

7887 GRAVES DETACHMENT

APO 757

243unk St. Avold X-7775 *MR*

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-7775, ST AVOLD

(FOC) ST AVOLD

*File
E. Floran
J. Br
27 Feb 57*

X-7775
St. AVOLD

IDENTIFICATION CHECK LIST

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

E.O. 797

THIS CASE PREVIOUSLY PROCESSED BY REPATRIATION

Unknown X 7775
Cemetery St. DUNLO, France
Plot NAUAIN Row 7 Grave 159



1. *REPROCESSED*
Arrived-at-cemetery 12 AUG 48
(Hour) (Date)

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

(Sheet, scale and serials used)

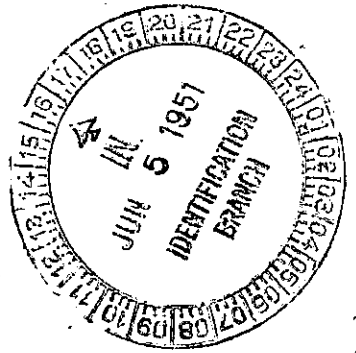
3. Remains recovered-or-disinterred-by REPROCESSED BY MORILE TEAM #1
(Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____ (Type)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt; Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

NONE



Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____
 Web Equipment _____ (type) _____
 (Other item) _____
 (Other item) _____

NONE

* 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:

Ⓟ FEMUR H6
 TIBIA 36.7
 Ⓛ HUMERUS 33.1

Age. UTD Height EST. 5'10 Weight UTD Description of wounds UTD
 Bandages or dressings UTD Scars UTD (Length, width, location)
 Tattoos UTD (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 _____ (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

NONE FOUND

Hair _____ (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)

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

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

Jaw (Large, small, normal) Circumference of head in inches MISSING (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

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

..... (Unusual characteristics of fingernails)

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

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

Back (Quantity and extent of hair) Circumcision UNK Pubic Hair NONE FOUND (Color)

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) Toes UNK (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

8. Has tooth chart been prepared? NO If not, explain NONE FOUND
(Yes-no)

CASE PROCESSED PER E.O. 797

9. Remarks REMAINS RETRIEVED PREPARED FOR REIDATION, CONSISTING
OF COMPLETE RIGHT FEMUR AND TIBIA AND PROXIMAL 2/3 LEFT
AND LEFT HUMERUS
UNDA NO CLOTHING. BURIAL REPORT RETRIEVED WITH CEMETERY
RECORDS. ESTIMATED WEIGHT OF REIDRESSED REMAINS: 3 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.

Mr. FULLER
Mr. WEE
Mr. DEPASS

Thomas Thurner
(Officer's Name)

Rank

Service

(Organization)

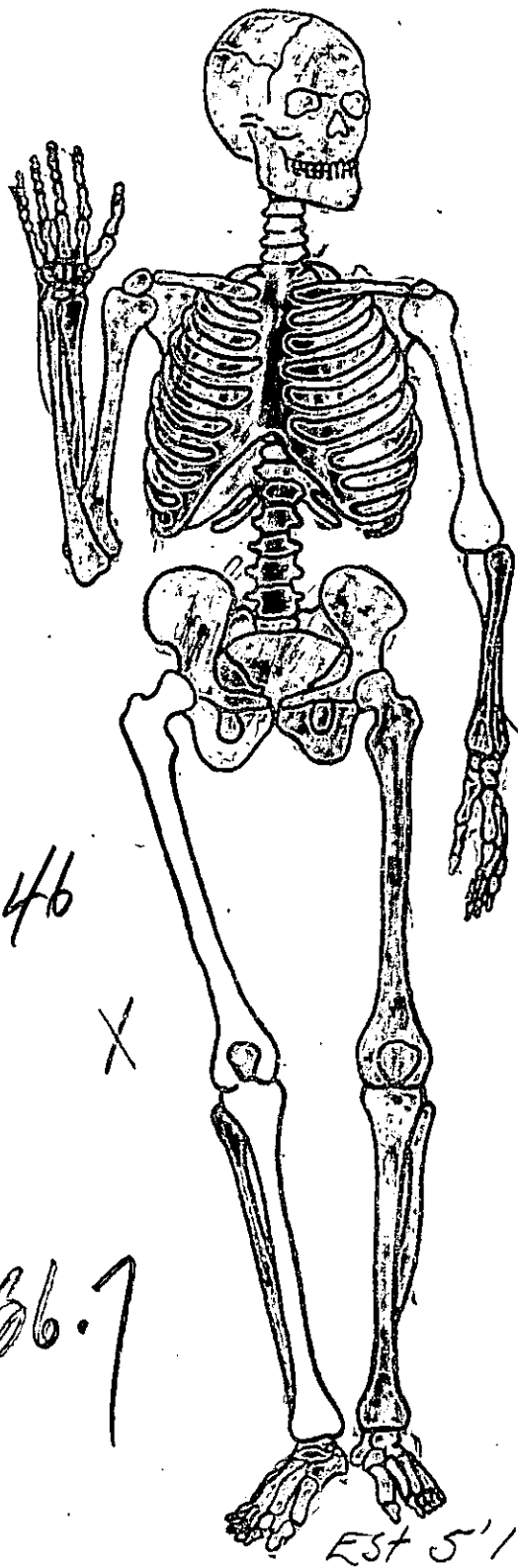
X-7975

SKELETAL CHARTS

SP-111-9040-12 AUG 42

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

NNNN-7-159



Humerus-33.1

FEMUR-46

X

TIBIA-36.7

EST 5'10"

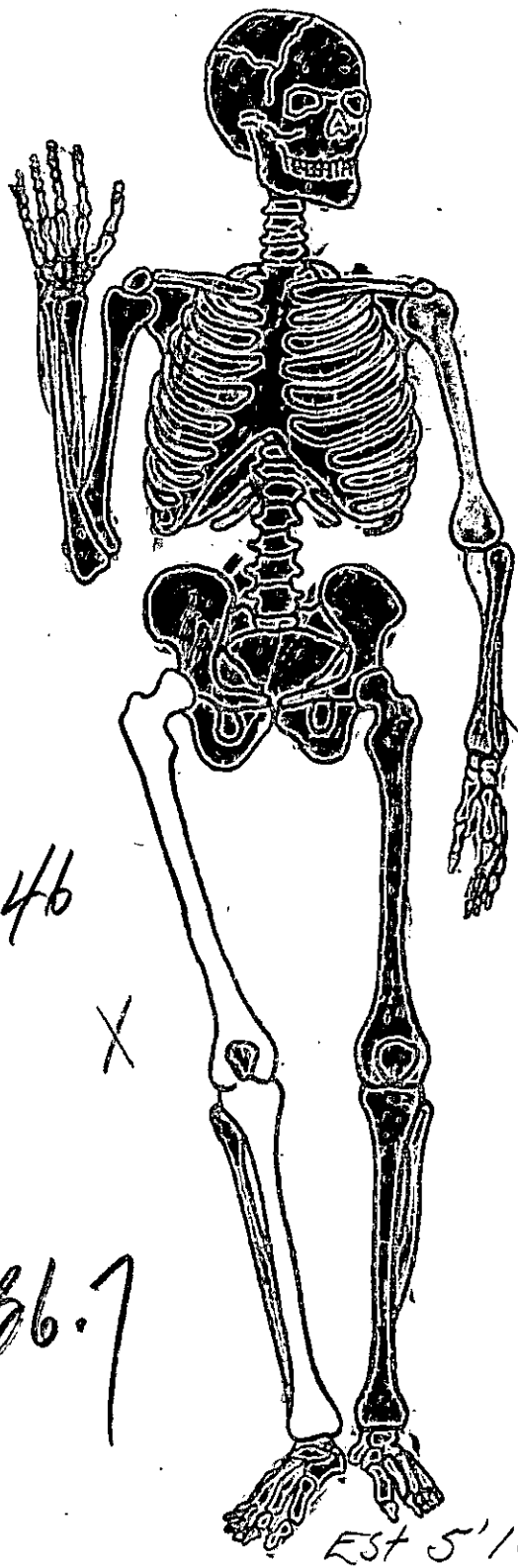
FJD

X-7775

SKELETAL CHARTS ST 2906D - 12 AUG 42

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

NNNN-7-159



Humerus-33.1

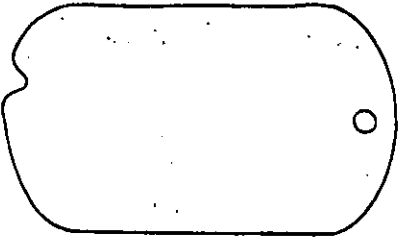
FEMUR-46

X

TIBIA-36.7

EST 5'10"

FJD

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 9 October 1946		
Imprint: Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) Unknown X-7775				SERIAL No. Unk		
		GRADE Unk		ORGANIZATION Unk		BRANCH OF SERVICE AAF		
		RACE Unk		RELIGION Unk		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH BTB: near Oberschleissheim, Germany		CAUSE OF DEATH Plane Crash				DATE OF DEATH Est. 1944		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk								
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
2088								
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, ST. AVOLD, FRANCE. (Q-260584)								
DATE OF BURIAL 9 October 1946		HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER wdn: Cross	PLOT No. NNNN	ROW No. 7	GRAVE No. 159
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Outside of Civilian Cemetery, Hochmutting, Germany. NY-8567 1/250,000						
TYPE OF RELIGIOUS CEREMONY Joint Service		PERSON CONDUCTING BURIAL RITES CH. Ch. R. Williams, 1st Lt. CH. Herve M. Trabaol, Capt.		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-7731				RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 159	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown-X-7778				RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 160	
SIGNATURE OF PERSON PREPARING REPORT ELLSWORTH T. MAC INTYRE Captain, QMC, OIP				SIGNATURE OF GRS OFFICER VERIFYING REPORT VERNE C. EDMONDS 2nd Lt. Inf, OIP				
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.								

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

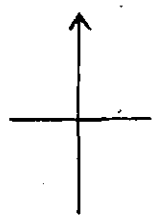
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	UTD	UTD

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
NONE	NONE	HOCHMATTING, GERMANY

OTHER IDENTIFICATION CLUES These remains were segregated from a Mass. Burial of two (2) men. These remains were given Case #IF-5 (3F-9017B); the other remains have the number IF-4 (3F-9017A).

It is impossible to state where and when this Airman was killed as members of the German Air Force brought all Allied soldiers, who were killed in the Munich Area, to the Civilian Cemetery in Hochmattig, Germany, where they were buried in a common grave.

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



REMARKS: Form #11, Checklist of Unknowns accomplished. -
 Unable to obtain tooth Chart; head missing.
 Unable to obtain fingerprints; hands missing.
 Est. weight of remains recovered: 3 lbs.

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X - 7775 ✓
Cemetery St. Avoild, France.
Plot..... Row..... Grave.....

1. Arrived at cemetery
(hour) (date)
2. Place of death Believed to be near Oberschleissheim, Germany; disinterred in
(name of closest town) (coordinates and letter Prefex, maps)
Hochmitting, Germany. WY-8567 1/250,000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 606th QM Gr. Reg. 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).**

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

Item	Clothing Markings	Sizes	Indicate unusual markings
*Headgear	<u>None</u>		(type)
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
*Shirt, Wool OD	<u>None</u>		
Undershirt, Wool		<u>One (1)</u>	
Undershirt, Cotton		<u>One (1)</u>	
Trousers HBT		<u>None</u>	
*Trousers, Wool OD		<u>None</u>	

X-7775

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, 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 UTD

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

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

Tattoos UTD
(Number, location — illustrate on sep. page)

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

Sunburn or tan, other than hands & face UTD

Complexion UTD
(light, med. dark, clote, pimples, pocks, freckles)

Build UTD
(large, ht, 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 UTD
(length, heavy)

Goatee UTD
(light, color, extent)

Eyes UTD
(color, setting, shape) Eyebrows UTD
(color, hushiness, 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 HEAD ~~XXXX~~ MISSING
(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 HEAD MISSING
(hat band)

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

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

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

Hands UTD

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

..... UTD
(Unusual characteristics of fingernails)

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

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

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

Hernioplasty UTD
(yes-no ; location)

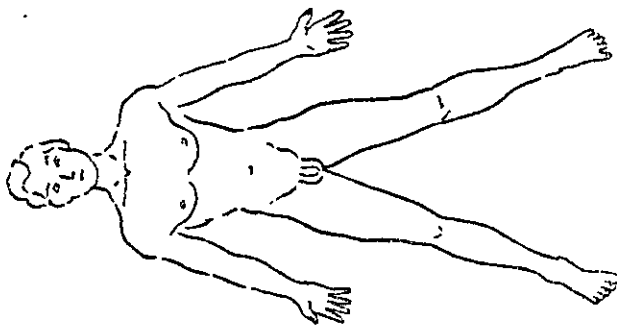
Legs UTD
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

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

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

SEE ATTACHED CHART



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

Hands missing:

If not, explain _____

11. Has tooth chart been prepared No (yes-no) If not, explain Head missing;

12. Remarks : X-Ray not needed. No flesh remains, only a few bones. These remains were segregated from a Mass Burial of two (2) men, (case #IF-3F-9017) and were given case #IF-5 (3F-9017B) and the other remains of one body were given case #IF-4 (3F-9017A). Est. weight of remains recovered: 3 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.

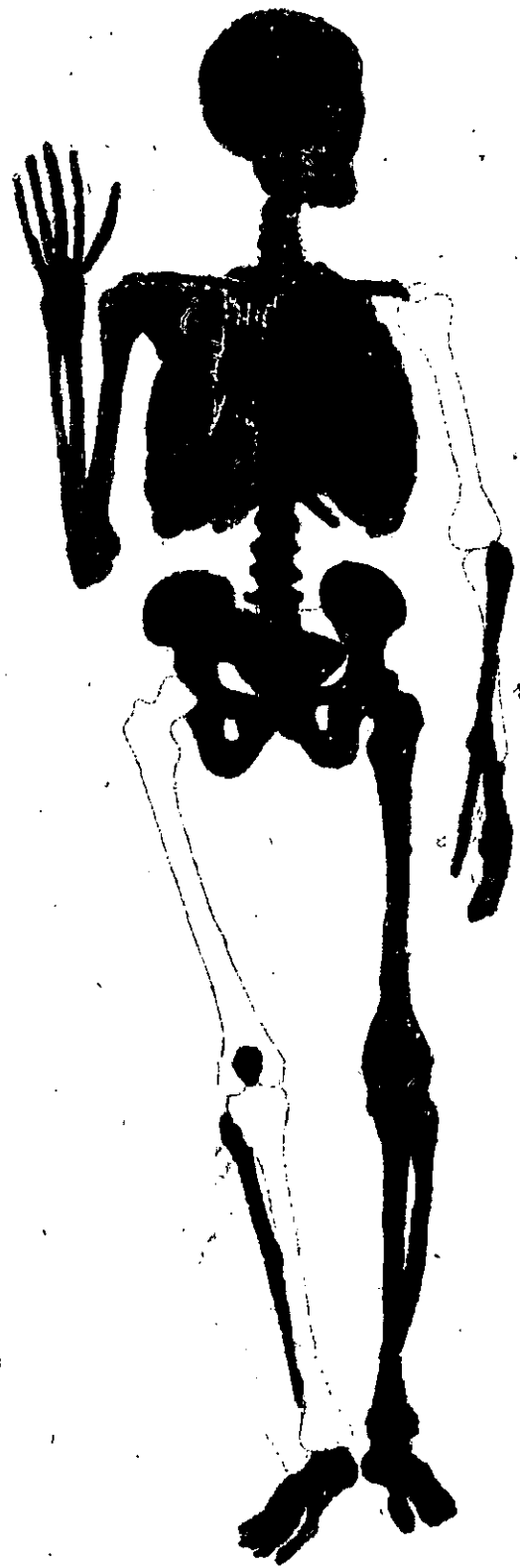
R. G. Johnson
R. G. JOHNSON
Officer's Name

2nd Lt, Inf, Lab. Officer,
Rank Service

Central Identification Point
Organization

#1F-5 (9017-B)

X7775



NOTICE OF DISINTERMENT
(Avis d'Exhumation)

GRS-GZ Form No 8

Date 21 May 1946

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to U.S. Military Cemetery St. Avold, France. for reburial:

La personne Américaine décédée, ci-dessous indiquée, a été, à cette date, exhumée du lieu indiqué et a été évacuée dans un cimetière américain a _____ pour être re-enterrée.

Unknown: X-7775	Unk	Unk	Hochmutting, Germany
(NAME)	(RANK)	(ASN)	(PLACE OF DISINTERMENT)
(NOM)	(GRADE)	(N.M)	(LIEU D'EXHUMATION)

If communal cemetery, show Plot, Row and Grave No, if available.

Si le lieu d'exhumation est un cimetière communal, indiquer l'endroit, le No du chemin et celui de la tombe, s'il y a lieu.

/s/ HOWARD BASSETT
/t/ HOWARD BASSETT, Sgt.

(Officer in charge of
disinterment)

606th QM GR. REG. CO.

(Organization)

REPORT OF INVESTIGATION AREA SEARCH

31 May 1946
Date

NAME Unknown RANK Unknown ASN Unknown
ORGANIZATION A.A.F.
MEANS OF IDENTIFICATION None

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

SECTION A. OFFICIAL (to be completed by investigators in all cases)

Was positive identity acquired and was processed through the surface investigation?
If so, state the following information:

a. NAME UNKNOWN RANK UNKNOWN ASN UNKNOWN
b. ORGANIZATION UNKNOWN

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

NOTES OF OTHER DECEASED SERVED IN IDENTICAL SERVICE

NAMES OF OTHER UNKNOWN

(use reverse side for listing of crew members from "ROK")

e. Date of above burials 1945 TO APRIL 1946 Common Graves?

Name and Type of Cemetery INSIDE CIVILIAN CEMETERY
(Military or Civilian)

Map coordinates of the cemetery BY 6567

a. Town HOCHMUTZEL Country GERMANY

Give exact location in cemetery of the remains.

a. Section ISOLATED Row _____ Grave _____

b. Is sketch attached? YES

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

a. Town _____ or dates _____

b. Is sketch attached? _____

c. Is area mined? _____

How is the grave marked? WITH WOODEN CROSS

If grave is marked with cross, give exact markings thereon
WALL NUMBER 15 SOLDATEK DER AUFLERKAMPFEN ARMEE

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

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REPORT OF INVESTIGATION AREA SEARCH

31 May 1946
Date

NAME Unknown RANK Unknown ASN Unknown
ORGANIZATION A.A.F.
MEANS OF INVESTIGATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the final 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 UNKNOWN RANK UNKNOWN ASN UNKNOWN
b. ORGANIZATION UNKNOWN

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 BUREAUX IN INTERESTED AGENCY

NAMES OF OTHERS UNKNOWN

(Use reverse side for listing of crew members from 1901)

a. Date of above burials 1943 TO APRIL 1945 Common Graves?

Name and type of Cemetery OUTSIDE CIVILIAN CEMETERY
(Military or Civilian)

Map coordinates of the cemetery NY 8567

a. Town HOCHMUTTING Country GERMANY

Give exact location in cemetery of the remains.

a. Section ISOLATED Row _____ Grave _____

b. Is sketch attached? YES

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

a. Town _____ Coordinates _____

b. Is sketch attached? NO

c. Is area mined? _____

How is the grave marked? WITH WOODEN CROSS

If grave is marked with cross, give exact markings thereon

"HIER RUHEN 15 SOLDATEN DER AMERIKANISCHEN ARMEE"

UNKNOWN

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

180

b. By whom?

11. Where are the cemetery records? **NO RECORDS ALL IDENTIFICATION**
(Town Hall, cemetery, burgermeister's office)

TAKEN BY GERMAN AIR FORCE PERSONAL

a. What information was contained thereon? **UNKNOWN**

b. Where was the information obtained?

c. By whom?

12. What is the date of death? **UNKNOWN EXACT EST ~~xx~~ 1944**

a. Give basis

13. What is the cause of death? **PLANE CRASHES**

a. Give basis **FROM GERMANY CAPTAINERS STATEMENT**

14. What is the date of burial? **UNKNOWN**

a. Give basis

15. Where was the place of death? **UNKNOWN** Coords

Give basis

16. Where were the remains found? **UNKNOWN** Coords

a. By whom?

UNKNOWN

b. Is sketch attached?

NO

17. Was a casket used? **NO** Who furnished the casket?

Type of casket

How marked?

18. Who made the burial? **GERMAN CIVILIAN AND MILITARY PERSONAL**
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses?

UNKNOWN

b. Are certificates and statements attached? **NO**

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

19. Were remains found in the plane wreckage? **UNKNOWN**

a. Give location in plane from which the bodies were removed

UNKNOWN

(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)

b. Near wreckage? **UNKNOWN**

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

UNKNOWN

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

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

If so, Give complete and thorough results of the investigation.

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

33. Did any of the crew members escape?

34. Give precise time and date of destruction of tank.

35. Does specific time and date of displacement with date of death of above named?

36. Number of tanks in immediate vicinity at time of displacement?

37. Did tanks explode?

38. What was the type of enemy action that resulted in the tank's displacement?

a. Numbers on motor, machine gun, ammunition, instruments, etc.

b. Tank size and/or name of tank.

39. Location of wreckage, if any, and by what means? Give complete results of investigation.

a. Near wreckage?

(Radio, map, driver, passenger, etc. on front, slide, or back of tank)

a. Give specific position in tank when the deceased was located.

31. Were remains found in wreckage of a tank?

SECTION C - ARMORED CORPS DOCUMENT (to be completed only if document is delivered to having been a member of the Armed Force)

Prisoners?

30. Were parachutists seen?

29. State precise time and date of plane crash.

28. Number of planes in formation prior to crash?

deceased?

27. Does specific time and date of crash correspond with date of death of above named?

26. Had bombs released from the plane?

25. What was the civilian population and type of buildings of plane?

24. What was the direction of the plane?

23. Did plane burn in the air? On ground?

22. Did plane explode in the air? On ground?

Enemy planes?

Collision?



40. State the specific names and evidence that were obtained in securing the name and facts regarding the above listed deceased None

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

41. Were personal effects recovered by the investigating team? No
If not, state reason all personal effect removed by German personnel
a. Were identification tags found at the time of death? unknown
Where? _____ By whom? _____
Present disposition unknown

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

b. Were personal effects found at the time of death? unknown
Where? _____ By whom? _____
Present disposition _____

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

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

42. Was deceased given first aid? unknown If so, where? _____
By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? unknown
Where? _____ Names of people concerned _____

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

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? _____
(Burnt? Decapitated? etc)

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

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

(Use attached sheets, if necessary)

W. Wittenberg
 Signature of Interpreter
 WITTENBERG
 Rank INTERPRETER ASN
 Organization 606 QM GR CO

Lawrence J. Girsch
 Signature of Investigator
 LAWRENCE J. GIRSCH
 Rank 1ST. 57249762 ASN
 Organization 606 QM GR CO

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NO INFORMATION COULD BE FOUND PERTAINING TO THIS CASE. ALL BODIES WERE COLLECTED FROM AROUND MUNICH AND BURIED IN ONE MASS GRAVE. ALL IDENTIFICATION AND INFORMATION WAS SENT TO FRANKFURT BY GERMAN MILITARY PERSONAL AND COULD NOT BE LOCATED.

STATEMENT

Josef Kronawitter
Hochmutting / post Schleissheim

I hereby certify, that neither the names nor any other particulars of the members of the Allied Forces, buried in Hochmutting cemetery, are known to me. I was only ordered by the Fliegerhorstkommandantur (Airport Command) Schleissheim to bury the bodies. Effects, perhaps found, were saved by the Fliegerhorstkommandantur.

/s/ Josef Kronawitter

The deceased were brought for burial by the Fliegerhorstkommandantur.

TRANSLATION

Josef Kronawitter
Hochmutting / post Schleissheim

Ich bestaetige hiermit, dass mir von den im Friedhof Hochmutting beerdigten alliierten Armeangehoerigen keinerlei Namen oder sonstigen Angaben bekannt sind. Ich hatte nur den Auftrag von der deutschen Fliegerhorstkommandantur Schleissheim, die Toten zu beerdigen. Evtl. aufgefundene Gegenstaende wurden von der Fliegerhorstkommandantur aufbewahrt. "

(gez.) Josef Kronawitter

Die Toten wurden von der Fl.Kdr. zur Beerdigung gebracht.

A certified true copy.

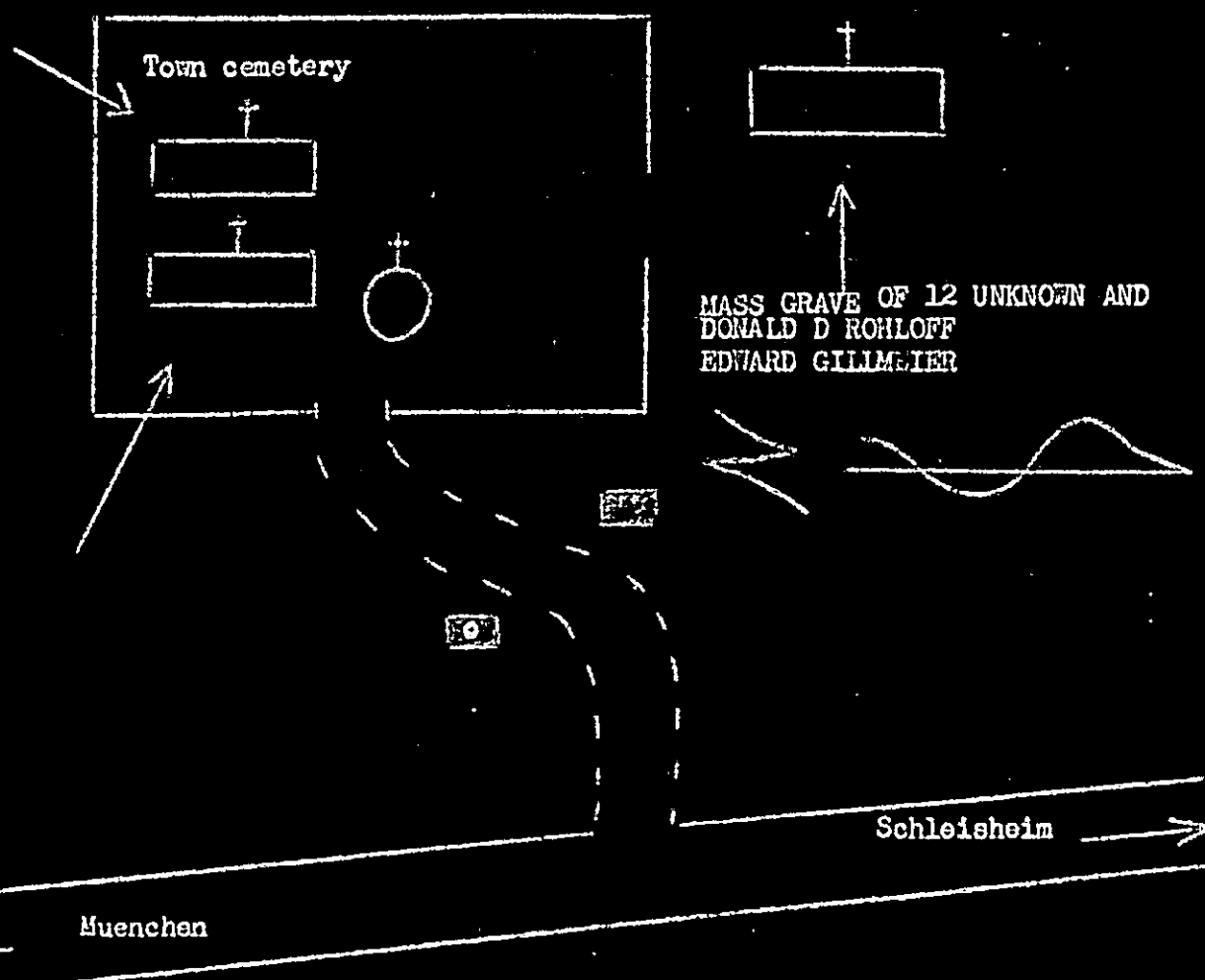
185

Walter I. Martine
WALTER I. MARTINE
2nd Lt. Inf.
MBH # 4

Grave of 15 American flyers located in:
HOCHMUTTING, Germany
Landkreis, Muenchen
Map: 1:250,000 sheet M 49 Muenchen
Coord.: WY 8567

100

#17-57 (3F-9014B)



186

1

This Grave formerly occupied by: UNKNOWN X-003314-E
USMC ST AVOLD, FRANCE
Plot D, Row 21, Grave 42
Date reburied: 11 Oct 49 Date disinterred: 11 Oct 49

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED CAPT QMC
M. R. SWART
DIRECTIVE NUMBER 3574 00000
DATE 15 01 48
DAY MONTH YEAR

NAME UNKNOWN X-007775 SERIAL NUMBER RANK ARM 8 DATE OF DEATH
CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 0 3503 80
PLOT 4N ROW 7 GRAVE 159 COUNTRY FRANCE CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X- 007775 SERIAL NUMBER RANK Unk DATE OF DEATH Est 1944 DATE DISTINTERRED 9 Jun 48
IDENTIFICATION TAG ON REMAINS ORGANIZATION USAAF RELIGION Unk IDENTIFICATION VERIFIED BY Fred C Skrocki, Embalmer
 MARKER GRS NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover CONDITION OF REMAINS Consist of right femur, right tibia, left humerus and left ulna.

OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES 1
No Form 1042 found with remains

REMAINS PREPARED AND PLACED IN CASKET

DATE 15 Jun 48 BY Fred C Skrocki, Embalmer
CASKET SEALED BY Fred C Skrocki, Embalmer EMBALMER (Signature) Fred C Skrocki

CASKET BOXED AND MARKED 15 Jun 48 Fred C Skrocki, Embalmer
DATE BY SHIPPING ADDRESS VERIFIED BY All markings, tags & plates verified by Frank B Callaghan, 1st Lt FA

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

Frank B Callaghan, 1st Lt FA, 337 QM Bn
SIGNATURE OF GRS INSPECTOR

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

22 DEC 1949

REPAIRATION BRANCH
MEMORANDUM
C. G. G...

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 (BY ADMINISTRATIVE ORDER)		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

REPAIRS
 RECORDS BRANCH
 NOV 2 3 33 PM '49
 FEDERAL BUREAU OF INVESTIGATION

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

24 August 1949
(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 7775, Plot NNNN
Row 7, Grave 159, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.
2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 3157, dated 21-10-48.
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

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

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

Major R. BERGLER, O-251736 QMC

Capt. Jack O. Hayes, O-1577297 QMC

Capt. E. F. PRICE, Jr., O-1588298 QMC

1/Lt. Gaylord E. LUTZ, O-1595665 QMC

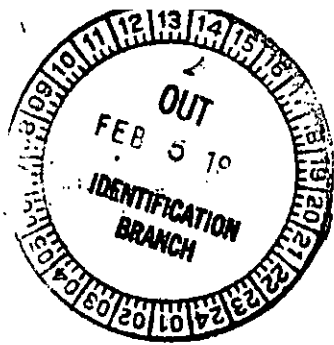
Received
Not identifiable from
information presently
available

15 Sept
James E. Long

Incl #2 f

T. L. # 4274, 26 Aug 49

Farmer
2/28



179.7

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 7775, Plot NNNN
Row 7, Grave 159, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.
2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2088, dated 18-11-46.
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

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

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

Major R. BaRGER, O-251736 ORD

Jack G. Hayes
Capt. Jack G. HAYES, O-1577297 QMC

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

Lt. Gaylord E. Lutz
1/Lt. Gaylord E. LUTZ, O-1595665 QMC

Received
not identifiable from
information presently

15 Sept 49

T.L. # 4261, 24 Aug 49

In # 8

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 53 US ARMY

RRE 200.2

Date 21 OCT 1948

SUBJECT: Reprocessing of Remains

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

The remains of X - 7775
interred in Plot MNNN, Row 7, Grave 159, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

HEIGHT : Est. 5' 10"
TEETH : Not recovered

Remains Received Prepared for Repatriation, Consisting of Complete
Right Femur and Tibia and Proximal 2/3 Left Ulna and left Humerus.

FOR THE COMMANDING GENERAL :

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

1 Incl. :
Skeletal Chart

SKELTAL CHART

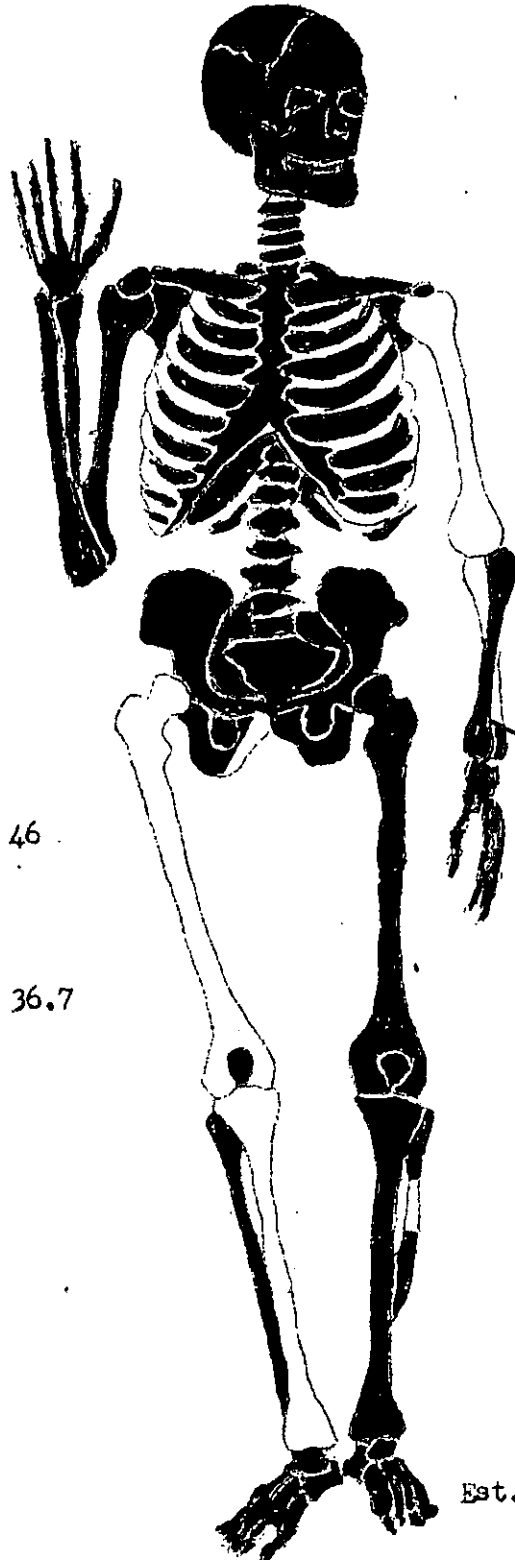
12 August, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-7775

USMC St. Avold

NNNN : 7 : 159



HUMERUS 33.1

FEMUR 46

TIBIA 36.7

Est. HEIGHT: 5' 10"

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X - 775
Cemetery St. Avoild, France.
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death Believed to be near Oberschleissheim, Germany, disinterred in
(name of closest town) (coordinates and letter Prefex, maps)
Hochmitting, Germany. WY-8567 1/250,000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 606th QM Gr. Reg. 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).**

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

Item _____	
*Headgear _____	<u>None</u> (type)
Raincoat _____	<u>None</u>
Overcoat _____	<u>None</u>
Jacket, Field _____	<u>None</u>
Jacket, Combat _____	<u>None</u>
Mackinaw _____	<u>None</u>
Sweater _____	<u>None</u>
Jacket, HBT _____	<u>None</u>
*Shirt, Wool OD .. _____	<u>None</u>
Undershirt, Wool _____	<u>One (1)</u>
Undershirt, Cotton _____	<u>One (1)</u>
Trousers HBT _____	<u>None</u>
*Trousers, Wool OD _____	<u>None</u>

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, 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 None
 Insignia (type & location : shirt, jacket, coat, helmet)

Shoulder Patch None

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

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

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

Tattoos UTD (Number, location — illustrate on sep. page)

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

Sunburn or tan, other than hands & face UTD

Complexion UTD (light, med. dark, clear, pimples, poeks, freckles)

Build UTD (large, fat, thin, muscular)

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

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

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

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

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

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

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

Teeth **HEAD EXAM MISSING**
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

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

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

UTD
(extent and quantity of hair)

Hands **UTD**

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

UTD
(Unusual characteristics of fingernails)

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

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

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

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

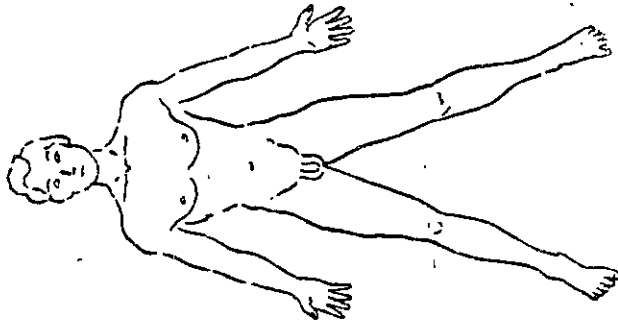
Legs **UTD**
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD Toes YES 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 :

SEE ATTACHED CHART



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

Hands missing

If not, explain

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

12. Remarks : **X-Ray not needed. No flesh remains, only a few bones. These remains were segregated from a Mass Burial of two (2) men, (case #IP-37-9017) and were given case #IP-5 (37-9017B) and the other remains of one body were given case #IP-4 (37-9017A). Est. weigh. of remains recovered: 3 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
R. G. JOHNSON

Officer's Name

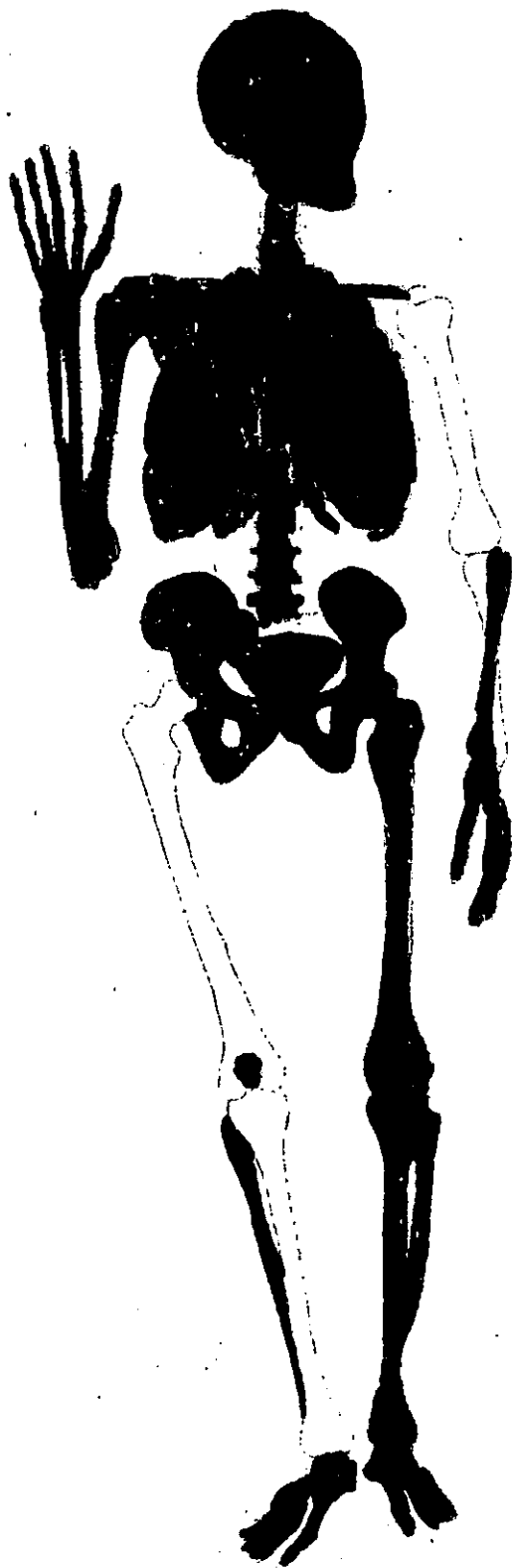
2nd Lt. Inf. Lab. Officer.

Rank Service

Central Identification Point

Organization

#1F (3F-9017-B)



REPORT OF INVESTIGATION AREA SEARCH

31 May 1946
date

NAME Unknown RANK Unknown ASN Unknown
ORGANIZATION A.A.F.
MEANS OF IDENTIFICATION None

(All statements above this line will be approved, 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 UNKNOWN RANK UNKNOWN ASN UNKNOWN
b. ORGANIZATION UNKNOWN

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 BURNED IN INCIDENT: REMAINS OF OTHERS UNKNOWN

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

a. Date of above burials 1948 TO APRIL 1949 Common Graves?

Name and Type of Cemetery CANTON CIVILIAN CEMETERY
(Military or Civilian)

Map coordinates of the cemetery WT 8857

a. Town ROCKFORD Country CANADA

Give exact location in cemetery of the remains.

a. Section ISOLATED Row Grave

b. Is sketch attached? YES

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

a. Town Coordinates

b. Is sketch attached? NO

c. Is area mined?

How is the grave marked? WITH WOODEN CROSS

If grave is marked with cross, give exact markings thereon
THIS HUMAN IS SOLDIER'S AND AIRMAN'S GRAVE

UNKNOWN

From what source was this information obtained?
(Identification tags, personal eff)

180

REPORT OF INVESTIGATION AREA SEARCH

31 May 1946
Date

NAME Unknown RANK Unknown ASN Unknown
ORGANIZATION A.A.F.
MEANS OF IDENTIFICATION None

(All statements above this line will be checked, 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 UNKNOWN RANK UNKNOWN ASN UNKNOWN
b. ORGANIZATION UNKNOWN

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 BARRIED IN IDENTIFIED TOWN/AREA

RANGE OF OTHER UNKNOWN

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

a. Date of above burials 1943 TO APRIL 1945 Common Graves?

Name and type of Cemetery CIVILIAN CIVILIAN CEMETERY
(Military or Civilian)

Map coordinates of the cemetery BT 3207

a. Town HOCHMUTZ Country GERMANY

Give exact location in cemetery of the remains.

a. Section ISOLATED Row Grave

b. Is sketch attached? YES

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

a. Town Coordinates

b. Is sketch attached? NO

c. Is area mined?

How is the grave marked? WITH WOODEN CROSS

If grave is marked with cross, give exact markings thereon

WOODEN CROSS IS DELICATE AND AMERICAN ARMY

UNKNOWN

From what source was this information obtained? (Identification tags, personal eff)

180

b. By whom? _____

11. Where are the cemetery records? **NO RECORDS ALL IDENTIFICATION**
(Town Hall, cemetery, burgermeister's office)

TAKEN BY GERMAN AIR FORCE PERSONAL

a. What information was contained thereon? **UNKNOWN**

b. Where was the information obtained? _____

c. By whom? _____

12. What is the date of death? **UNKNOWN EXACT EST XX-1944**

a. Give basis _____

13. What is the cause of death? **PLANE CRASHES**

a. Give basis **BASE UNKNOWN CAPTAIN'S STATEMENT**

14. What is the date of burial? **UNKNOWN**

a. Give basis _____

15. Where was the place of death? **UNKNOWN** Coords _____

Give basis _____

16. Where were the remains found? **UNKNOWN** Coords _____

a. By whom? **UNKNOWN** *Det.*

b. Is sketch attached? **NO**

17. Was a casket used? **NO** Who furnished the casket? _____

Type of casket _____ How marked? _____

18. Who made the burial? **GERMAN CIVILIAN AND MILITARY PERSONAL**
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? **UNKNOWN**

b. Are certificates and statements attached? **NO**

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

19. Were remains found in the plane wreckage? **UNKNOWN**

a. Give location in plane from which the bodies were removed _____

(Tail gunner, pilot, radio, turret, etc., or front, side, of plane.)

b. Near wreckage? **UNKNOWN**

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

a. Type of plane **UNKNOWN**

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?

collisions?

- 22. Did plane explode in the air? unknown on ground? unknown
- 23. Did plane burn in the air? unknown on ground? unknown
- 24. What was the direction of the crash? unknown
- 25. What was the civilian opinion regarding the location of plane? unknown
- 26. Had bombs released prior to crash? unknown
- 27. Does specific time and date of crash correspond with date of death of above named deceased? no date available
- 28. Number of planes in formation during crash? unknown
- 29. State precise time and date of crash? unknown (month, day, year?)
- 30. Were parachutists seen? unknown
- Prisoners? unknown

SECTION C - ARMORED CORPS DEPARTMENT (To be completed only if necessary and believed to have been a member of the Armored Force).

- 31. Were remains found in wreckage of a tank?
 - a. Give specific position in tank, if known, of deceased was removed (Radio man, driver, assistant driver, front, side, or back)
 - b. Near wreckage
 - 32. Location of destroyed tank will be investigated. Give complete results of investigation. If removed, state when and by whom.
 - a. Type of tank
 - b. Machine gun 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 with date of death of above named deceased?
 - 37. Precise time and date of destruction of tank
 - 38. Location of the enemy members of crew
- SECTION D - OTHER BRANCH (To be completed only if state record is available)
- 39. Did death occur from any other means? (i.e. truck, jeep, planes, or other ground vehicles)
 - 40. If so, give complete and thorough description of the transportation.
 - 41. Are all certificates and statements of people who possessed knowledge of the case attached?

Enemy Planes?

Collision?

- 22. Did plane explode in the air? unknown On ground? unknown
- 23. Did plane burn in the air? unknown On ground? unknown
- 24. What was the direction of the flight? unknown
- 25. What was the civilian opinion regarding the location of plane?
- 26. Had bombs released in air or in ground? unknown
- 27. Does specific time and date of crash correspond with date of death of above named deceased? No date available
- 28. Number of planes in formation prior to crash? unknown
- 29. State precise time and date of plane crash unknown (night? day?)
- 30. Were parachutists seen? unknown Prisoners? unknown

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

- 31. Were remains found in wreckage of a tank?
 - a. Give specific position in tank where which deceased was removed (Radio man, driver, assistant driver, on front, side, or back) of tank
 - b. Near wreckage
- 32. Location of disabled tank and 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? Yes
- 35. Location of tanks in immediate vicinity at time of disablement
- 36. Does specific time and date of disablement 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 DEATHS (To be filled out if A, B, or C are not applicable)

- 39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire)
 - If so, give complete and thorough results of the interrogation.
 - a. Are all certificates and statements of people who possessed knowledge of the case attached?

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **None**

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

41. Were personal effects recovered by the investigating team? **No**

If not, state reason **all personal effects removed by German personnel**

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

Where? _____ By whom? _____

Present disposition **unknown**

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

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

Where? _____ By whom? _____

Present disposition _____

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

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

42. Was deceased given first aid? **unknown** If so, where? _____

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

43. Was deceased evacuated to a German civilian hospital? **unknown**

Where? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? _____
(Burnt? Decapitated? etc)

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

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. Was 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
(Use attached sheets, if necessary)

W. Wittenberg
Signature of Interpreter
WITTENBERG

Rank **INTERPRETER** ASN

Organization
606 OM OR CO

Laurence J. Bensch
Signature of Investigator
LAURENCE J. BENSCH

Rank **1ST** ASN *jt*

Organization
606 OM OR CO

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NO INFORMATION COULD BE FOUND PERTAINING TO THIS CASE.
ALL BODIES WERE COLLECTED FROM AROUND MUNICH AND BURIED IN
ONE MASS GRAVE. ALL IDENTIFICATION AND INFORMATION WAS SENT
TO FRANKFURT BY GERMAN MILITARY PERSONAL AND COULD NOT BE
LOCATED.

STATEMENT

Josef Kronawitter
Hochmutting / Post Schleissheim

I hereby certify, that neither the names nor any other particulars of the members of the Allied Forces, buried in Hochmutting cemetery, are known to me. I was only ordered by the Fliegerhorstkommandantur (Airport Command) Schleissheim to bury the bodies. Effects, perhaps found, were saved by the Fliegerhorstkommandantur.

/s/ Josef Kronawitter

The deceased were brought for burial by the Fliegerhorstkommandantur.

TRANSLATION


Josef Kronawitter
Hochmutting / Post Schleissheim

Ich bestaetige hiermit, dass mir von den im Friedhof Hochmutting beerdigten alliierten Armeegehoerigen keinerlei Namen oder sonstigen Angaben bekannt sind. Ich hatte nur den Auftrag von der deutschen Fliegerhorstkommandantur Schleissheim, die Toten zu beerdigen. Evtl. aufgefundene Gegenstaende wurden von der Fliegerhorstkommandantur aufbewahrt. *

(gez.) Josef Kronawitter

Die Toten wurden von der Fl.Kdr. zur Beerdigung gebracht.

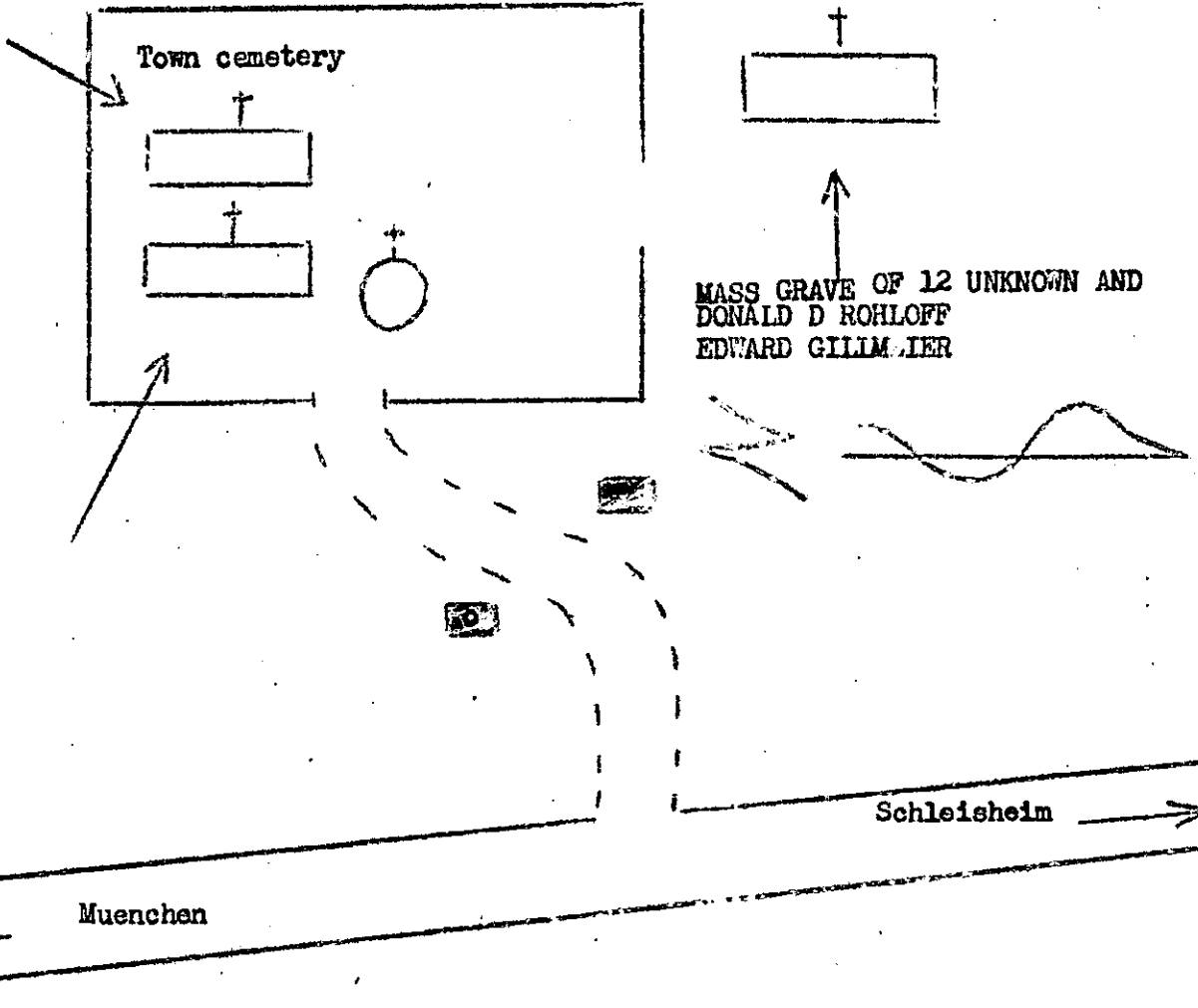
A certified true copy.


WALTER I. MARTINE
2nd Lt. Inf.
MBH # 4

183

Grave of 15 American flyers located in:
HOCHMUTTING, Germany
Landkreis, Muenchen
Map: 1:250,000 sheet M 49 Muenchen
Coord.: WY 8567

#14.5 (3F-90178)



STATEMENT

Catholic Priest's Office
Oberschleissheim
Post Schleissheim
21 May 1946

It is hereby certified, that no informations relating to the burial of Allied soldiers in Hochmutting Cemetery, parish Oberschleissheim can be given, because no Catholic clergymen were called to the burial and they did not receive any information.

(Seal, SIGILL. PAROCH. CATH.
PATRONAE BAVARIAE OBERSCHLEISSHEIM)

/s/ Josef Kranz
Cath. Priest

TRANSLATION

Kath. Pfarramt
Oberschleissheim
Post Schleissheim
21. Mai 1946

Es wird hiermit bestaetigt, dassbetreff Bestattung alliierter Soldaten auf dem Friedhof zu Hochmutting, Pfarrei Oberschleissheim keine Angaben gemacht werden koennen, da die katholischen Geistlichen bei der Beerdigung nicht zugezogen wurden und auch keine Benachrichtigung an sie gelangte.

(Siegel: Sigill. Paroch. Cath.
PATRONAE BAVARIAE OBERSCHLEISSHEIM)

(gez.) Josef Kranz
Kath. Pfarrer

A certified true copy

Walter I. Martine
Walter I MARTINE
2nd Lt. Inf.
MEU # 4

STATEMENT

C O P Y

Land Police Post Schleisheim
Landkr. München, Distr. Obb.

Schleisheim, 23 March 1946

Subject: Registration of Graves of American Soldiers in the Area of this Post etc.

- 1) 4 Graves of American soldiers are in our Area of Responsibility.
- 2) In Total 104 men are buried in these 4 graves. They are crews of shot down planes.
- 3) 9 Graves, containing 89 men are in the cemetery of the community Ober-schleisheim and 1 grave, containing 15 men, is located few meters from the cemetery.
- 4) Only the following names, obtained from 2 grave marks, are listed:

1st grave:

Sgt. Betts Id. Tag. No. J 1311721
P/S Fall (in compliance with dates, given
by the crew)

I. Location of Crash: 1 km western of Aliech-München

HEARLIGHA, J. Offr. C.F. 144644
SEAROLIFFE, A.F. G 121.01 77
AMERSCHING, A. DGR 178 435
CAMERON (no other dates)

II. Location of Crash: Solla near München, 7 Sep 1943

2nd Grave:

P/S Pilot E. Jenwicks-Glenhall
Sgt. Clarkson
P/S Warren (Plane crew)
P/O Moffat shot down 21 Dec 1942 near Dachau
Sgt Baker
Sgt Edwards

The names of all other deceased are unknown.

- 5) Date of burial is not to be stated, because they were recorded only by the Fliegerhorst-Kommandantur (Airport Command)
- 6) In compliance with statements of the woman caretaker of this community it is possible that a former Stabsfeldwebel der Luftwaffe (W/Sgt of Airforce) with name Dannel from Mainburg (particulars of address unknown) is able to give more information. Dannel has been in the Fliegerhorst Schleisheim for a long time and he often conducted bodies for burial.

7) It is possible, too, that Daniel can give information about the location of records and identification tags.

8) Nothing is known by this post about escaped American soldiers.

9) Foreigners in American uniform are to be seen sometimes. It is not to be stated, whether they are licensed to wear the uniform.

A certified true copy:

/s/ Assn

Kommissar of Land Police

TRANSLATION

Abschrift

Landpolizei-Posten Schleissheim
Landkr. Muenchen, Reg. Bez. Obb.

Schleissheim, den 23.3.1946

Betrifft: Feststellung der Gräber von amerikanischen Soldaten im
hiesigen Postenbereich u. a.

- 1.) In unserem Dienstbezirk befinden sich 4 Gräber von amerikanischen Soldaten.
- 2.) Insgesamt sind in diesen 4 Gräbern 104 Mann begraben und sind abgeschossene Flugzeugbesatzungen.
- 3.) 3 Gräber mit insgesamt 89 Mann befinden sich im Friedhof der Gemeinde Oberschleissheim und 1 Grab mit 15 Mann liegt wenige Meter neben dem Friedhof.
- 4.) Am Namen sind nur nachstehende aufgeführt, die von 2 Grabtafeln zu entnehmen sind:

1. Grab:

Sgt. Betty Erk. Nr. J 1811721
F/S Fall (lt. Angaben der Besatzung)

I. Abschussort:

1 km westlich Allach-Muenchhaen

BEAZLIGHA, J. Offr. CE 114644

SCHARLITTE, A.F. G 121 01 77

ANDERSON, A. UOR 178 435

CAMERON (sonst keine Angaben)

II. Abschussort. Solln bei Muenchen 7.9.1943

2. Grab:

F/S Pilot E. Jenwicke-Glenzell

Sgt Clarkson

F/a Warren

(Flugzeugbesatzung)

P/O Moffat

Abgeschossen am 21.12.1942 bei Dachen

Sgt Baker

Sgt Edwards

Von allen anderen Toten sind keine Namen bekannt.

- 5.) Tag der Beerdigung ist nicht zu ermitteln, da die Aufzeichnungen darüber nur von der Fliegerhorstkommandantur gemacht wurden.
- 6.) Nach Angaben der hiesigen Isichenfrau duerfte ein ehemaliger Stabsfeldwebel der Luftwaffe mit Namens Demmel aus Mainzburg (genauere Anschrift unbekannt) naechere Auskunft geben koennen. Demmel war laengere Zeit im Fliegerhorst Schleisheim und hat oeffters Isichen zur Bestattung ueberfuehrt.
- 7.) Wo die Papiere und Erkennungsmarken verwahrt wurden, duerfte ebenfalls Demmel Aufschluss geben koennen.
- 8.) Ueber unerlaubte Entfernung amerik. Soldaten ist auf hies. Posten nichts bekannt.
- 9.) Auslaenderin amerik. Uniform tauchen wiederholt auf, ob dieselben eine Berechtigung zum Tragen der Uniform haben, konnte nicht festgestellt werden.

Fuer die Richtigkeit der Abschrift:

Schleisheim, den 21. Mai 1946

(gez.) Asm

Kommissar der Landpolizei.

A certified true copy

Walter J. Martine

WALTER J. MARTINE

2nd Lt Inf

MBU # 4

STATEMENT

The Bürgermeister
of the Community Oberschleissheim

Oberschleissheim, 21 May 1946

The Bürgermeister, signed below, hereby certifies, that there are no records in this community, relating to the soldiers of the Allied Forces, buried in Hochmutting cemetery, community Oberschleissheim. These soldiers were collected and buried by the Fliegerhorst (Airport) Schleissheim, which gave no informations hereabout to the community. As here known, all basis records etc., relating to deceased soldiers of the Allies were sent to Oberursel near Frankfurt (Main).

It may be possible, that the grave-digger of Hochmutting, Josef Kronawitter, can give some informations.

(Official Seal
Community Oberschleissheim)

/s/ Der Bürgermeister
Wollschlager

TRANSLATION

Der Bürgermeister
der Gemeinde Oberschleissheim

Oberschleissheim, 21. Mai 1946

Der unterfertigte Bürgermeister bestätigt hiermit, dass ueber die im Friedhof Hoch mutting, Gemeinde Oberschleissheim, bestatteten Soldaten der alliierten Streitkrafte bei der Gemeinde keinerlei Unterlagen vorhanden sind. Die Sammlung und Beerdigung dieser Soldaten erfolgte durch den Fliegerhorst Schleissheim, der der Gemeinde auch hierueber keinerlei Mitteilungen zugehen liess. Soviel hier bekannt ist, wurden saemtliche Unterlagen etc. ueber gefallene Soldaten der Alliierten nach Oberursel bei Frankfurt (Main) geschickt.

Es waere moeglich, dass der Totengraeber Josef Kronawitter von Hochmutting einige Angaben machen kann.

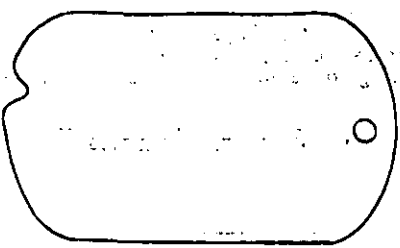
(Dienstsiegel;
Gemeinde Oberschleissheim)

(gez.) Der Bürgermeister,
Wollschlager

A certified true copy

Walter I Martine
WALTER I MARTINE
2nd Lt Daf
USU # 4

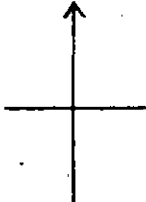
#1

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 9 October 1946	
Imprint Identification Tag If Possible. "DO NOT TYPE" 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) Unknown-X-7775			SERIAL No. Unk	
		GRADE Unk	ORGANIZATION Unk		BRANCH OF SERVICE AAF	
		RACE Unk	RELIGION Unk		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH BTB: near Oberschleissheim, Germany		CAUSE OF DEATH Plane Crash			DATE OF DEATH Est. 1944	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk						
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 type="checkbox"/> YES <input checked="" 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, ST. AVOLD, FRANCE. (Q-260584)						
DATE OF BURIAL 9 October 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER wdm Cross	ROW No. NNNN	GRAVE No. 7 159
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Outside of Civilian Cemetery, Hochmitting, Germany. WY-8567 1/250,000					
TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES CH. Ch. R. Williams, 1st Lt. CH. Herve M. Trebaol, Capt.		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-7731		RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 158	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown-X-7778		RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 160	
SIGNATURE OF PERSON PREPARING REPORT ELLESWORTH T. MAC INTYRE Captain, QMC, CIP			SIGNATURE OF GRS OFFICER VERIFYING REPORT VERNIE C. EDMUNDS 2nd Lt, QMC, CIP			
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.						

MEMORIALS
 Nov 25
 RECORDED
 RECORDS BRANCH

6 4-159

RESTRICTED

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.			
	<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	HEIGHT UTD)	WEIGHT UTD	COLOR OF EYES UTD)	COLOR OF HAIR UTD)
	BIRTHMARKS, SCARS, OR TATTOOS UTD			
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. NONE;		LAUNDRY MARKS NONE	WHERE BODY WAS BURIED OR FOUND HOCHMITTING, GERMANY
	OTHER IDENTIFICATION CLUES These remains were segregated from a Mass. Burial of two (2) men. These remains were given Case #IF-5 (3F-9017B); the other remains have the number IF-4 (3F-9017A).			
LEFT INDEX FINGER	<p align="center">It is impossible to state where and when this Airman was killed as members of the German Air Force brought all Allied soldiers, who were killed in the Munich Area, to the Civilian Cemetery in Hochmitting, Germany, where they were buried in a common grave.</p>			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE 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>			
RIGHT RING FINGER	REMARKS: Form #11, Checklist of Unknowns accomplished. Unable to obtain tooth Chart: head missing. Unable to obtain fingerprints: hands missing. Est. weight of remains recovered: 3 lbs.			
RIGHT LITTLE FINGER				