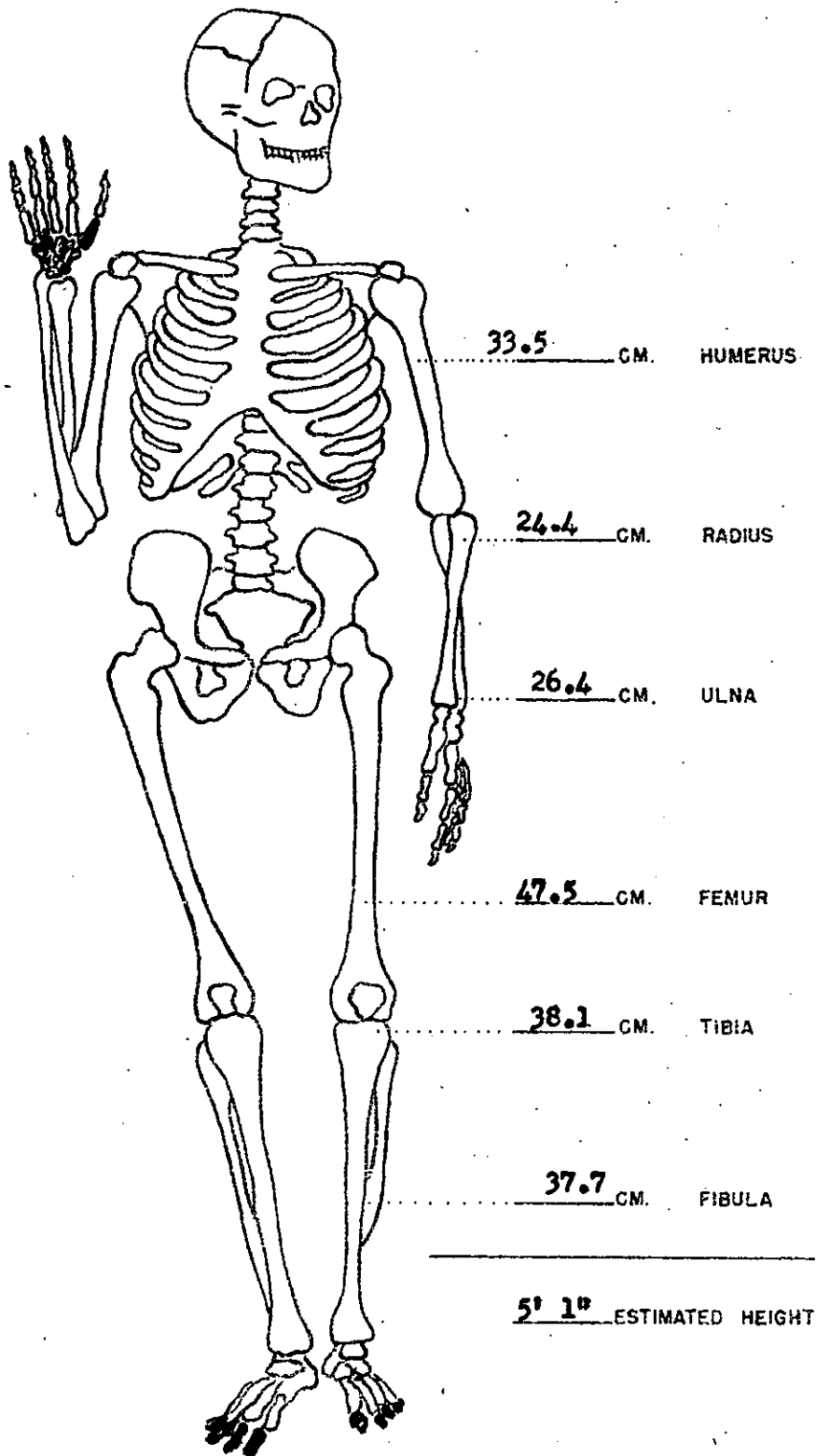
Note

L-9 A small hole (3mm in diameter) is present directly below the pit of this tooth. It appears to be a pit left from an abscess.

X-7524
3 June 48
St-Avoid
LLL-3-4

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)



PROCESSED BY: _____

2nd GWA

4/10
6

DISINTERMENT DIRECTIVE

293 unk France X-7524 (St. Avold)

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

NAME UNKNOWN X-007524	SERIAL NUMBER	RANK	ARM J	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 0 3503 80 CODE DIST. PT.
PLOT 41	ROW 3	GRAVE 61	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 DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

DIGITAL RECORD SYSTEM

NAME AND BIRTH INFORMATION OF DECEASED

NAME

CENTER

ROOM GRAVE COUNTRY

NAME AND ADDRESS OF COUSINS

ST. PAUL, MINN.
(BY AIRMAIL)

SECTION 2 - CONSISTENT AND NOT OF MIN

NAME AND ADDRESS OF NEXT OF KIN

SECTION 1 - IDENTIFICATION

NAME

SERIAL NUMBER

SEX

DATE OF BIRTH

DATE OF INTERMENT

IDENTIFYING TAG ON COFFIN

MARKER
 REMAINS

IDENTIFICATION NUMBER

NAME AND TITLE

SECTION 3 - PREPARATION OF REMAINS FOR BURIAL

NAME OF BURIAL

LOCATION OF BURIAL

OTHER VIEWS OF BURIAL

MINOR DISCREPANCIES

REMARKS PREPARED AND FILED IN CASE

DATE

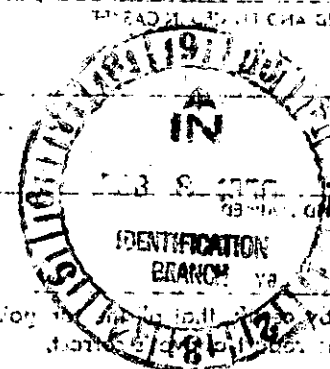
CASSET SEATED BY

CASSET BOXING NUMBER

IDENTIFICATION
BRANCH

DATE

FOR OFFICE USE ONLY



IDENTIFICATION CHECK LIST

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

*Prepared by: C. P. ...
 R. B. ...
 Clerk: A. ...*

E.O. #797

Unknown X 7524
 Cemetery St. Avold, France
 Plot LLLL Row 3 Grave 61

1. *Date reprocessed:* 3 June 48
 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 _____			

Note

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

R. Humerus	33.5	R. Femur	47.5
R. Radius	24.4	R. Tibia	38.1
R. Ulna	26.4	R. Fibula	37.9

6. Description of Remains: _____

Age UTD Height 5' 1" Weight UTD Description of wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan; other than hand and face _____

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

Build _____
(Large, fat, thin, muscular)

Hair _____ UTD
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

Goatee (Light, color, extent) *UTD*

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

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

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

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 *20 3/4"* (Hat band)

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

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

Hands *Decomposed*

Fingers *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) *UTD* Circumcision *UTD* (Yes-no) Pubic Hair *UTD* (Color)

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) *UTD* 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 too deformed

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 found. Teeth found in MANDIBLE. Skull disarticulated. Report of Burial found, no G.P.S. tags. Estimated weight of reprocessed remains: 35 pounds.

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.

Estimated height - 5' 1"

No evidence of old or healed fractures or amputations found.

CARL O. BUE
(Officer's Name)

SP-7 Rank AERC Service

MOBILE TEAM #1, E.S.
(Organization)

A. Richardson

SKELETAL CHART

X-7524
3-JUNE 49
STAVOLD

1111-3-4



HUMERUS-33.5

RADIUS-24.4

ULNA-26.4

FEMUR-47.5

TIBIA-38.1

FIBULA-37.7

X

Est Height (5'11")

(17)

Handwritten signature or initials.

TOOTH CHART

EO # 797

USMC - ST. AVOLD

Plot Row GRAVE
LLLL-3-61

2. JUNE - 48

Date

X-7524

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

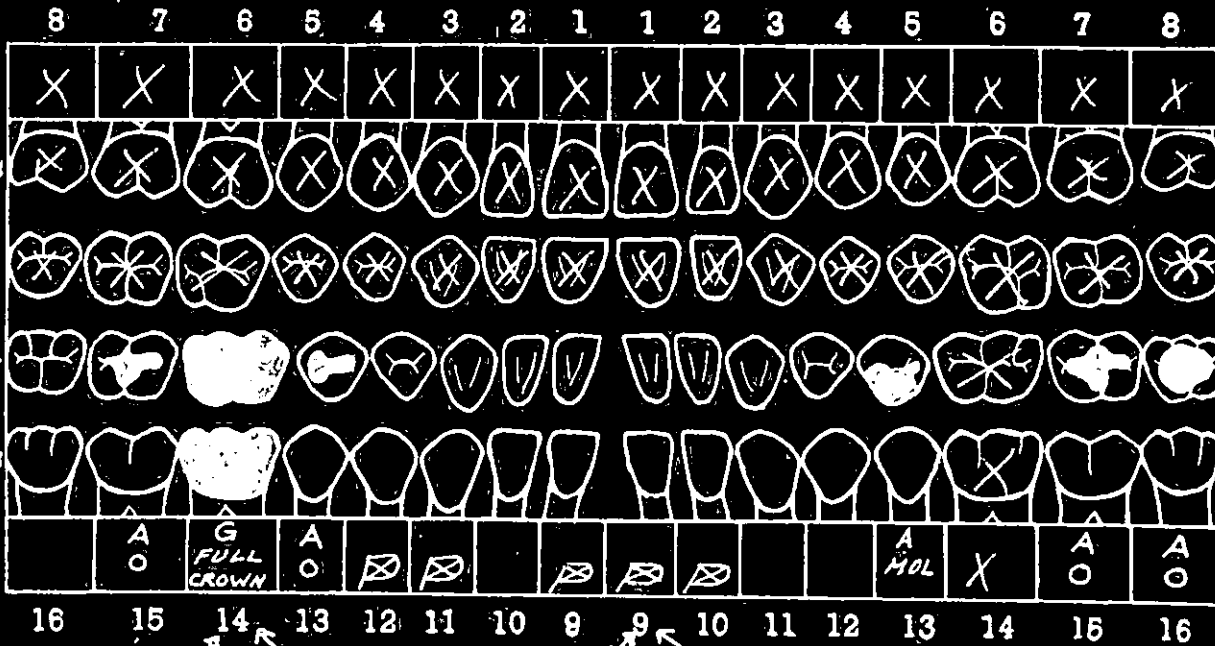
Place of Death

Date of Death

Cause of Death

Right

Left



NOTE

NOTE

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

X

Quar J. Fama
SP#7

Signature of Officer or other person who prepared Tooth chart

Woodrow C. Zooy Cupp

Verified by G. R. C. Officer

18

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.

\overline{P} = POSTHUMOUSLY MISSING

Color = DOLL IVORY

SPACE: L-13-15 = 0 mm. (TOUCHING)

SIZE = AVERAGE

ALIGNMENT = Good

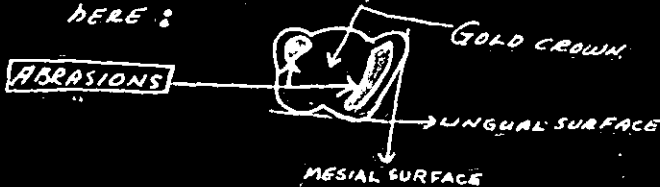
MAXILLA

ALL THE TEETH HAVE BEEN PREVIOUSLY EXTRACTED. INDICATES THE DECEASED HAD A FULL DENTURE.

MANDIBLE

R-16 = LINGUAL VERSION

R-14 = THE OCCLUSIAL SURFACE OF THE GOLD CROWN APPEARS TO BE WORN AS SHOWN HERE :



R-13 = ROTATED $\frac{1}{16}$ OF A TURN MESIALLY

R-10 = SLIGHT DISTAL ROTATION

L-12 = SLIGHT DISTAL ROTATION

L-13 = ROTATED $\frac{1}{8}$ OF A TURN MESIALLY

NOTE

L-9 A SMALL HOLE (3MM. IN DIAMETER) IS PRESENT DIRECTLY BELOW THE PIT OF THIS TOOTH. IT APPEARS TO BE ~~REMAINDER~~ A PIT LEFT FROM AN ABSCESS.

(19)

TOOTH CHART

1F 1069

20.9.1946

Unknown X- 7524

Unknown

Unknown

Last Name: Unknown First: Initial: Rank: Unknown Serial No.:

Unit

Organization

Stalag XII A P.W. Camp

Est. Feb. 1945

Wounds or diphtheria

Place of Death: Diez Germany

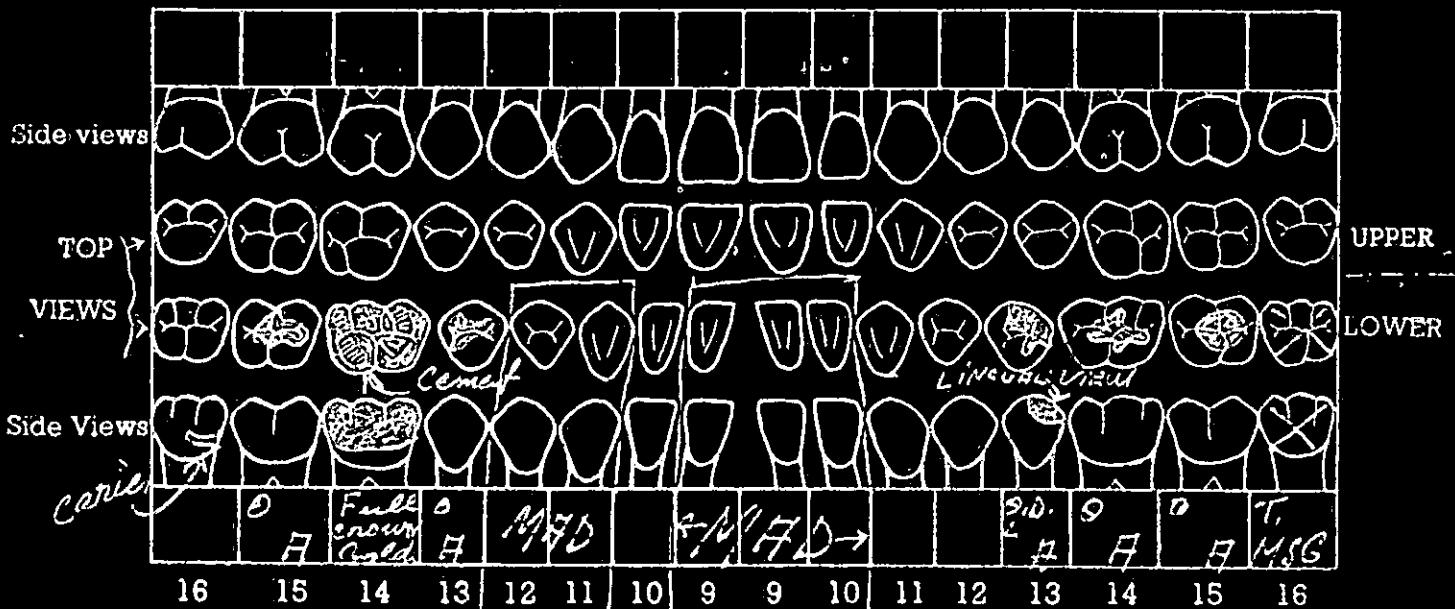
Date of Death

Cause of Death

Right

Left

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



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.

Donald H. Steele B 211463 11/1/46
 Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Mac Intyre
 Verified by C. R. S. Officer

Ellsworth T. Mac Intyre
 Captain QMC. C.I.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 :



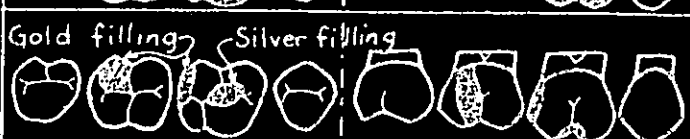
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

R14 gold crown worn through occlusal to cement base in 2 places.
 M A 0 sockets present R9,11,12
 R10 chip out incisal
 Missing before death L16.
 L13 rotated 45° to mesial tooth unusually large.

Teeth large heavy brown stains (facial molars).
 brown stains lingual on all teeth.
 Molars heavily worn down
 Alignment very good.
 Surfaces seem normal
 Teeth dirty, yellowish color,

CHECK LIST OF UNKNOWN 1F 1069

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

Unknown X - 7524
Cemetery St. Avold
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(Hour) (date)

2. Place of death Stalag XII A P.W. Camp at Diez, Germany.
(Name of closest town) (coordinates and letter Prefex, maps)

1/100,000 S2 WM1090

Sheet, scale and serials used.

3. Remains recovered or disinterred by 610th QM. BR. CO.
(name and organization)

4. Evacuated to Cemetery by Central Identification Point.
(name and organization)

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

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

*Headgear None
(type)

Raincoat None

Overcoat None

Jacket, Field None Jacket, Combat None

Mackinaw None

Sweater None

Jacket, HBT None

*Shirt, Wool, OD None

Undershirt, Wool None

Undershirt, Cotton None

Trousers HBT None

*Trousers, Wool OD None

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing)

Socks, Cotton None

*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
(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
Unable to determine.

8. Description of Remains:

Age Utd Height Utd Weight 170 Lbs. description of wounds Utd

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

Tattoos None
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks None
(yes-no; description, location)

Sunburn or tan, other than hands & face Utd

Complexion Utd
(light, med, dark, clear, pimples, poeks freckles)

Build Utd
(large, fat, thin, muscular)

Hair Utd
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

Sideburns Utd (color, setting, shape) Mustache Utd (color, size, shape) Beard or Goatee Utd (length, heavy, light, color, extent)

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

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

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

Teeth see tooth chart. (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin Utd (prominent, receding, pointed, dimple, double)

Jaw Utd (large, small, normal) Circumference of head in inches 21 1/2" (hat band)

Neck Utd (size, length, short, normal, wrinkled) Larvnx Utd (prominent, normal)

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

(extent and quantity of hair)

Hands Utd

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

(unusual characteristics of fingernails)

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

Back Utd (quantity & extent of hair) Waist Utd (size of navel, appendectomy, amount)

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

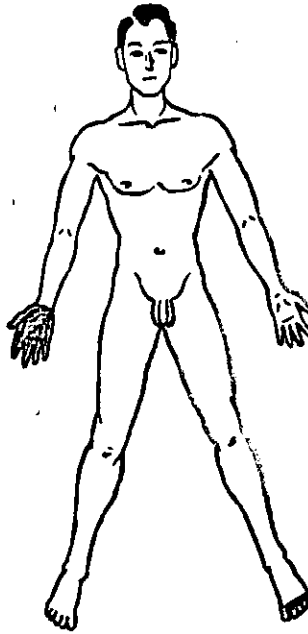
Hernioplasty Utd (yes-no, location)

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

Feet Utd (Size, corns, callouses, flat) Toes Utd (slender, straight, crooked, overlap)

Evidence of healed fractures 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 hands missing

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

12. Remarks: Body badly decomposed, No clothing, All bones present
except right hand and toes of left foot.
No upper teeth.
Est. weight of remains recovered 69 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.

R. G. Johnson
Officers Name

R.G. Johnson

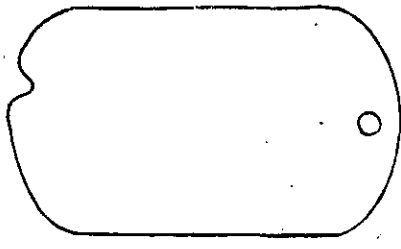
2nd.Lt. Inf.

Rank


Service

Lab. Off.

Central Identification Point.
Organization

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 23 September 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unknown X- 7524					
		GRADE Unknown		ORGANIZATION Unknown		SERIAL No. Unknown	
		RACE Unknown		RELIGION Unknown	BRANCH OF SERVICE Unknown		
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY					
PLACE OF DEATH Stalag XII A P.W. Camp. DIEZ, Germany		CAUSE OF DEATH Wounds or diphtheria			DATE OF DEATH Est. Feb. 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		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
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 23 September 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) casket		TYPE OF GRAVE MARKER temp wooden cross	PLOT No. RECALL	ROW No. 3	GRAVE No. 61
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Waldrriedhof, Diez, Germany 1/100,000 S2 WM 1090						
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES CH. Ch.R. Williams, 1st Lt.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy 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-7461			RANK Unk	ORGANIZATION Unknown	GRAVE No. 60		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Bradford, Lonnie G.			RANK Pvt	SERIAL No. 34948939	ORGANIZATION 345th Inf. Regt.		
SIGNATURE OF PERSON PREPARING REPORT Ellsworth T. Mac Intyre Capt. QMC. C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT Verne C. Edmunds. 2nd Lt. Inf. C.I.P.				
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.							

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Section 3.—UNIDENTIFIED REMAINS.											
LEFT LITTLE FINGER	<p>INSTRUCTIONS:</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">HEIGHT</th> <th style="width: 15%;">WEIGHT</th> <th style="width: 15%;">COLOR OF EYES</th> <th style="width: 15%;">COLOR OF HAIR</th> <th style="width: 40%;">BIRTHMARKS, SCARS, OR TATTOOS</th> </tr> <tr> <td align="center">Utd</td> <td align="center">170 Lbs.</td> <td align="center">Utd</td> <td align="center">Utd</td> <td align="center">Utd</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	Utd	170 Lbs.	Utd	Utd	Utd
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS							
Utd	170 Lbs.	Utd	Utd	Utd							
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">WEAPON AND SERIAL No.</th> <th style="width: 33%;">LAUNDRY MARKS</th> <th style="width: 34%;">WHERE BODY WAS BURIED OR FOUND</th> </tr> <tr> <td align="center">None</td> <td align="center">None</td> <td align="center">Diez.Germany.</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	None	None	Diez.Germany.				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
None	None	Diez.Germany.									
LEFT INDEX FINGER	<p>OTHER IDENTIFICATION CLUES</p> <p align="center" style="font-size: 2em;">None</p>										
LEFT THUMB											
RIGHT THUMB											
RIGHT INDEX FINGER											
RIGHT MIDDLE FINGER											
RIGHT RING FINGER											
RIGHT LITTLE FINGER											
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: right; margin-top: 20px;">  </div>											
<p>REMARKS: Form 11 Checklist and Form 1A tooth chart accomplished. No fingerprints, fingers missing. Est. weight of remains recovered 69 lbs. 69 lbs.</p>											