

7887 GRAVES DETACHMENT

APO 757

243unk St. Avold X-934

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 - 934 St Avold

(POC) ST AVOLD

*File
27 Nov
2d PW
26 Feb 51*

IDENTIFICATION CHECK LIST

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

Unknown X-934
Cemetery St. Avold, France
Plot Q Row 5 Grave 2360

1. Date reprocessed _____
Arrived at cemetery 26 March 1947
(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 Central Identification Point, Strasbourg,
(Name and organization) France

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NO CLOTHING FOUND</u>		
	(Type)		
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____	_____	_____
Sweater	_____	_____	_____
Jacket, HBT	_____	_____	_____
* Shirt, Wool OD	_____	_____	_____
Undershirt, Wool	_____	_____	_____
Undershirt, Cotton	_____	_____	_____
Trousers, HBT	_____	_____	_____
* Trousers, Wool OD	_____	_____	_____

St Avold

X-934

Belt, web NO CLOTHING FOUND

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

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

Chevrons or
Insignia _____
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

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

Utd

6. Description of Remains:

Age Utd Est. Height 5'11⁵/₈" Weight Utd Description of wounds Utd

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

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

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

Sunburn or tan, other than hand and face Utd

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

Build Utd
(Large, fat, thin, muscular)

Hair Light brown, straight, approx. 2¹/₂" long
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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



Goatee Utd
 (Light, color, extent)

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

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

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

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

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

Jaw Utd Circumference of head in inches 20 inches
 (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, extent and quantity of hair)

Hands Utd

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

(Unusual characteristics of fingernails)

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

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

Back Utd Circumcision Utd Pubic Hair Light brown
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty Utd
 (Yes-no; location)

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

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

Evidence of healed fractures Utd
 (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 Hands missing

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

9. Remarks Remains recovered in mattress cover. No clothing found. Estimated weight of remains: 60 Lbs. Fluoroscopic report: negative. No burial bottle recovered. Anatomically intact. Case remains unknown X-934. Special attention is directed to tooth chart. Nothing found to warrant Chemical Laboratory Examination.

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.

Ellsworth T. McIntyre
ELLSWORTH T. MAC INTYRE
(Officer's Name)

Captain QMC
Rank Service

Central Identification Point
(Organization)



X-954
St. Cloud, France
Plot Q, Row 5 Grave 2300/..

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) !

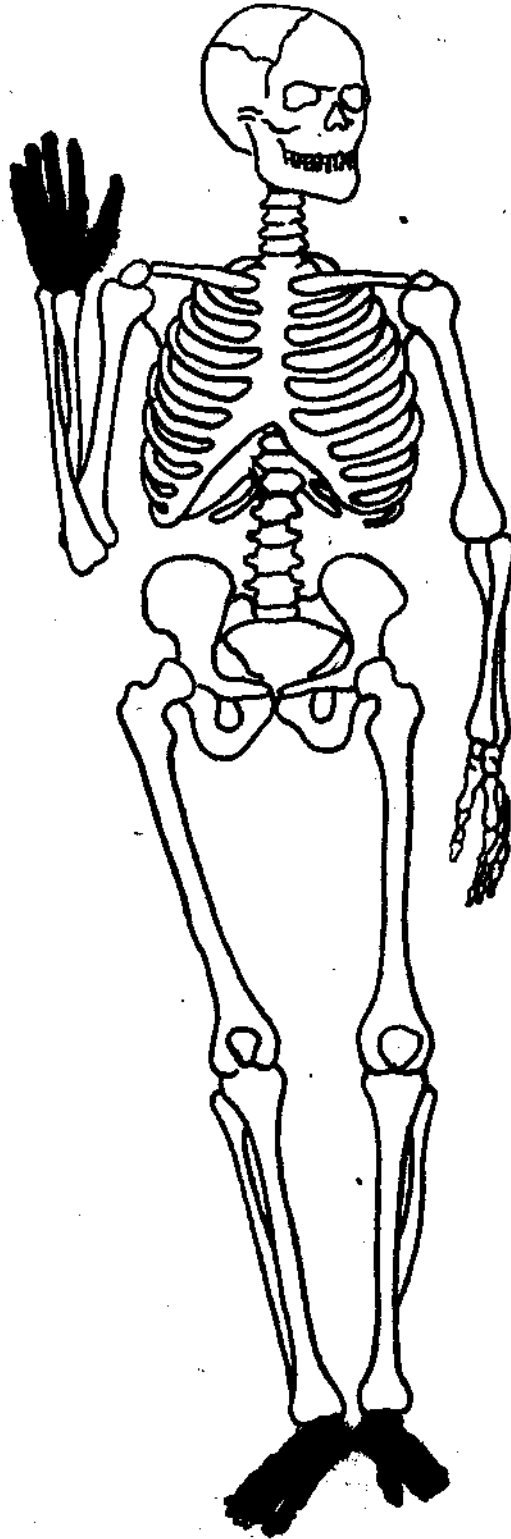


CHART "A"

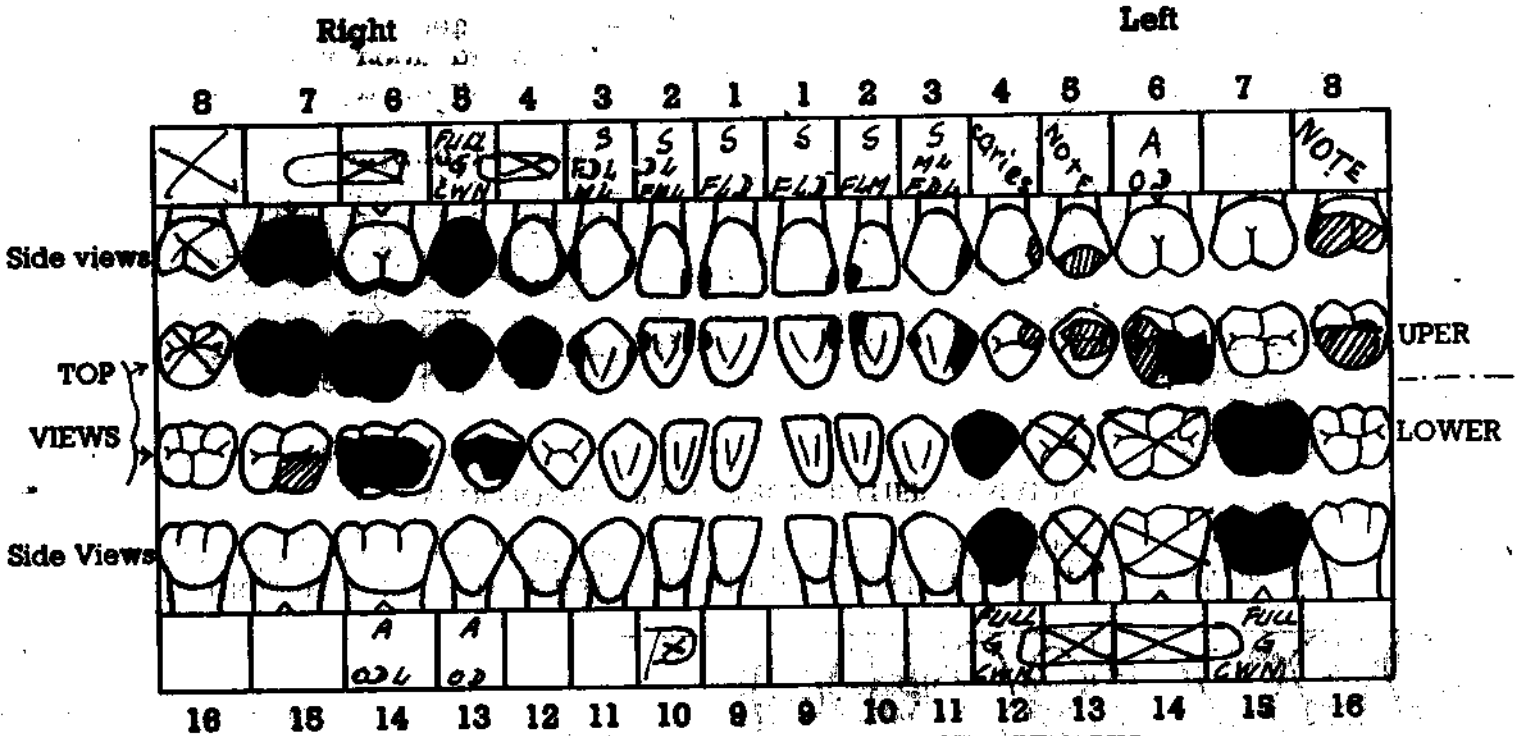
X

TOOTH CHART

26 March 1947
Date

UNKNOWN X-934

Last Name	First	Initial	Rank	Serial No.
Unit			Organization	
Place of Death	Date of Death	Cause of Death		



SEE REMARKS

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, cavities (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Raymond T. Quirk Head
Signature of Officer or other person who prepared Tooth chart

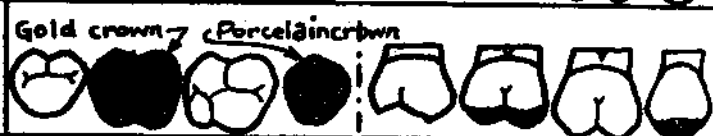
Ellsworth T. MacIntyre
Verified by G. R. & E. Officer

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

Dental work, fillings, bridges, and teeth being completely decayed and other cavities, prove that teeth have been un-attended and that not of an American dental work.
 A sanitary fixed steel bridge, replacing L13-14, abutted to L12-15, which are of full gold crown.
 A winged bridge replacing R4 with a porcelain pontic with 3/4 gold crown, is abutted to R5 which has a full gold crown.
 A winged bridge replacing R6 with a porcelain pontic with a 3/4 gold crown, is abutted to R7.
 L5-8 appear to have rotted away completely just the shell of tooth and root present.
 Space of 3mm between L1-R1.

UNIVERSITY OF MICHIGAN

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

1 August 1949
Date

Bank France X 934 (Stanold)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 934, Plot Q,
Row 5, Grave 2360, USMC St. Avold, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 4172, dated 1-8-49. No
further information is available. T/L #4179 dtd 2 Aug 49

FOR THE COMMANDING GENERAL:

Case reviewed by undersigned members of the Board of Review:

/s/ E. D. Mulvanity
/t/ E. D. MULVANITY
Lt Col QMC

Roger Berger
ROGER BERGER
Maj QRD

Edward E. Stout
EDWARD E. STOUT
1/Lt CE

15 SEPT 49 QDMS
Not identifiable from
information presently
available

*NAN
file 15 Sept 49
Schroth
Ident 51*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

1 August 1949
(Date)

RRR #93

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 934, Plot Q
Row 5, Grave 2360, 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. 4172, dated 1-8-49.

3. Remarks:

TL # 4179
dtd 2 Aug 49

Case reviewed by undersigned Members of the Board of Review:

Cpl. H.P. HENRY, O-12589

CMC

E.D. Mulvanity
Lt. Col. E.D. MULVANITY, O-359596

CMC

Major H. BERGER, O-251736

ORD

Capt. Jack G. HAYE, O-1577297

CMC

Capt. E.P. FUDGE, Jr. O-1594512

CMC

1/Lt. Edward E. BENT, O-1594512

CE

Received

13 Sept 49

Not identifiable from
information presently
available

Incl #11

AIR MAIL

QUART 293
Unknown X-934
St. Avoild

1st Incl.

SUBJECT: Comparison of Fingerprints

Department of the Army, GCSG, Washington 25, D. C. 6 June 1949

TO: Commanding General, American Graves Registration Command, European Area, APO 58, c/o Postmaster, New York, New York

1. Fingerprints submitted for Unknown X-934, USMC St. Avoild, France have been compared by the Federal Bureau of Investigation, insofar as possible, with negative results.

2. In the event additional information becomes available to your Headquarters, which may be of assistance in the identification of subject unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

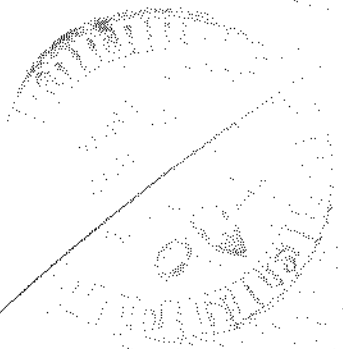
1 Incl: w/d

T. R. METZ
Lt. Colonel, GSC
Memorial Division

REB
cc REB
HJS

cc: Adm Sec
any: VHarvey
Dlandes

Dr.



JUN 7 1 24 PM '49
U.S. ARMY
WASHINGTON 25, D. C.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2 - Unknown X-934
(St.Avoid)

20 May 1949

SUBJECT: Comparison of Fingerprints

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

1. It is requested that the Fingerprints on the attached Report of Burial for Unknown X-934, Plot Q, Row 5, Grave 2360, USMC St.Avoid, France (formerly Unknown X-11, Plot B, Row 17, Grave 200, USMC Reutti, Germany) be compared with those on file in the Department of the Army and with those of the Federal Bureau of Investigation in an effort to establish the identity of this individual.

2. It is further requested that this Headquarters be informed of any results that may be obtained.

FOR THE COMMANDING GENERAL:

1 Incl:
Report of Burial X-934

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

X 293 Mark 11
Germany (Reutti)

JLJ

1

This Grave formerly occupied by: DE SANTIS, John A 0-1080273 1 LT
USMC ST AVOLD, FRANCE
Plot J, Row 36, Grave 27
Date reburied: 15 Sept 49

DISINTERMENT DIRECTIVE

Date disinterred: 15 Sept. 49

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

NAME UNKNOWNX-000934 SERIAL NUMBER RANK ARM Q DATE OF DEATH

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

REGT ROW GRAVE COUNTRY CAUSE OF DEATH
Q 5 2360 FRANCE 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-000934 SERIAL NUMBER RANK DATE OF DEATH 13 Aug 48 DATE DISINTERRED

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY ANTHONY J MARTIN, EMBALLER
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER CONDITION OF REMAINS COMPLETE. IN SKELETAL FORM.

OTHER MEANS OF IDENTIFICATION EMBOSSED PLATE WITH " 934 " FOUND WITH REMAINS

MINOR DISCREPANCIES / NO REPORT OF BURIAL FOUND WITH REMAINS

REMAINS PREPARED AND PLACED IN CASKET

DATE 16 Aug 48 BY ANTHONY J MARTIN, EMBALLER

CASKET SEALED BY ANTHONY J MARTIN, EMBALLER EMBALMER (Signature) Anthony J. Martin
ANTHONY J MARTIN

CASKET BOXED AND MARKED DATE 16 Aug 48 BY ANTHONY J MARTIN, EMBALLER
All markings, plates and tags verified by H. MEAD, CAPT, QMC

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
FINAL CASKETED BY H. MEAD, CAPT, QMC
H. MEAD, CAPT, QMC, 7857 AGRC ZONE 3 HQ
SIGNATURE OF GRS INSPECTOR

FILE
8 OCT 1949

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

Sheet # 17

SP-10 293
Unknown X-11
Germany (Reutti)

18 January 1946

SUBJECT: Fingerprints of Unknown Deceased

TO : Commanding General, American Graves Registration Service
European Theater Area, Versailles, France
APO 887, c/o Postmaster
New York, New York

1. The fingerprints submitted for Unknown X-11, US Military Cemetery, Reutti, Plot B, Row 17, Grave 200, have been compared, insofar as possible, but were not identified. They were also compared with those of personnel known to have been missing or killed in action between 15 April 1945 and 15 May 1945, without result.

2. Should additional information become available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

sh

GRAVES REGISTRATION SECTION
MEMORIAL DIVISION
JAN 19 11 13 AM '46

AGPC-S 704 (14 Dec 45)

1st Ind.

DPR/AMM/mio/4608

WD, AGO, Washington 25, D. C., 14 December 1945.

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief,
Registration and Planning Branch, Room 1100, Temporary Building C.

1. Fingerprints on Report of Burial for Unknown X-11, Reutti, Germany, and Unknown X-59, Grand Faily, France, have been searched by Federal Bureau of Investigation and could not be found. They were also compared and found to be not identical with those of any person known to be missing in action or killed in action between 15 April 1945 and 15 May 1945.

2. The Report of Burial for Unknown X-59, Grand Faily, has been previously returned.

FOR THE ADJUTANT GENERAL:

John T. Burns

JOHN T. BURNS
Lt. Col., AGD
Officer in Charge
Status Review and
Determination Section

by DOR

1 Incl.

2993 Mark M...

*File
10/10/46
ST*

293 Unk. Miss

SPQYG 293

Unknowns -

X-11 - (Koutti, Germany)

X-59 - (Grand Pailly, France)

9 August 1945

SUBJECT: Fingerprints of Unknown Deceased

TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover
THRU : Status Review & Determination, Casualty Branch,
4602 Munitions Building, Washington, D. C.

1. The inclosed Burial Forms are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of two (2) Unknown Deceased.

2. If found to be identical, the name, rank, serial number, emergency addressee and religious preference, of the deceased, should be forwarded together with return of the forms.

FOR THE QUARTERMASTER GENERAL:

2 Incls
2 Burial Forms

C. C. PIERCE
Captain, QMC
Assistant

COPY
mnp

X-11 Unk. Miss (handwritten vertical note)

IDENTIFICATION DATA

R.O. # 2041

1. REMAINS OF UNKNOWN <p align="center">X-934</p>				2. DATE OF REPORT <p align="center">19 July, 1949</p>		
3. NAME OF CEMETERY <p align="center">USMC St. Avold</p>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT	
		Q	5	2360		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT OF REPROCESSED REMAINS: 20 lbs	9. ESTIMATED HEIGHT <p align="center">5' 10 1/2"</p>	10. COLOR OF HAIR <p align="center">Medium Brown</p>	11. RACE <p align="center">-</p>
--	---	---	-------------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two embossed plates marked : Unknown X-934

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U.T.D.

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	-

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	-

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Found!

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

Remains received in skeletal form in a repatriation type casket. Teeth found with remains. No clothing. Remains previously processed by repatriation. No evidence of any amputations. No I.D. tags found.

NOTE : See remarks on back of tooth chart concerning teeth.

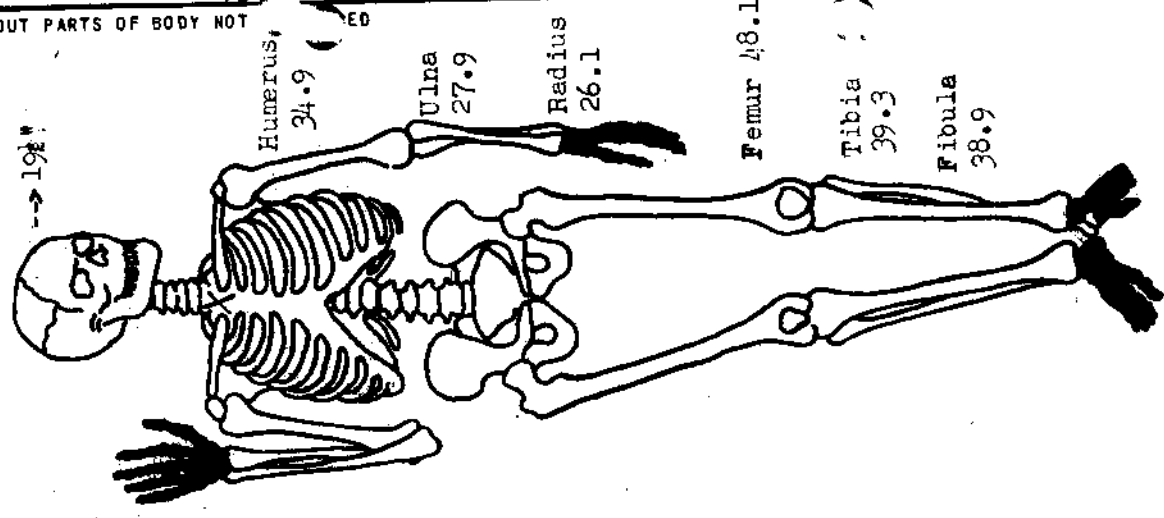
Incl #7

Thomas W. TURNER.

X-994

M.O. # 2041

19. BLACK OUT PARTS OF BODY NOT



Est. Height: 5' 10 1/2"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Thomas W. TUNER.

TOOTH CHART

USMC St. Avold

19 July, 1949

Date

X-934

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

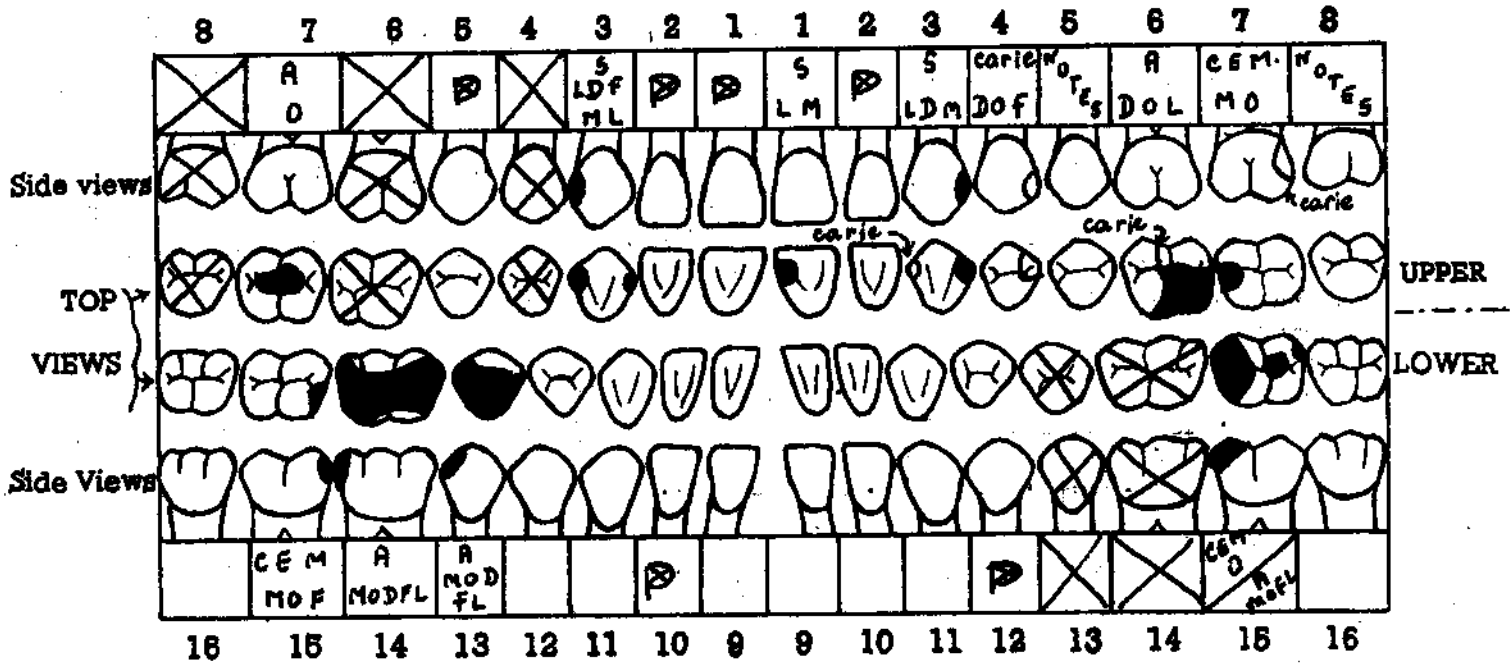
Place of Death

Date of Death

Cause of Death

Right

Left



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

CERTIFIED TRUE COPY:

GEORGE L. FREEMAN
1st Lt QMC

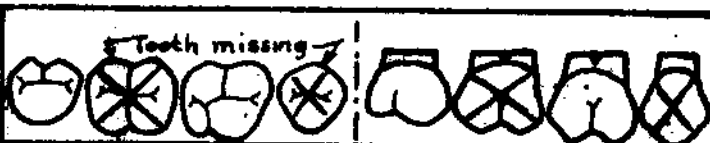
/s/ Larry De Shaw

Signature of Officer or other person who prepared Teeth chart

Verified by G. R. C. Officer

S.T.

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



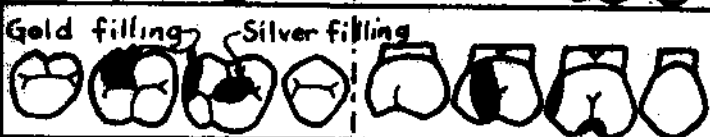
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

SPACES : R 3-5, 5mm., R 5-7, 6mm., L 12-15, 12mm.

NOTE : L 5-8 are completely decayed down to the rooth. L 4-7 are very badly decayed.

NOTE : The type of materials used for fillings and the type and quality of dental work is definitely more European than American. The teeth also did not have dental work for a very prolonged period of time as indicated by the very bad condition of the teeth.

IDENTIFICATION DATA

E.O. 2041

1. REMAINS OF UNKNOWN X-934				2. DATE OF REPORT 19-7-49	
3. NAME OF CEMETERY ST. AVOLD		4. PLOT Q	5. ROW 5	6. GRAVE 2360	7. DATE OF DISINTERMENT --
				REINTERMENT --	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT OF re processed remains 20lbs	9. ESTIMATED HEIGHT 5'10$\frac{1}{2}$"	10. COLOR OF HAIR Med. Brown	11. RACE --
---	---	--	-----------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two embossed plates marked: Unknown X-934

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U.T.D.

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	---

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None found

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

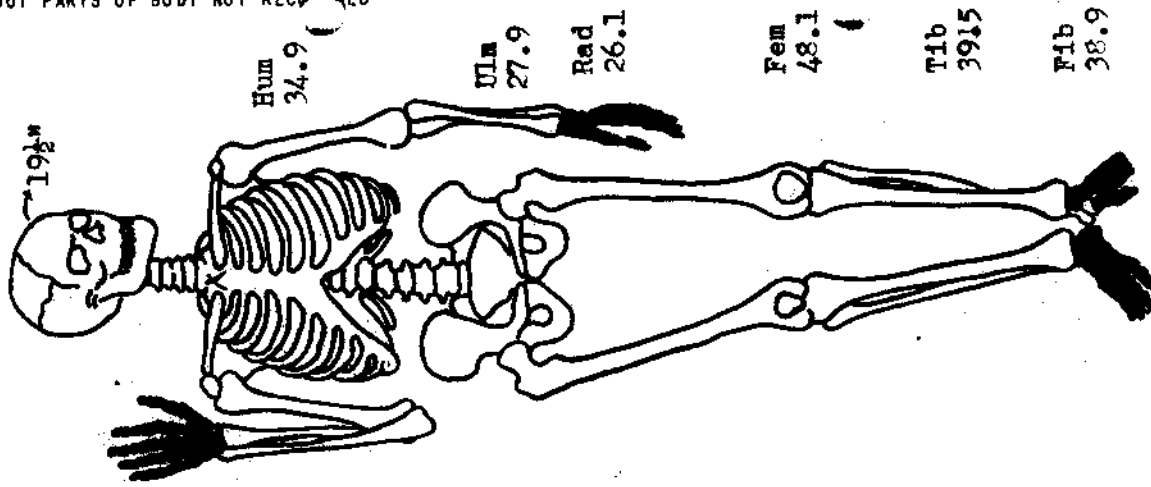
Remains received in skeletal form in a repatriation type casket. Teeth found with remains. No clothing. Remains previously processed by repatriation. No evidence of any amputations. No I.D. tags found.

NOTE: See remarks on back of tooth charts concerning teeth

s/t/ Thomas W. TURNER

Incl #2

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
 OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

s/t Thomas W. TURNER

TOOTH CHART

19-7-49

Date

X-934

Last Name	First	Initial	Grade	Serial No.
Unit			Organisation	

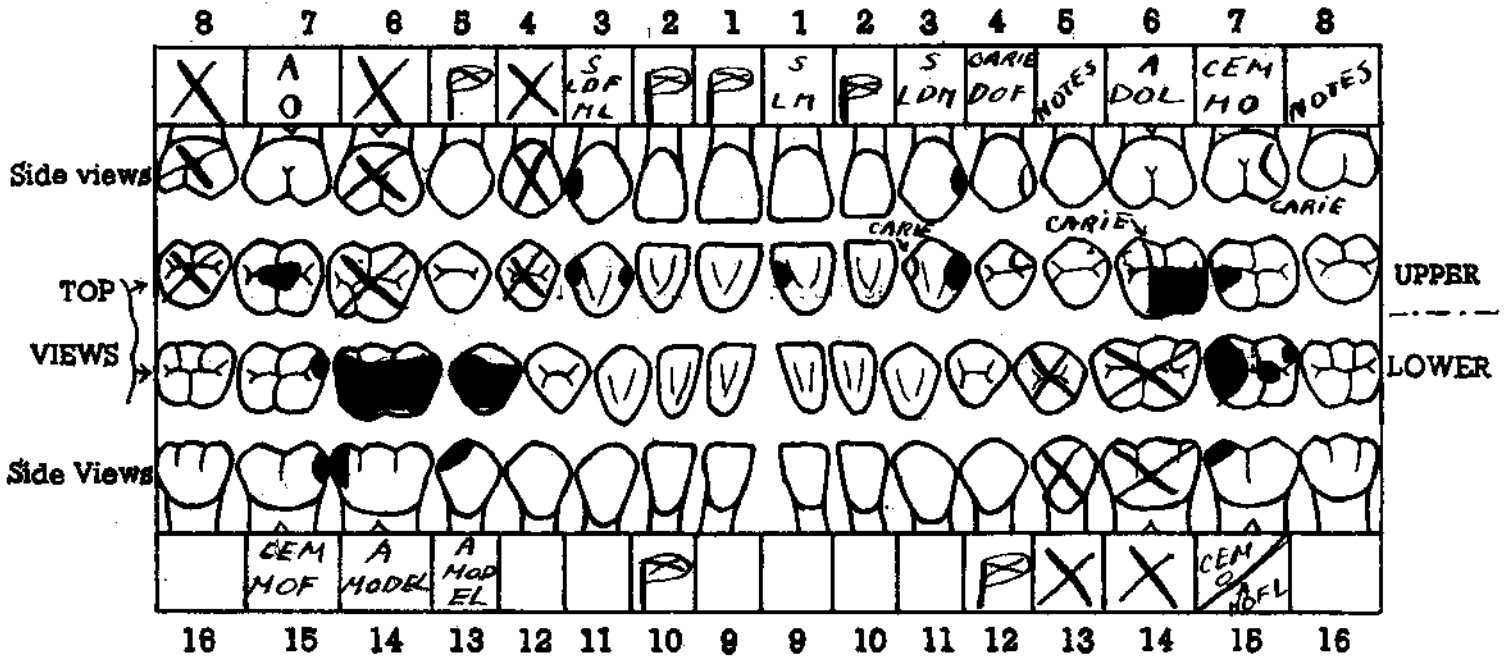
Place of Death

Date of Death

Cause of Death

Right

Left




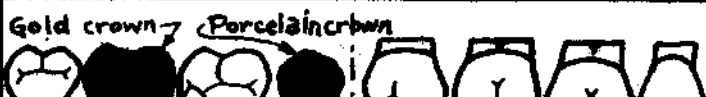



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

s/t Larry DE SHAW

Signature of Officer or other person who prepared Tooth chart

DAC

Verified by G. R.C. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

Spaces: R-3-5-, 5 mm, R-5-7-, 6 mm., L-12-15, 12 mm

NOTE: L-5-8- are completely decayed down to the root. L-4-7- are very badly decayed.

NOTE: The type of materials used for fillings & the type & quality of dental work is definitely more European than American. The teeth also did not have dental work for a very prolonged period of time as indicated by the very bad condition of the teeth.

GRAVE REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

15. Sept. 1945

Unknown American X 934 (X 585 822) Unk. Unknown

Unknown Last Name First Initial Rank Serial No.

Unit Vic. Arnegg, Germany X 585 822, Bat. 26. April 1945 G.S.W. Head

Place of Death Date of Death Cause of Death

1000-20-SEP-45- St. Avold France 260584

Time and Date of Burial Grave Number Row Number Type of Marker

2360 CROSS

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

If No Identification Tags How were remains identified? Finger prints taken on original CR # / Toothchart taken-attached

What means of identification were buried with the body? E F

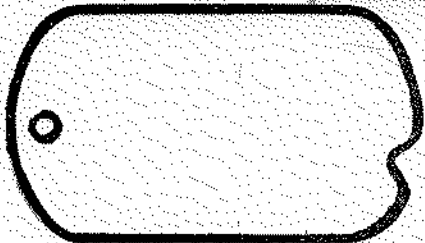
To determine Right or Left use Deceased's Right and Left.

Who is buried on: Deceased's Right: Krief 36970200 Unk. 20th Tk. B A. 2361

Deceased's Left: Almqvist 36919184 Pvt. 180 Inf. 2359

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

Adrian J. Langstaff CMC W-2119843 117th Evac. Hospital



If print of identification tag is not affixed fill in below:

Emergency Addressee

Address

Religion Unknown

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

REBURIAL

Disinterr. off. RICHARD E. STERNMOLLER

X-11 1st. Lt., CMC. 612 OM GRS

Previously buried in Reunt 1 Cemetery

Plot B Row 17 Grave 200

Signature of Officer or other person reporting burial

REPORTING OFFICER, GERALD L. BORNEN,

Verified by G. R. S. Officer

Restricted

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands, If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

4		Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____ Race: _____		Laundry Marks: _____ Number of Rifle: _____ Wear Glasses? _____ Is Tooth Chart Attached? _____
3		(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.		
2	Left Hand	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:		
1	Thumb	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:		

TOOTH CHART

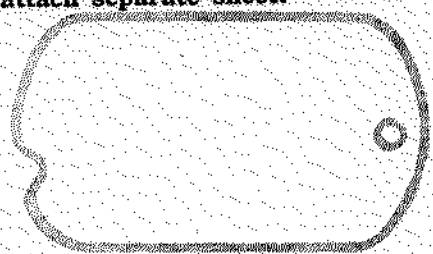
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Characteristics: _____

Other Data: _____



REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 May 1945
Date

Unknown American X-11 (X 585 822) Unk. Unknown
Last Name First Initial Rank Serial No.

Unknown Unknown
Unit Organization

Vic. Anness, Germany X 585 822 26 April 1945 U.S. W. Head
Place of Death Date of Death Cause of Death

U.S. W. Cem Reutl, Ger X 733764

11:0 hrs. 3 May 1945 B I W
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

200 17 B I W
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified? See Reverse

What means of identification were buried with the body?

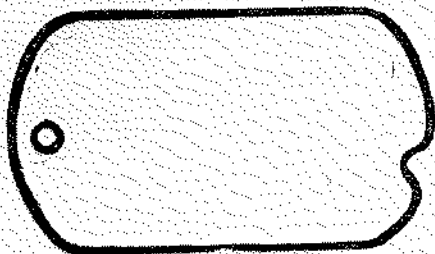
QC Form 1-GRS in sealed bottle buried with body

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

Who is buried on:
Deceased's Right: Klief, Raymond E., 36270200 Unk., 20th Tk. Bn., 201
Name Serial No. Rank Organization Grave No.

Deceased's Left: Almqvist, Q.C. D., 36919184 Pvt., 180 Inf., 199
Name Serial No. Rank Organization Grave No.

Adrian J. Langstaff CWO W-2119843 117th Evac. Hospital
Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee _____ Name

_____ Address

Religion Unknown

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

None

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

H. J. WENDT, 1st Lt., QC 18 of C. R. Co.

Qual

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Est. Height: 5'10" Laundry Marks:
 Est. Weight: 160 lbs. Number of Rifle:
 Color of Eyes: Blue Wear Glasses?
 Color of Hair: Red Is Tooth Chart Attached?
 Race: Red

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Fingerprinted by S/Sgt B. Fisher
 301st QM G.R. Co.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

O.D. Trousers 30-31
 Fatigue Jacket 38 R
 O. D. Shirt 1 1/2-32
 Combat Shoes 10 D

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by C; fillings by □; Bridges by ○; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

*Not found in F.B.I.
 Had a war dept
 30 Aug 1945.*

