

161

68683

DEPT ARMY COMCENTER  
GREENWICH CT TIME (Z)

RH29 *293 UNK. Lt emb. Ham X-319* 232  
T 1950 MAY 22 14 08 *161*

FKA23

RR UEPC

*Co 7887 GREG Det*

IE UFKAE 27

*AGRC-1219 Liege*  
*190830Z*

RN190830Z

*OTMC*  
*68683*

RM 7887 GRAVES REG DET LIEGE

TO OQMG DEPTAR WASH DC  
GRAVES GRNC

REF NR AGRC ONE TWO ONE NINE PD

*5/17/50*  
*2 2 2 2*

FOR MEMORIAL DIVISION PD URMSG WCL TWO THREE ZERO TWO TWO CMA ACTION

INITIATED TO OBTAIN REQUESTED DOCUMENTS PERTINENT TO XRAY DASH THREE ONE

NINE PERMANENTLY INTERRED HAMM CMA FROM ABMC PD THIS INFORMATION

WILL BE FWD YOUR OFFICE WITHIN TWENTY DAYS HENCE P D END SGD BALLARD

22/1230Z

*2937112*  
*(Att: C) X-319*

TEL & CAB  
SECTION

MAY 23 10 05 AM '50

*2*

*File*  
*24 May*  
*m. martin*  
*2d sec*

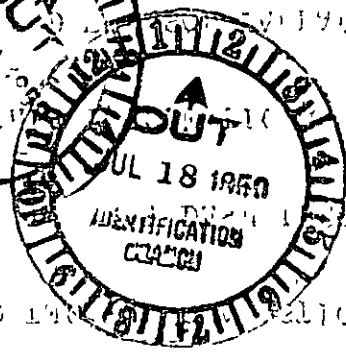
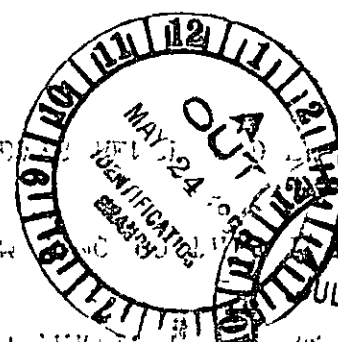
RECORD ATTACHED

OUTGOING  
MAY 23 11 03 PM '50  
ADMINISTRATIVE BRANCH  
MEMORIAL



5541523

TO THE DIRECTOR, FEDERAL BUREAU OF INVESTIGATION  
FROM THE CHIEF, MEMORIAL DIVISION  
SUBJECT: [Illegible]



TO THE DIRECTOR, FEDERAL BUREAU OF INVESTIGATION  
FROM THE CHIEF, MEMORIAL DIVISION

RE: [Illegible]

BY: [Illegible]

DATE: [Illegible]

CLASS: [Illegible]

FILE: [Illegible]

1

2

100-111  
101  
102

HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
REGISTRATION DIVISION  
APO 757 (Liege) US ARMY

*att HCL*  
*# 23022*

GRRE 314.6

12 June 1950

SUBJECT: Requested Case Papers

*293 Unk Luxembourg (Hamm) X-319*

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

Reference your radio WCL 23022, forwarded herewith, are requested statements and report of area search for Unknown X-319, USMC Hamm, Luxembourg.

FOR THE COMMANDING OFFICER:

*James C. MacFarland*  
JAMES C. MacFARLAND,  
Major, QMC  
Registration Division

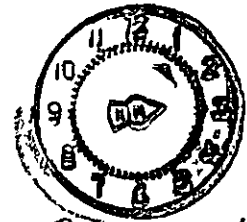
- 9 Incls:
- 1. Rpt of Area Search
- 2-5 Original Statements
- 6-9 Translations of Original Statements

*293 Unk Luxembourg (Hamm) X-319*

*SEARCHED*  
*INDEXED*  
*FILED*

*File*  
*29 June 50*  
*W. Martin*  
*NAN 2d Sec*

JUN 29 1950



DISPATCHED  
M & R OQMG

*[Handwritten signature]*

REPORT OF INVESTIGATION

AIRLA SEARCH

AGRC Form #10 (Revised)  
1 January 1946.

Date 21 FEB. 1946

NAME UNKNOWN X - 319 RANK UNK ASN UNK

ORGANIZATION UNK

MEANS OF IDENTIFICATION NONE

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

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

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

a. NAME UNKNOWN RANK UNKNOWN ASN UNKNOWN

b. ORGANIZATION UNKNOWN

2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:

a. NAME UNKNOWN RANK UNKNOWN ASN UNKNOWN

b. ORGANIZATION UNKNOWN

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY? NONE

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

c. Date of above burials SURFACE BURIAL Common Graves?

*incl,*

*(1 of 4)*

5. Name and Type of Cemetery SURFACE BURIAL  
(Military or civilian) NO CEMETERY
6. Map coordinates of the Cemetery \_\_\_\_\_  
a. Town \_\_\_\_\_ Country \_\_\_\_\_
7. Give exact location in cemetery of the remains \_\_\_\_\_  
a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_  
b. Is sketch attached? YES
8. If remains are not located in a cemetery, give exact location.  
a. Town STEINHEIM Coordinates (509.5, 336.5)  
TRIER SHEET T-1 (1:100,000)  
b. Is sketch attached? YES  
NO  
c. Is area mined? \_\_\_\_\_
9. How is the grave marked? SURFACE BURIAL, NO MARKINGS  
NONE
10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_  
\_\_\_\_\_
- a. From what source was this information obtained? STATEMENTS  
(Identification tags, personal effects)  
POSS, JOSEPH OF STEINHEIM
- b. By whom \_\_\_\_\_
11. Where are the cemetery records? NO RECORDS  
(Town hall, cemetery, burgo-master's office)  
\_\_\_\_\_
- a. What information was contained thereon? NONE
- b. Where was the information obtained? NONE
- c. By whom? NO ONE
12. What is the date of death? EST. FEBRUARY, 1945  
a. Give Basis STATEMENT OF DR. MOLITOR, COPJNER OF LUXEMBOURG CITY.
13. What is the cause of death? UNKNOWN  
b. Give Basis? SEE ATTACHED STATEMENTS
14. What is the date of burial? FOUND 15 FEB. 1946

a. Give basis ~~STATEMENT OF DISGRACED PERSON~~ THE PERSON

15. What was the place of death? UNK Coords UNK

Give basis BODY WAS FOUND IN THE SAUER RIVER  
IN FRONT AT ALOIS HOFFMAN

16. Where were the remains found? HOUSE STEINHEIM SAUER RIVER Coords 509.5-336.5 SHEET T-1  
1:100,000

a. By whom? POSS. JOSEPH. STEINHEIM, LUXEMBOURG

b. Is sketch attached? YES

17. Was a casket used? NO Who furnished the casket? \_\_\_\_\_

Type of casket \_\_\_\_\_ How marked? \_\_\_\_\_

18. Who made the burial SURFACE BURIAL  
(British, American mil. or German Mil.)

a. What are the names and addresses? POSS. JOSEPH, STEINHEIM, LUXEMBOURG

b. Are certificates and other docs attached? YES

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

19. Were remains found in the plane wreckage?

a. Give location in plane from which the remains were removed \_\_\_\_\_

(Ball marker, pit to mark location, object in front of plane, etc.)

b. Describe wreckage \_\_\_\_\_

20. State of dress must be given, also the date, results of investigation, etc., when and by whom

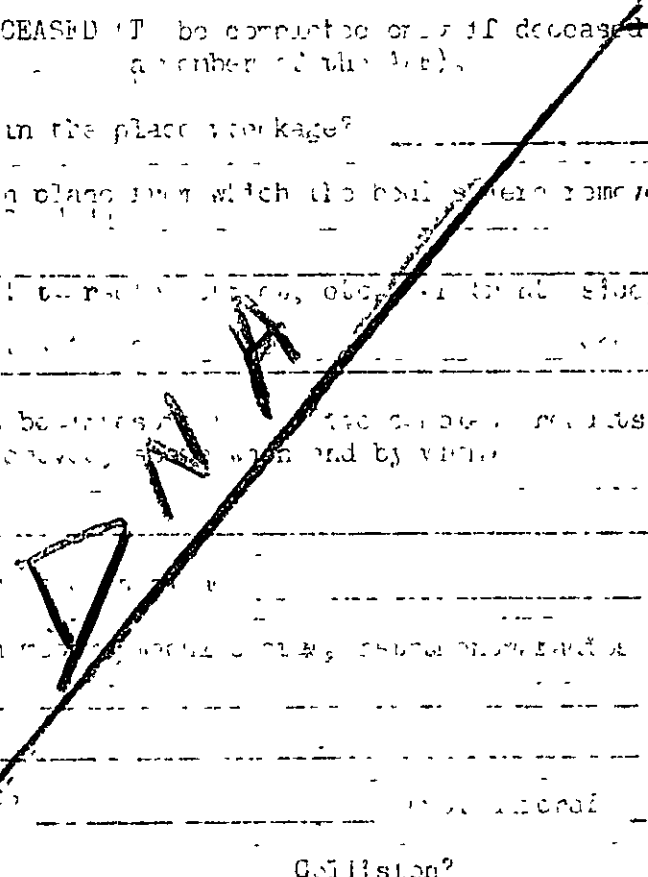
a. Type of dress \_\_\_\_\_

b. Markings on dress \_\_\_\_\_

c. Give name of manufacturer, brand name, etc. or other \_\_\_\_\_

21. How did crash occur? \_\_\_\_\_

~~Enemy Blazes?~~ \_\_\_\_\_ Collision? \_\_\_\_\_



*Incl,*

*(2 of 4)*

22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
24. What was the direction of the flight? \_\_\_\_\_
25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_
26. Had bombs been released prior to the crash? \_\_\_\_\_
27. Does specific time and date of crash correspond with date of death of above named deceased? \_\_\_\_\_
28. Number of planes in formation prior to crash \_\_\_\_\_
29. State precise time and date of plane crash \_\_\_\_\_  
(Night: Day?)
30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

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

31. Were remains found in wreckage of a tank? \_\_\_\_\_
- a. Give specific position in tank from which deceased was removed.  
\_\_\_\_\_  
(Radio man, driver, assistant driver or....front, side, or back)
- b. Near wreckage? \_\_\_\_\_
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank \_\_\_\_\_
- b. Marking and/or name of tank \_\_\_\_\_
- c. Numbers on motors, machine guns, ammunition, instruments, etc. \_\_\_\_\_
33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_
34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_



35. Numbers of tanks immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night?) (Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

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

39. Did death occur from any other means (i.e., truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_

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 \_\_\_\_\_

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 BODY COMPLETELY NUDE AND WAS FOUND IN SUIR RIVER.

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

Where? DOES NOT APPLY By whom? DOES NOT APPLY

Present disposition DOES NOT APPLY

If deceased is not identified, personal effects will not be forwarded to PH D pot, 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? DNA

Where? DNA by whom? DNA

Present disposition? DNA

- c. Was deceased identified by living members of the crew at the time of death? NO
- d. Did Cemetery Register or cross indicate the immunization shot? NO
42. Was deceased given first aid? UNK If so, where? DNA  
By whom? DNA Are statements from the medical people attached?  
DNA
43. Was deceased evacuated to a German civilian hospital? NO  
Where? DNA Names of people concerned DNA
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? YES, SEE ATTACHED STATEMENT  
(Burnt? Decayed? etc):
46. Do facts surrounding death show any evidence that it might be an atrocity case? NO  
a. If so, is there basis for positive assumption? DNA  
b. If so, has higher headquarters been notified? DNA
47. Was case previously investigated? NO By whom? DNA  
When? DNA
48. Give full names, addresses, and information obtained from each person interviewed? JOSEPH POSS, STEINHEIM, STATEMENT ON FINDING REMAINS. DR. WILLY SPECK, ECHTERNACH, STATEMENT ON FIRST EXAMINATION REMAINS. DR. MOLITOR, CORONER OF LUXEMBOURG CITY, STATEMENT OF SECOND EXAMINATION OF REMAINS. JEAN LEON WOLFF, CHIEF OF POLICE, ECHTERNACH, AND JEAN BILDORFF, GENDARME OF ECHTERNACH, STATEMENT ON REPORT OF REMAINS.
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? NO

( If special investigation, give case number ) DNA

52. Give Brief Narrative REMAINS, ACCORDING TO STATEMENTS, WERE PICKED UP IN FRONT OF THE HOUSE OF EMILE HOFFMANN, ON THE BANK OF THE RIVER (Sauer) BY JOSEPH ROSS OF STEINHEIM, THE POLICE OBTAINED A DOCTOR WILLY SPECK TO EXAMINE THE REMAINS THERE, (Use attached sheets, if necessary) THE POLICE THEN REMOVED THE REMAINS TO ECHTERNACH. HERE THE POLICE FORWARDED THE REMAINS TO THE CORNER, DOCTOR MOLITOR, OF LUXEMBOURG CITY.

*Rene Biltgen*

Signature of interpreter

Rene Biltgen

Civilian of Luxembourg

Rank

ASN

Organization

*Eugene A. Grosseto*

Signature of Investigator

EUGENE A. GROSSETO

2nd Lt., Inf. 02020724

Rank

ASN

Det. "A", 531 QM GROUP

Organization

*encl 1*

*(42/4)*

Bezirk Diekirch

Station Echternach

Abschrift.

Nr 30

Protokoll



PRO JUSTITIA

Konstatierend die Beschlagnahme einer zu Steinheim im Ort genannt, "auf dem Grün", aufgefundenen unbekanntem Leiche, sowie deren Überführung in das Staatslaboratorium zu Luxemburg.

Heute, den 15. Februar 1946 gegen 2,30 Uhr nachmittags.

Wir unterzeichneten Wolff Jean Léon, Wachtmeister und Bisdorff Jean, Gendarm, beide der Station

Echternach,

gemäss dem Gesetz und den Befehlen der Vorgesetzten in Dienstkleidung in diesem Stations-Bureau, wurden seitens der Gemeindeverwaltung Rosport telephonisch in Kenntnis gesetzt, dass zu Steinheim im Ort genannt "auf dem Grün", eine Leiche gelandet sei.

Wir verfügten uns sofort nach Steinheim, allwo

Poss Joseph, 36 Jahre alt, Landwirt, wohnh. zu Steinheim, und folgendes erklärte:

"Gestern fand ich gelegentlich eines Spazierganges längs der Sauer eine Leiche die durch das Hochwasser ans Ufer gespült worden ist. Dieselbe blieb in einer Vertiefung zurück und ist zur Hälfte mit Sand zugedeckt. Der Leiche fehlen sämtliche Kleidungsstücke, sowie Kopf und Arme. Ich konnte nicht feststellen, ob es sich um eine Manns- oder Frauensperson handelt. Ich habe keinerlei Veränderungen an derselben vorgenommen und meldete ich den Fund sofort bei der Gemeindeverwaltung."

Ort und Stelle wurde folgendes festgestellt:

Der Ort genannt "auf dem Grün", liegt in der Nähe der Ortschaft Steinheim

Heftend

Signalement

Besondere Kennzeichen
Sprache
Bart
Gesichtsfarbe
Stirne
Mund
Nase
Augen
Hocre
Statur
Nr.

Bisdorff.

SP. 2  
COA 11

Melz

(10/2)

dicht am rechten Ufer der Sauer. Der Fund ist zirka 70 Meter von der Ortschaft entfernt. Augenscheinlich wurde die Leiche durch das herrschende Hochwasser ans Ufer gespült und blieb dieselbe beim Zurückgehen des Wassers am oberen Rande einer Sandgrube liegen. Die Leiche, welche zur Hälfte teilweise mit Sand überschwemmt ist, liegt mit dem Oberkörper zur Sauer. Dieselbe ist vollkommen nackt und fehlen der Kopf, die Arme und soweit ersichtlich das rechte Bein. Ob es sich um eine Manns- oder Frauensperson handelt, sowie die Todesursache konnte nicht festgestellt werden. In der näheren Umgebung konnte nichts, was zur Identifizierung der Leiche hätte dienen können und auch keine weiteren Leichenteile aufgefunden werden.

Der auf thelephonischen Anruf herbeigeholte Arzt, Dr. S p e c k Willy, 38 Jahre alt, Arzt, wohnh. zu Echternach, erklärte nach Untersuchung folgendes:

"Ich bin nicht in der Lage, anzugeben, ob es sich um eine Männer- oder Frauenleiche handelt. Auch kann ich die Todesursache nicht feststellen. Die Leiche liegt wenigstens schon 6 Monate im Wasser, was an der Kalkschicht, mit welcher sie überzogen, ersichtlich ist. Um die Todesursache sowie das Geschlecht festzustellen, wäre es angebracht die Leiche in das Staatslaboratorium nach Luxemburg zu überführen. Auch könnte dort die Möglichkeit bestehen, die Leiche zu identifizieren."

Nach thelephonischer Rücksprache mit der Staats-Anwaltschaft in Diekirch, wurde die Leiche nach Luxemburg ins Staatslaboratorium gebracht.

Beim Ausgraben der Leiche wurde das rechte Bein ebenfalls aufgefunden. Am Fuss war ein Lederstiefel mit Lederschaft und Gummischle.

Der im Laboratorium untersuchende Arzt, Dr. M o l l i t o r wohnh. zu Luxemburg, erklärte:

"An dem Körperbau der Leiche ist zu ersehen, dass es sich um eine Mannsperson handelt. Durch den Stiefel sowie den Wollstrumpf, ist es nicht ausgeschlossen, dass es sich um einen amerikanischen Soldaten handelt, denn die Leiche liegt bereits 10-12 Monate im Wasser. Aus diesem Grunde wäre es angebracht, den amerikanischen Nachforschungsdienst davon in Kenntnis zu setzen, welcher vielleicht in der Lage wäre, die Leiche zu identifizieren. Die Todesursache kann ich bis jetzt nicht feststellen. Indem der Kopf und beide Arme an der Leiche fehlen, wäre die nähere Umgebung

1. Blatt zu Protokoll No. 38 vom 1946 der Brigade Nachforschernach  
des Fundortes nach diesen Leichenteilen abzusuchen.

Die Umgebung ist bereits diesbezüglich abge-  
sucht worden.

Nach Heranziehung des amerikanischen Nachforschungs-  
dienstes, wurde festgestellt, dass der Stiefel  
amerikanischer Herkunft ist. Der Stiefel trägt eine  
Marke, die jedoch unleserlich ist. Auf Anordnung des  
Nachforschungsdienstes wurde die Leiche zwecks  
weiteren Untersuchung und eventuellen Identifi-  
zierung ihrerseits im Laboratorium zurückgelassen.

Über alles dieses usw.

Der Staats- anwaltschaft zu Diekirch  
übermacht.

Geschlossen, am 16. Februar 1946

gez. Wolff und Bisdorff.

Für gleichlautende Abschrift

Der Wachtmeister, dat, Stations-Kommandant,

*Wolff*

Heftrand

*incl*

*(20/2)*

Hinterheim den 20.2.48.

Gestern den 15 Februar 1946 um 2,30 Uhr ging ich  
längs der Lorus spezieren. Auf ungefähr 200 m. von  
meinem Hause entfernt fand ich eine Leiche. Beim  
näheren betrachten fand ich das er bis zur Hälfte  
im Sande steckte, und weder Kopf noch Arme  
hatte. Ich benachrichtigte die Polizei welche gleich zur  
Stelle kam um den Fall zu klären. Diese konnten  
nichts feststellen ob es eine männliche oder weibliche  
Person war. Beim Herausgraben fanden wir daneben  
rechten Gummistiefel mit Strümpfe. Da wir jedoch nichts  
weiteres finden konnten um seine Identität festzustellen  
wurde er vom Echterbacher Roten-Kreuzauto abgeholt.  
Das ist alles was mir über diesen Fall bekannt ist.

Yas Pers.

Mel 3

Certificat médical

Je certifie avoir été appelé  
à Steintem le 15-11-46 vers  
16 heures pour examiner un cadavre  
retiré de la voie.

Le cadavre était en décompo-  
sition complète, sans tête  
et sans la jambe droite.

Il n'était pas possible de  
déterminer le sexe mais l'examen  
du bassin faisait présumer qu'il  
s'agissait d'un homme,

W. Spl.

Mcl 4



**LABORATOIRE DE L'ÉTAT  
LUXEMBOURG**

Téléphone { 24-08  
24-09

Compte chèque postal 996

Luxembourg, le 20 février 1946

Certificat médical.

Je certifie par la présente que le corps d'un inconnu m'a été remis par la gendarmerie d'Echternach sur ordre du Procureur de Diekirch. Ce corps a été trouvé sur le bord de la Sûre. Il est fortement décomposé. La tête et les bras manquent. Il faut admettre que la mort remonte au moins à 1 an. L'un des pieds se trouvait revêtu d'une chaussure spéciale que je suppose être d'origine américaine.

Le méd.-ass.,

*L. Molitor*

DR LEO MOLITOR

*Mcl 5*

district attorney of DeKalb

~~1872~~  
1873

Steinheim, 20 th. February 1946

Statement 1.

Yesterday, 15 th. February 1946, at 2,30 hrs, I walked along the Sauer-river. At a distance of about 200 meters from my home I found a dead human body. After close observation, I discovered, that the corpse was half covered <sup>with</sup> in sand, and that head and arms were missing. I informed the police, which came directly to clear the case. They couldn't say if it was a male or female person. Digging up the body, we found a right rubber boot and a stocking. As we were not able to find something else, that might have helped to identify the corpse, a Red-Cross truck from Echternach took it away.

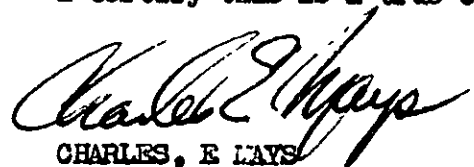
That is all I know about this case.

S. / Jos POSS

For a true and complete translation:

*A. Voorwinde*  
A. Voorwinde ( supervisor )

I certify this is a true Copy:



CHARLES, E LAYS  
2nd.Lt., Inf.  
Commanding

Dr. W. Speck

Echternach, 20 th. February 1946

Echternach.

Statement II.

Medical Certificate.

I certify that I have been called to Steinheim on the 15 th. February 1946 at about 1600 hrs. to examine a corpse, taken out of the Sauer-river.

The corpse was completely rotten away, head and right leg were missing. It was impossible to determine the sex of the corpse, but after examining the abdomen. I believe, it must have been a male person.

S / Dr. Speck.

For a true and complete translation :

*A. Voorwinde*  
A. Voorwinde ( supervisor )

I certify this is a true copy

*Charles E. Mays*  
Charles E. Mays

2 nd. Lt. Inf. Commanding.

*Mck 7*

State Laboratory

Luxembourg, 20 th. February 1946

Lux. City

Statement III.

Medical Certificate.

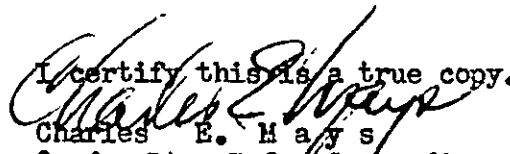
I certify herewith, that the Echternacher-police ( by order of the district attorney of Diekirch ) brought to me the corpse of an unknown person. This corpse had been found on the bank of the Sauer-river. He is strongly decomposed . Head and arms are missing . It is acceptable, that he has been dead for at least one ( 1 ) year. One of his feet was dressed with a special shoe, which I suppose to be of American origin .

S. / The assitant - doctor

Dr . Leo Molitor

For a true and complete translation:

  
A . Voorwinde ( supervisor )

I certify this is a true copy.  
  
Charles E. Mays  
2 nd. Lt. Inf. Commanding.

*22/28*

Section Diekirch

GRAND DUCHY OF LUXEMBOURG

Police Station: Echternach

C O P Y

PRO JUSTITIA

Nr. 38

Today, the 15 of February 1946 on or about 8.30 in the afternoon.

Statement:

We undersigned Wolff, Jean Leon, Chief of Police and Bisdorff, Jean, Gendarm, both from the Police Station in

Concerning the unknown human body found at Steinheim, at a place known as "Auf den Grun" and its transportation to the Morgue of the Laboratory in Luxembourg.

E C H T E R N A C H

according to the law and orders of the Chief in Uniform in this Police Station we report that a telephone call came from Communal administration of Rosport, that in Steinheim at a place known as "Auf den Grun" a body was washed up on the bank of the river.

We went immediately to Steinheim, where P o s s. Joseph 36 years old, farmer, living in Steinheim stated this:

"Yesterday during a walk along the Sauer River I found a body washed up on the bank of the river by high going water. The same remained in a dofile and was half covered with sand. All the clothes were missing, also the head and the arms. I could not tell if the person was male or female. I didn't move anything and informed the Communal Administration directly".

At the place of the discovery we stated the followings:

The place known as "Auf den Grun", is not far from the village of Steinheim and close to the right bank of the Sauer River. The place where the body was discovered is located about 70 meters from the village. The body was probable washed up on the bank by the overflown river and remained there in a dofile. The body partely covered

2nd 9

110/31

with sand is lying with the upper torso to the Sauer river. The body is completely nude and the head, the arms and the right leg is missing. It was impossible to determine whether the remain was male or female, nor the cause of death. In the neighborhood we couldn't find anything to help identify the corpse nor could we find any other parts of the body.

We Phoned Doctor S p e e k, Willy, 38 years old medical Doctor, living in Eschternach. He stated after an examination the following:

\* It is impossible for me to say if the corpse is male or female. Also it is impossible to state the cause of death. The body must have been at least 6 months in the water, according to the fact that the body was covered with scum. To determine the cause of death or the sex, it would be the best to transport the corpse to the City Laboratory in Luxembourg. There it might be possible, to identify the body.

After a conversation over the Phone with the State advisor in Diekirch, the body was transported to the City-Laboratory in Luxembourg.

During the digging up of the body the right leg was found. The foot was dressed with a leather boot: the upper part was leather and the sole was rubber.

The in the laboratory examining Doctor H o l t e r, living in Luxembourg City stated the following:

Incl 9

120/31

The way the body was built it is to see that the person is male. Because of the boot and the woolen stocking, it is not impossible that it is an American Soldier, as the body was already 10 to 12 months in the water. Owing to that it would be good to tell the American Searching Service about it, which probable can identify the corpse. Till now I can not state what was the cause of death. As the head and arms are missing, the area, surrounding the spot of discovery, should be searched in order to find these parts of the body

The vicinity had already been searched.

After asking the American Searching Service, it was stated, that the boot is an American one. The boot bears a mark, which is illegible. By order of the searching service the body has been left in the Laboratory for further examination and eventual identification.

Responsible etc.

The district Advisor in Diekirch.

Closed on the 16 February 1946.

signed by Wolff and Biedriff.

For a true Copy:

The head police man, acting as district chief of this Community.

a/ Wolff.

For a True and complete Translation:

A. Voorvande  
(Supervisor)

- 3 -

I certify this is a true copy:

*Charles E. Lays*  
CHARLES E. LAYS  
2nd.Lt., Inf., Commanding



293 unk Luxemborough (Hamm) X-319  
*Em*

COMM DEPT OF ARMY WASH DC

CO 7867 ORNG DET  
LIEGE BELGIUM

UNCLASSIFIED

DEFERRED

X

MAY 17 11 35 PM '50  
O.D.M.S. CAB SECTION  
310

FROM QUINT

WCL-23022

REQUEST STATEMENTS PARA 12 CHECK LIST XRAY 319 HANN & REPT OF AREA SEARCH

POW AIR MAIL ASAP



OUTGOING  
MAY 17 11 04 PM '50  
ADMINISTRATIVE BRANCH  
MEMORIAL DIVISION

cc: Admin Sec  
M. Martin/nsj mm  
Foy OR

3

171430Z

UNCLASSIFIED

*[Signature]*  
GRAVES

QUINT CAPT BERRY EXT 73650

MAY 50

D A HEMMER  
CAPT QMC MEM DIV

293 - Unknown X-319 (Hann)

102  
17 MAY 1950  
cc: [illegible]

17 May 1950  
CORRESPONDENCE  
REV. BY  
SECTION

RECEIVED  
MAY 17 1950  
CORRESPONDENCE  
REVIEW  
SECTION

17 MAY 1950  
CORRESPONDENCE  
REVIEW  
SECTION

[Handwritten mark]

[Faint handwritten text]

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMISSION  
EUROPEAN AREA  
APO 58 US ARMY

RFE 293

28 February 1949

*293 Unknown, Luxembourg (Hamm) # 319*

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 319, Plot EE,  
Row 11, Grave 272, US C HAMM, LUXEMBURG,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified  
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office  
by Transmittal Ltr. No. 2715, dated 25 March 1948

Case reviewed by undersigned Members of the Board of Review:

*Stanley C. Tyrnell*  
-----  
Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley C. TYRNELL, O-1304296 Inf

*Edward E. Stout*  
-----  
Capt. Edward F. PRICH, Jr. O-1588236 OIC 1/Lt. Edward E. STOUT, O-1594512 CE

*Ernest J. Oglesby*  
-----  
1/Lt Ernest J. OGLESBY, O-149004 Cav

In Ltr 2 mar 49 # 3533  
Subj: Unident Remains  
Received 2 mar 49 OQMG  
Not identifiable from  
information presently  
available

*mfn*  
6 May 49

Incl #17

1

USMC HAMM

PLOT: D ROW: 11 GRAVE: 4

DATE OF BURIAL 11 Mar/49

DISINTERMENT DIRECTIVE

VERIFIED BY

GRS OFFICER

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 00105

DATE

15 07 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000319

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

CEMETERY

HAMM - LUXEMBOURG

DAY MONTH YEAR

DISPOSITION OF REMAINS

6001 80  
CODE DIST PT

PLOT ROW GRAVE COUNTRY

EE 11 272 LUXEMBOURG

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HAMM, LUXEMBOURG

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

NAT  
FILE  
RECORDED  
INDEXED  
DA  
BA  
WIMBERLY

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

# RECORD OF CUSTODIAL TRANSFER

MINDENIA

## 1 SHIPPED

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

## 2 SHIPPED

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

## 3 SHIPPED

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

## 4 SHIPPED

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

## 5 SHIPPED

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

## 6 SHIPPED

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

## 7 SHIPPED

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

# DISINTERMENT DIRECTIVE

1	SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER	DATE
	UNKNOWN			X-000319	0
NAME		SERIAL NUMBER		RANK	ARM
		UNKNOWN			0
CEMETERY					DATE OF DEATH
					DAY   MONTH   YEAR
					DISPOSITION OF REMAINS
					CODE   DIST PT
LOT	ROW	GRAVE	COUNTRY		
EE	11	272	HAMM LUXEMBOURG		
CAUSE OF DEATH					

### SECTION B — CONSIGNEE AND NEXT OF KIN

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

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-000319	UNK		4 MAY 48
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION
<input checked="" type="checkbox"/> REMAINS	EMB GRS			C
<input checked="" type="checkbox"/> MARKER				
			IDENTIFICATION VERIFIED BY	
			ANTONIO TEIXEIRA	
			2ND LT INF	
			NAME AND TITLE	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
MATTRESS COVER	Missing skull, mandible, R&L/Cleivels, R&L/Scapula, R&L/Humerus R&L/Ulna, R&L/Radius & hands. Advanced stage of decomposition.
OTHER MEANS OF IDENTIFICATION	
Report of burial found with remains.	

#### MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN CASES ~~XXXX~~ transfer case

DATE 6 MAY 48	BY <i>Jack B. Wall</i> (EMBALLER)
CASKET SEALED BY R. JAMES MURRAY	EMBALMER (Signature)
TO DIS.	<i>R. James Murray</i>
	R. JAMES MURRAY

CASKET BOXED AND MARKED E RAFFERTY JR. CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY ALL MARKINGS MARKS PLACES
DATE 29 June 1948	VERIFIED BY <i>R. E. Lewis</i> R. E. LEWIS CAPT. CAV.

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

*Antonio Teixeira*  
ANTONIO TEIXEIRA  
2ND LT INF

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies

## RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

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

2 SHIPPED

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

3 SHIPPED

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

4 SHIPPED

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

5 SHIPPED

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

6 SHIPPED

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

7 SHIPPED

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

## IDENTIFICATION CHECK LIST

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

**Exh.O.# 641, dtd 5 Dec. 47**

Unknown X- 319 \_\_\_\_\_

Cemetery Hamm, Luxembourg \_\_\_\_\_

Plot EE Row 11 Grave 272 \_\_\_\_\_

1 ~~Place of death~~ **Date reprocessed: 12 Feb. 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~~ **and reprocessed by I.S., 1st Zone**  
 \_\_\_\_\_  
 (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	None (Type)	_____	_____
Raincoat	None	_____	_____
Overcoat	None	_____	_____
Jacket, Field	None	_____	_____
Jacket, Combat	None	_____	_____
Mackinaw	None	_____	_____
Sweater	None	_____	_____
Jacket, HBT	None	_____	_____
* Shirt, Wool OD	None	_____	_____
Undershirt, Wool	None	_____	_____
Undershirt, Cotton	None	_____	_____
Trousers, HBT	None	_____	_____
* Trousers, Wool OD	None	_____	_____

APR 2 - 1948



Belt, web . . . . . None . . . . .

Drawers, wool . . . . . None . . . . .

Drawers, cotton . . . . . None . . . . .

Leggings, wool. . . . . None . . . . .

Socks, cotton . . . . . None . . . . .

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

Overshoes . . . . . None . . . . .

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

(Other item) Remnants of one (1) pair of snow packs.

(Other item) . . . . . None . . . . .

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

Chevrons or  
Insignia . . . . . None . . . . .  
(Type & location, shirt, jacket, coat, helmet)

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

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

R. Femur-47.0

R. Tibia-39.5

R. Fibula 39.3

6 Description of Remains

Age UTD <sup>Est.</sup> Height 5'10 1/2" Weight UTD . . . . . Description of wounds . . . . . UTD

Bandages or dressings None found . . . . . 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, poeks, freckles)

Build . . . . . UTD . . . . .  
(Large, fat, thin, muscular)

Hair . . . . . None found . . . . .  
(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 1 1/2 from head)

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

Teeth . . . . . No tooth chart  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw . . . . . UTD . . . . . Circumference of head in inches 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, extent and quantity of hair)

Hands . . . . . Missing

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

. . . . .  
 (Unusual characteristics of fingernails)

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

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

Back . . . . . UTD . . . . . Circumcision UTD . . . . . Pubic Hair None found  
 (Quantity and extent of hair) . . . . . (Yes-no) . . . . . (Color)

Hernioplasty . . . . . UTD  
 (Yes-no, location)

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

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

Evidence of healed fractures None found  
 (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  
(Yes-no)

If not, explain

None found

9 Remarks Est. weight of reprocessed remains: 17 Pounds. Clothing, found wrapped in separate mattress covers, bore no markings. One Burial Report and embossed plate recovered. Remains consists of disarticulated bones.

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

Woodrow W.  
WOODROW W.

(Officer's Name)

WOLF  
WOLF

CAPT

Rank

QMC

Service

OPERATIONS OFFICER

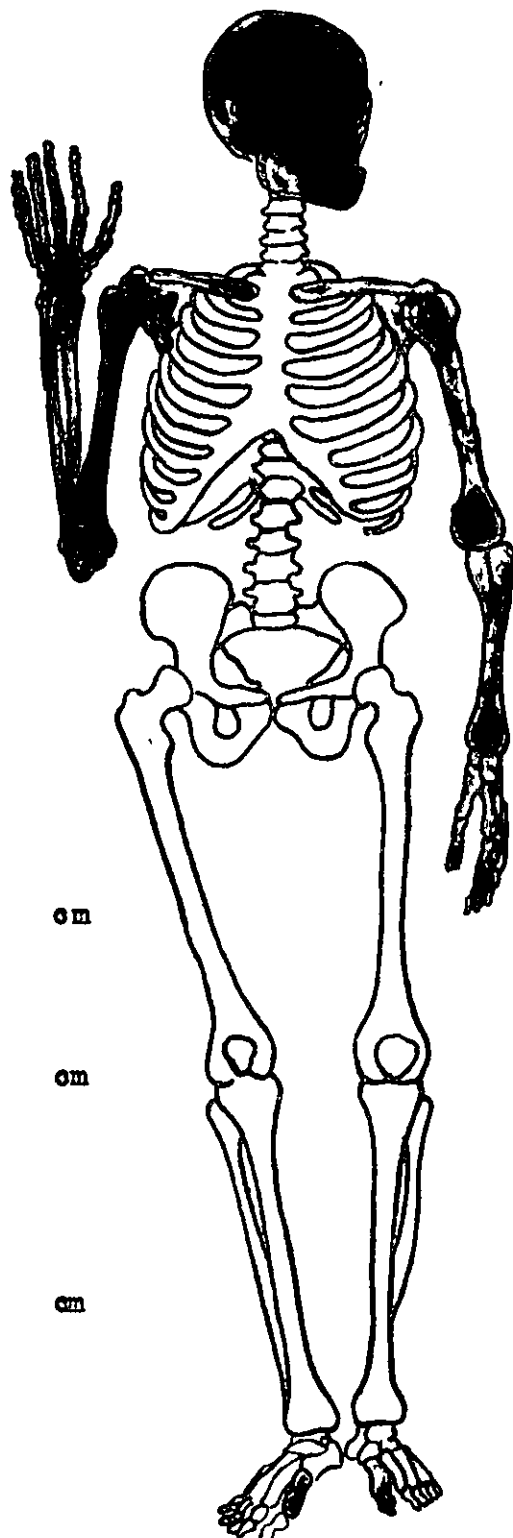
(Organization)

## SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



FEMUR 47.0 cm

TIBIA 39.5 cm

FIBULA 39.3 cm

Est. HEIGHT 5' 10 $\frac{1}{2}$ "

## IDENTIFICATION CHECK LIST

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

Dulac

Unknown X-**319**  
 Cemetery **HAMM, Luxembourg**  
 Plot **EE** Row **11** Grave **872**

**Date reprocessed :**

1 Arrived at cemetery **11 June 1947**  
~~XXXXXXXXXX~~ (Hour) (Date)

2 Place of death \_\_\_\_\_  
 (Name of closest town) (Coordinates and letter Prefix, maps)  
 (Sheet, scale and serials used)

3 Remains ~~XXXXXXXXXX~~ disinterred by **Subordinate Identification Point,**  
 (Name and organization) **MARGRATEN, Holland**

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	<b>None</b> (Type)		
Raincoat	<b>None</b>		
Overcoat	<b>None</b>		
Jacket, Field	<b>None</b>		
Jacket, Combat	<b>None</b>		
Mackinaw	<b>None</b>		
Sweater	<b>None</b>		
Jacket, HBT	<b>None</b>		
* Shirt, Wool OD	<b>None</b>		
Undershirt, Wool	<b>None</b>		
Undershirt, Cotton	<b>None</b>		
Trousers, HBT	<b>None</b>		
* Trousers, Wool OD	<b>None</b>		

Belt, web. **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

\* Shoes **None** (type)

~~Quartermaster~~ **Pack shoe One (1) right - est. size 10 or 11**

Web Equipment **None** (type)

(Other item) **None**

(Other item) **None**

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

Chevrons or  
Insignia **None**  
(Type & location, shirt, jacket, coat, helmet)

Shoulder Patch **None**

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

**B.F.B. GROUND FORCES**

6 Description of Remains :

Age **UTD** <sup>est.</sup> Height **5'11"** 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 **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	<b>UTD</b> (Light, color, extent)			
Eyes	<b>UTD</b> (Color, setting, shape)	Eyebrows	<b>UTD</b> (Color, bushiness, extent across nose)	
Nose	<b>UTD</b> (Size, shape, straight)	Ears	<b>UTD</b> (Size, set close to or far from head)	
Mouth	<b>UTD</b> (Large, medium, small)	Lips	<b>UTD</b> (Small, large, full)	
Teeth	<b>No teeth found.</b> (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)			
Chin	<b>UTD</b> (Prominent, receding, pointed, dimples, double)			
Jaw	<b>UTD</b> (Large, small, normal)	Circumference of head in inches	<b>Head missing.</b> (Hat band)	
Neck	<b>UTD</b> (Size, length, short, normal, wrinkled)	Larynx	<b>UTD</b> (Prominent, normal)	
Shoulders	<b>UTD</b> (Broad, straight, small, rounded)	Arms	<b>UTD</b> (Length, muscular, color, extent and quantity of hair)	
Hands	<b>UTD</b>			
Fingers	<b>UTD</b> (Short, thick, long, slender, size of knuckles, missing fingers or joints)			
	<b>UTD</b> (Unusual characteristics of fingernails)			
Chest	<b>UTD</b> (Size of nipples, color, quantity and extent of hair, large, small, normal)			
Waist	<b>UTD</b> (Size of navel, appendectomy, amount, quantity, and color of hair)			
Back	<b>UTD</b> (Quantity and extent of hair)	Circumcision	<b>UTD</b> (Yes-no)	Pubic Hair <b>UTD</b> (Color)
Hernioplasty	<b>UTD</b> (Yes-no, location)			
Legs	<b>UTD</b> (Muscle, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)			
Feet	<b>UTD</b> (Size, corns, callouses, flat)	Toes	<b>UTD</b> (Slender, straight, crooked, overlap)	
Evidence of healed fractures	<b>UTD</b> (Nose, arms, legs, etc.)			

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

**SEE ATTACHED SKELETAL CHART.**

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

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

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

9 Remarks **Large amount of flesh in final stage of decomposition. Joints of lower extremities disarticulated. Estimated weight of remains processed: 45 pounds. Fluoroscopic Examination negative. Nothing found to warrant Chemical Laboratory Examination.**  
**Case remains "Unknown".**

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

  
**ERNEST C. GADDY**  
(Officer's Name)

**G. W. O.**  
Rank

**U. S. A.**  
Service

**Central Identification Point.**  
(Organization)

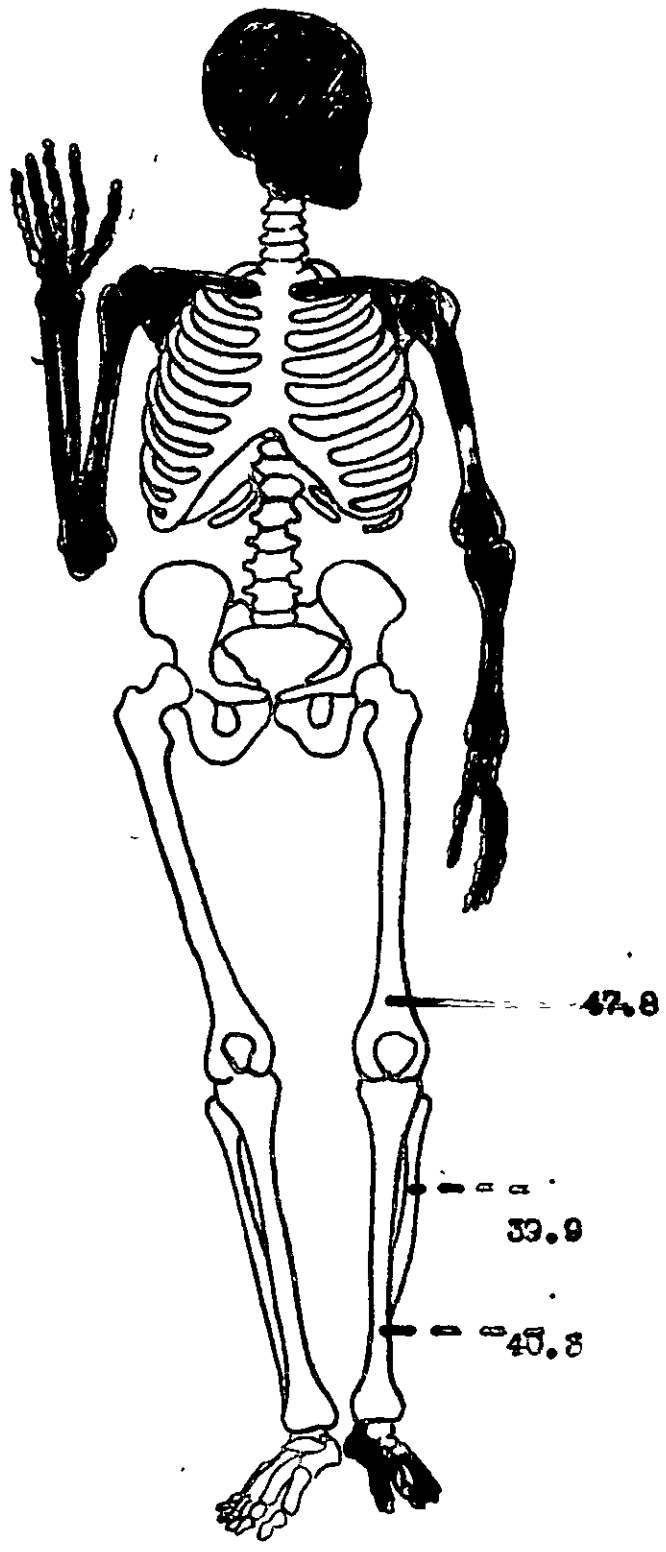


HANN, LUXEMBURG.

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

PLOT : EE  
ROW : 11  
GRAVE : 272



Height estimated : 5'11"

CHECK LIST OF UNKNOWN

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

Unknown x-319  
 Cemetery Hamm Military  
 Plot      Row      Grave     

1. Arrived at cemetery 0400 22 FEBR 1946  
 (hour) (date)

2. Place of death STEINHEIM, LUXEMBOURG 509.5-336.5  
 (name of closest town) (coordinates and letter  
 Prefix, maps)

Trier, T-1 1:100,000  
 (Sheet, scale and serials used.)

3. Remains recovered or disinterred by "A" DET. 531st QM GROUP  
 (name and organization)

4. Evacuated to Cemetery by "A" DET. 531st QM GROUP  
 (name and organization)

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

Items	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc
*Loadgear			
(type)			

Raincoat

Overcoat

Jacket, Field

Jacket, Combat

Mackinaw

Sweater

Jacket, JEF

\*Shirt, Wool OD

Undershirt, Wool

Undershirt, Cotton

Trousers, JEF

\*Trousers, Wool OD

Felt, Web

Drawers, Wool

Drawers, Cotton

Leggins, Wool (Not unusual lacing)

Socks, Cotton **WOOL**, **SOCKS(2)(GRAY)**

\*Shoes **1 RIGHT** (type) **SNOW PACK\* PAT. NO. 2200333 SIZE 10**

Overshoes

Web Equipment (type)

(Other item)

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

6. Chevrons or  
Insignia **UNK**  
(type and location; shirt, jacket, coat, helmet)

Shoulder patch **UNK**  
7. Does clothing indicate that deceased was a member of the Air, Ground, or  
Naval Forces **GROUND FORCES**

8. Description of Remains;  
Age **UNK** Weight **145** Height **5'6"** Description of Wounds **UNK**

Bandages or dressings **UNK** Scars **UNK**  
(length, width, location)

Tattoos  
(Number, location - illustrate on separate page)

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

Sunburn or tan, other than hands and face **UNK**

Complexion **UNK**  
(light, medium, dark, clear, purple, rosy, freckles)

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

Hair **UNK**  
(color, length, quality, curly, wavy, straight, whorls, or definite parting)

Feet UNK (size, corns, callouses, flat)      Trus UNK (slender, straight, crooked, overlap)  
Evidence of healed fractures UNK (nose, arms, legs, et.)

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



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

If not, explain PARTS MISSING  
11. Has tooth chart been prepared NO If not, explain PARTS MISSING  
(yes- no)

12. Remarks: BODY BADLY MANGLED & DECOMPOSED SEE ATTACHED STATEMENTS

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.

*Charles E. Mays*  
CHARLES E. MAYS  
(Officers's Name)

2nd LT. INF. 0-553244  
Rank      Service

"A" DET. 531 QM GROUP  
Organization

Hair UNK  
 (baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns UNK Mustache UNK Beard UNK  
 (color, setting, shape) (color, size, shape, Light heavy)

Coatee  
 (light, color, extent)

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

Nose UNK UNK  
 (size, shape, straightness) (size, set close to or far from head)

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

Teeth UNK  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin UNK  
 (prominent, receding, point, single, double)

Jaw UNK Circumference of head in inches UNK  
 (large, small, normal) (hat band)

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

Shoulders UNK Arms UNK  
 (broad, straight, small, rounded) (lean, muscular, color)

(extent and quantity of hair)

Hands UNK

Fingers UNK  
 (short, thick, long, slender, shape of knuckles, missing fingers or joints) (usual characteristics of fingernails)

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

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

Circumcision UNK Pubic hair UNK  
 (yes - no) (color)

Hernioplasty UNK  
 (yes - no; location)

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

# SKETCH

For X-319

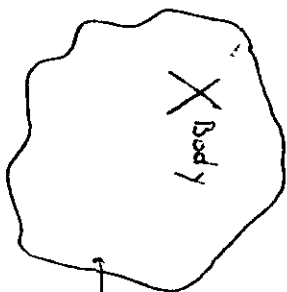
Steinheim, Luxembourg

(509 S, 336 S)

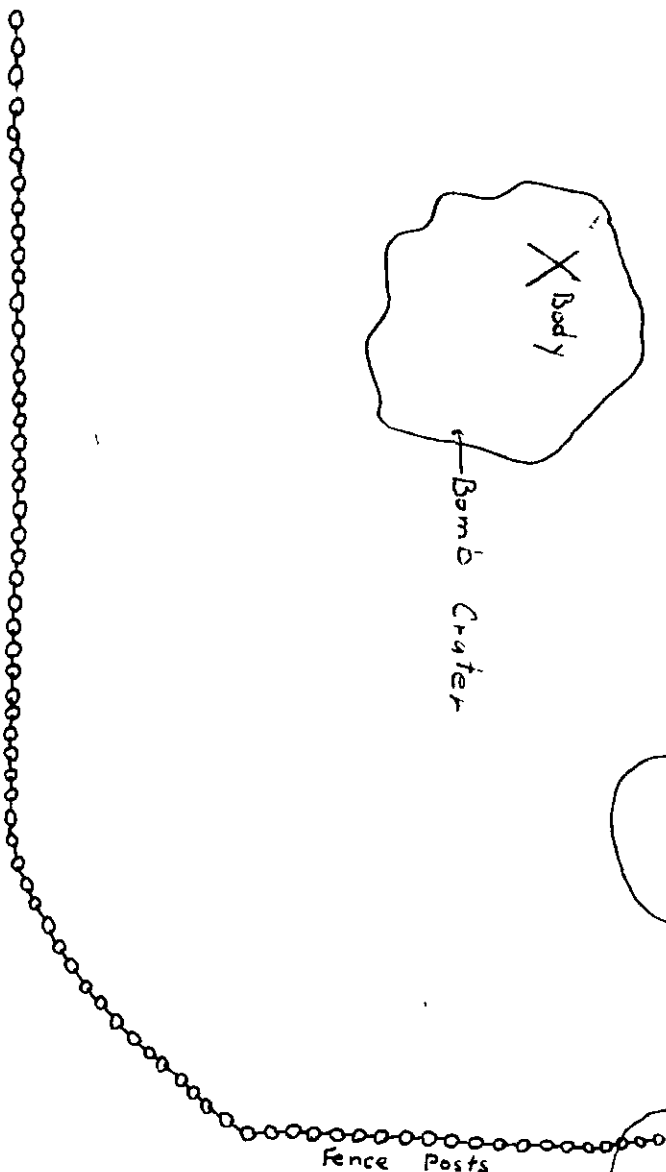
Tree Sheet T-2

1.103,000

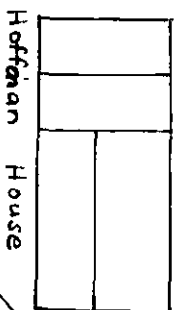
Sauer River



Bomb Crater

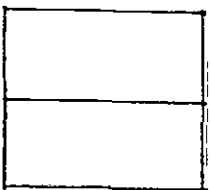


Fence Posts



Hoffman House

Steinheim 70 meters



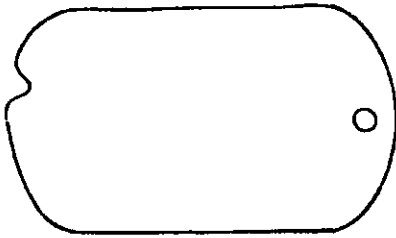
Joe Pass House

Scale

1" = 50 yds

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**RESTRICTED**

<b>WD OMC FORM 1042</b> (Rev 1 Apr 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 21 February 46	
Imprint Identification Tag If Possible DO NOT TYPE 		Section 1—IDENTIFICATION.				
		NAME (Last, first, middle initial) Unknown X - 319			SERIAL No unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Ground forces	
		RACE White	RELIGION Unknown	IF OTHER THAN U S DEAD GIVE NAME OF COUNTRY		
PLACE OF DEATH Unknown		CAUSE OF DEATH See attached statements			DATE OF DEATH Est. Febr. 1945	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) 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 Hamm Military Cemetery No I Luxembourg sheet 34/10 VP - 883137 I:50,000						
DATE OF BURIAL Feb. 21 46	HOUR 14,00	BURIED IN (Shroud blanket, or name of other) Mattress Cover	TYPE OF GRAVE MARKER Cross	PLOT No EE	ROW No II	GRAVE No 272
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE					
				PLOT No	ROW No	GRAVE No
TYPE OF RELIGIOUS CEREMONY C.P.J.	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Embossed Tag on Cross Burial Bottle with Body			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No					
BODY BURIED ON DECEASED LEFT NAME (Last first middle initial) None			RANK	SERIAL NO	ORGANIZATION	GRAVE No
BODY BURIED ON DECEASED RIGHT NAME (Last first, middle initial) Williams, Jack D.			RANK Unk.	SERIAL NO 6441234	ORGANIZATION Unk.	GRAVE No 271
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
DISTRIBUTION OF REPORT Signed original for U S and allied dead, signed original and one copy for enemy dead to the Quartermaster General through Headquarters GRS Officer Copies for retention in theater as prescribed by theater commander						

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS**


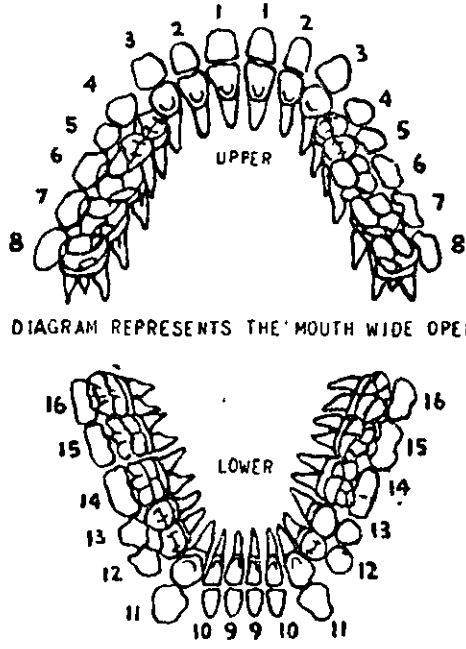




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks, and serial numbers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

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

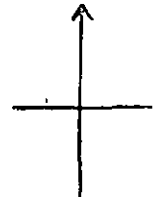
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS SCARS OR TATTOOS

WEAPON AND SERIAL NO	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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



REMARKS