

AIRMAIL

3120
~~QMGMT 293~~

1st Ind.

GRS European

SUBJECT: ~~Unidentifiable Remains~~
Transmittal Letter #4171

1147

Department of the Army, OQMG, Washington 25, D. C., 13 October 1949

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

1. Reference is made to basic communication.
2. Subject cases have been accepted by this Office and approved as Unidentifiable, with the exception of X-6991, USMC St. Avold, which was suspended to your Headquarters by letter, this Office, dated 16 September 1949, File 293, GRS European, Subject: Identification of World War II Deceased.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

Rice/id
Foy
REB

REB

TEC

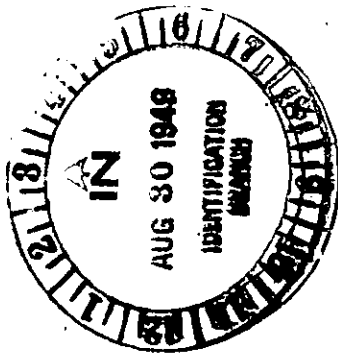
AIRMAIL

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	FIELD SERVICE DIV EXEC OFF	IDEN BR MEMORIAL DIV <i>Lee</i>	30 AUG	<p>Forwarded as a matter which pertains to your Branch. FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p>1 Attachment: Corres re Unk X-1147, USMC St. Avold, France</p> <p><i>MUNSTER</i> 5473</p> <p><i>RM Rivers</i> 3821</p> <p><i>NAN</i> <i>Jic</i> <i>M Binkard</i> <i>22 1949</i> <i>31 Aug 49</i></p>



QMDKG 332.3 (23 Aug 49)

1st Ind

HOC/AID/hml

ARMY EFFECTS BUREAU, Kansas City Quartermaster Depot, 601 Hardesty Avenue,
Kansas City 1, Missouri, 25 August 1949

TO: The Quartermaster General, Effects Section, Field Service Division,
Washington 25, D. C.

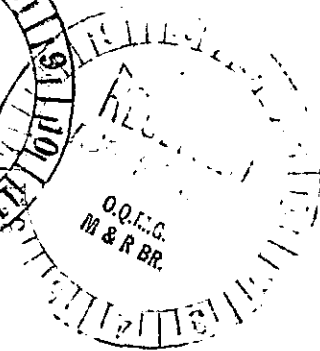
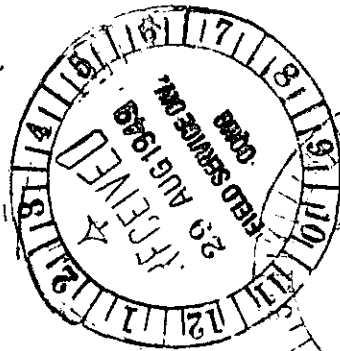
1. No effects or any information pertaining thereto has been
received at this Bureau for Unknown X-1147, USMC, St. Avold, France.

2. In the event any effects for subject Unknown are received here
at a later date, your office will be notified.

FOR THE COMMANDING OFFICER:

H. O. Caldwell
H. O. CALDWELL
Effects Quartermaster

7
293
Ward. X 1147
James (H. Oswald)



DEPARTMENT OF THE ARMY
 WAR DEPARTMENT
 SERVICES OF SUPPLY
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

Date 23 August 1949

AIR MAIL
MESSAGE FORM

File No. QMGOD 293, Unknown X-1147, St. Avole, France

Telephone No. 3821

Office of origin QOMG FIELD SERVICE DEP. OPR EFFECTS QMGOD
(Division) (Branch) (Section) (Symbol)

Address 2nd and T. Sts., S.W., Washington 25, D.C. Room No. 1633 Bldg. B.

To: []
 Commanding Officer
 QM Activities
 Kansas City Records Center (AGO), Mo.
 ATT: Effects Quartermaster

PRECEDENCE	
WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent.....	Air mail.....
Priority.....	Special delivery.....
Routine.....	Ordinary.....
Deferred.....	Registered.....
Week end.....	
Any message not X'd for precedence will be sent "Deferred."	
	Initial

MESSAGE:

It is requested that personal effects for Unknown X-1147, Plot HHHH, Row 1, Grave 1, USMC St. Avold, France, be forwarded to this Office as an aid to identification of an Unknown.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

I. N. Rivers
 I. N. RIVERS
 Major, QMC
 Field Service Division

AUG 23 4 57 PM '48

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

AUG 24 1948 5M

KANSAS CITY, MO.
RECEIVED
DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

RECEIVED
DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TO DIRECTOR, FBI (100-371101) FROM SAC, KANSAS CITY (100-1000) 1P
RE KANSAS CITY TELETYPE TO BUREAU, AUGUST 23, 1948.
FOR INFORMATION OF BUREAU, THE FOLLOWING IS A SUMMARY OF THE
MATTERS HANDLED BY THE KANSAS CITY OFFICE ON AUGUST 23, 1948:

MEMORANDUM

TO : DIRECTOR, FBI (100-371101)
FROM : SAC, KANSAS CITY (100-1000) 1P
SUBJECT: [Illegible]

SEARCHED	INDEXED
SERIALIZED	FILED
AUG 24 1948	
FBI - KANSAS CITY	

U.S. GOVERNMENT PRINTING OFFICE: 1947

DEPARTMENT OF THE ARMY

AIR MAIL

28 August 1949

QMGOD 293, Unknown X-1147, St. Avole, France

3821

~~QMG~~ ~~FIELD SERVICE~~ ~~DEP OPR~~ ~~EFFECTS~~ ~~QMGOD~~

2nd and T. Sts., S. W., Washington 25, D. C.

1633 - B. Bldg.

Commanding Officer
QM Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

XXXX

It is requested that personal effects for Unknown X-1147, Plot HHHH, Row 1, Grave 1, USMC St. Avold, France, be forwarded to this Office as an aid to identification of an Unknown.

BY COMMAND OF MAJOR GENERAL MEDDLESWART:



I. N. RIVERS
Major, QMC
Field Service Division

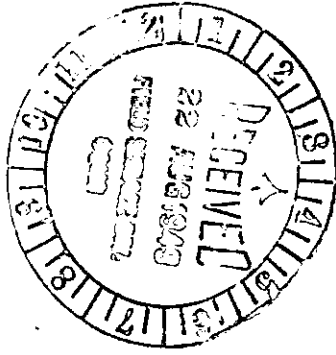
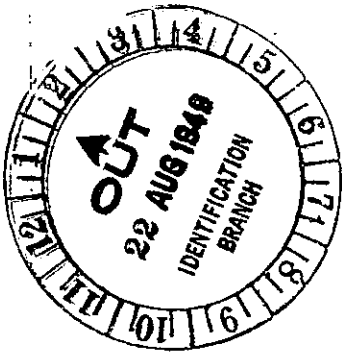
AIR MAIL

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Ident Br Mem Div	Field Service Div ATTN: Exec. Off.	19 Aug 1949	<p>1. It is requested that the following be incorporated into TWX to Personal Effects Center, Kansas City:</p> <p>"Request Personal Effects for Unknown X-1147, Plot HHHH, Row 1, Grave 1, USMC St Avold, France, be forwarded this office as an aid to identification of an Unknown."</p> <div style="text-align: right; margin-top: 20px;">  BARRY 74059 </div> <div style="text-align: right; margin-top: 20px;">  BARRY 2462 </div>



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

28 July 1949..

Date

Bank James - 1147 Harold

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-1147, Plot HHHH, Row 1, Grave 1, 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. 2594, dated 22-12-47. No further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/

Case reviewed by undersigned Members of the Board of Review:

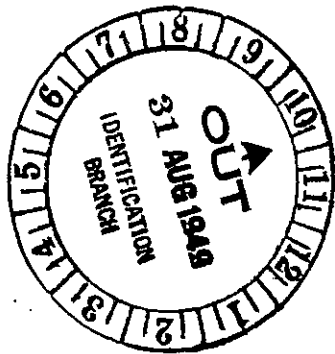
COL. H. P. HENRY, O-12589

Major R. BERGER, O-251736

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

Received 31 Aug 49 OO MG
Not identifiable from
information presently
available

*File
to Binford
31 Aug 49*



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

28 July 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 1147, Plot HHHH
Row 1, Grave 1, 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. 2594, dated 22-12-47.
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:


Col. H.P. HENRY, O-12589

QMC

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

QMC


Major R. BERGER, O-251736

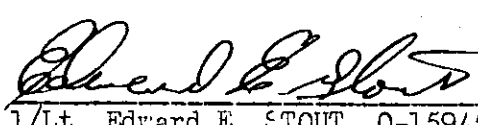
ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC


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

CE

Received 31 Aug 49 **OQMG**
Not identifiable from
information presently
available

Incl #11

1

This Grave formerly occupied by: BOYER, William 35108089 PFC
USMC ST AVOLD, FRANCE
Plot F, Row 16, Grave 35
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 05 48
DAY MONTH YEAR

NAME UNKNOWN X SERIAL NUMBER -001147 RANK Q ARM Q
DATE OF DEATH DAY MONTH YEAR

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

PLOT 4H ROW 1 GRAVE 1 COUNTRY FRANCE
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION
SEE ATCHD WORK SHIT

MINOR DISCREPANCIES 1
REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY Anthony J. Martin, Embalmer
EMBALMER (Signature) Anthony J. Martin

CASKET BOXED AND MARKED
DATE 21 Sept 48 BY Anthony J, Martin
SHIPPING ADDRESS VERIFIED BY All markings, tags & labels verified by: DONALD T. O'BRIEN. 1st Lt. INF.

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

DONALD T. O'BRIEN. 1st Lt. INF. 7857 AGRC Zone 5 Hq
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPATRIATED BRANCH MED. DIV.

Incl # 1.5

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 (BA MONTICELLO (BORN))		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 21 WOOD BRIDGE	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

NAME				SERIAL NUMBER		RANK	ARM	DAY	MONTH	YEAR
UNKNOWN				X-001147		unk	0			
CEMETERY								DAY	MONTH	YEAR
								DISPOSITION OF REMAINS		
								CODE	DIST. PT.	
LOT	ROW	GRAVE	COUNTRY							
4H	1	1	ST AVOLD FRANCE							
								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-001147		unk		21 June 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY
			Unk	RICHARD F. PETERSON, EMBALMER
NAME AND TITLE				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
MATTRESS COVER	PARTIALLY DISARTICULATED. LARGE AMOUNT OF DECOMPOSED FLESH. MISSING: R/ RADI & ULNA.
OTHER MEANS OF IDENTIFICATION	
REPORT OF BURIAL FOUND WITH REMAINS	

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 June 48 BY RICHARD F PETERSON, EMBALMER

CASKET SEALED BY	EMBALMER (Signature)
RICHARD F PETERSON, EMBALMER	<i>Richard F. Peterson</i> RICHARD F PETERSON

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
	all markings plates & tags verified by <i>Bruce E Blair</i> BRUCE E BLAIR, 1st Lt. QMC

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

Bruce E Blair
BRUCE E BLAIR, 1st Lt QMC, 7857 AGRC Zone 3 Hq

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)

Unknown X - 1147

Cemetery St. Avold, France

Plot HHHH Row 1 Grave 1

Date reprocessed:

1. Arrived at cemetery 21 November 1947
~~23 October 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 Mobile Team CIP, AGRC, EA.
(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	<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>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of wool O.D. trousers.</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ ^{wool} Remnants of wool O.D. socks.

* Shoes Combat boots- size (type) "9 1/2 - EE".

Overshoes None

Web Equipment None (type)

(Other item) Remnants of white technician jacket, marking "OX" in red.

(Other item) Remnant of small rope. Remnant of German army blanket.

* 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? UTD

6. Description of Remains:

Age UTD Height Estimated 6'1 1/8" 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 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 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 **Est. 21 1/4"**
(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)

UTD
(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 **None found**
(Nose, arms, legs, etc.)

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

See attached anatomical chart.

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

If not, explain Too decomposed

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

9. Remarks Remains received intact, very little amount of decomposed flesh,
received in U.K. burial box, wrapped in mattress cover.
Clothing found partially on remains with medical technician jacket,
marking "OX" in red.
Estimated weight of remains processed: 65 Lbs.
Burial bottle found and reburied with remains.
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.

Ralph W. Sleator

(Officer's Name)

RALPH W. SLEATOR

Major

Rank

Inf.

Service

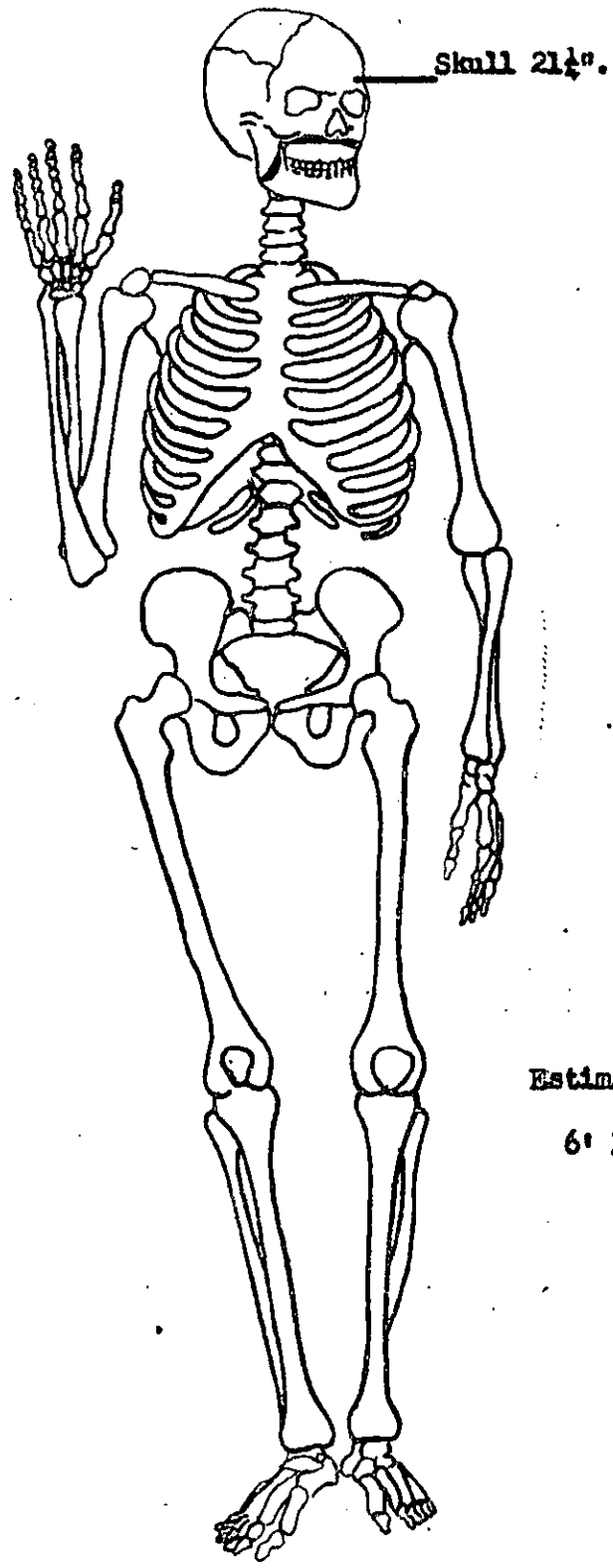
Central Identification Point.

(Organization)

Unknown X-1147
St. Avoild, France
Plot:HHHH Row: 1 Grave: 1

SKELETAL CHART

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



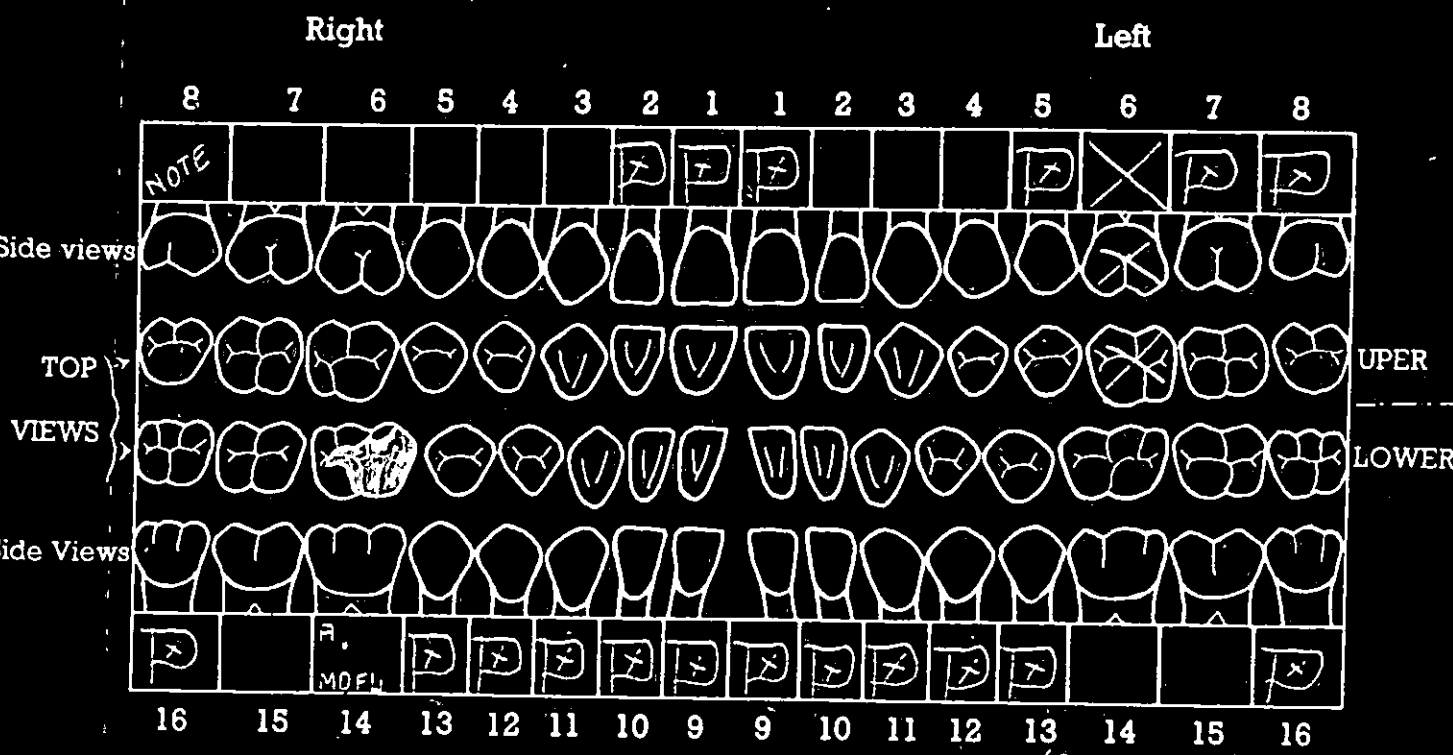
Estimated height:
6' 1 $\frac{1}{8}$ ".

TOOTH CHART

21 November 1947
 Date

UNKNOWN X-1147

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

John L. Fosms 169

Signature of Officer or other person who prepared Tooth chart

Ralph W. Meade

Verified by G. R. S. Officer

HEADQUARTERS, U.S. ARMY, ...

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

- R - posthumously missing.
- L-14 and L-15 have a lingual version.
- R-13's pit looks as though the tooth rotated 1/8 of a turn mesially.
- R-11's pit looks as though the tooth was malposed facially.
- L-11's pit looks as though the tooth rotated 1/4 of a turn distally.
- R-8 unerupted before death.

169

CHECK LIST FOR UNKNOWN'S

GRSC USFET
Form No. 11
9-7-45

UNKNOWN X- 1147
CEMETERY US Mil. Cem. St. Avold
PLOT ROW GRAVE
HHHH 1 1

Arrived at cemetery 0900 23 July 1946 Frankfurt Mortuary #3 Germany
(hour) (date) (collecting point)

Place of death Unknown. Body found in the Danube River near Aschach, Austria
(name) (coordinates and landmarks)

Remains recovered by Discovered in Danube by an unknown civilian near Aschach, Austria
Recovered by Linz, CID and Med Off from 124th Gen Hosp, Linz, A.
(name and organization)

Evacuated to cemetery by 124th QM Graves Registrat on Plt.
(name and organization)

Is load list attached Yes Are names of deceased found in same area at this
(yes-no)

Unknown starred No Are circumstances described which may indicate organ-
(yes-no)

ization of the deceased No If only part of a body was received, was a
(yes-no)

careful search made for other parts of Unknown. Yes
(yes-no.)

If remains come from vehicle, plane, etc: (type of vehicle or plane, nickname,
serial number, organization or symbols)

Crew list (names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use

If organization to which vehicle or plane was assigned or if names of all other
deceased are not known, give detailed information concerning vehicle or plane

(parts of markings or symbols) (burned) (pierced by shell fire - where)

(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects None
(Indicate exact pocket or part of body
where found)

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear (type)	None	7		
Raincoat	None			
Overcoat	None			
Jacket, Field	None			
Jacket, Combat	None			
Mackinaw	none			
Sweater	none			
Jacket, HBT	none			
*Shirt, Wool OD	none	15 $\frac{1}{2}$ -33		
Undershirt, Wool	None			
Undershirt, Cotton	none			
Trousers, HBT	none			
*Trousers, Wool OD	none	32-33		
Belt, Web	none			
Drawers, Wool	none			
Drawers, Cotton	none			
Leggings	none			
Wool				(note unusual lacing)
Socks Cotton	none			
*Shoes (type)	Combat.	9 $\frac{1}{2}$ EE		A marking that looked like G.
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.

Chevrons or none Shoulder Patch none
 Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age 20 to 30 Height 6 2 or 3 Weight 180 Description of Wounds None No evidence of
 (years) (ft-in) (lbs)
fractures, bullet or shrapnel wounds. Cause of death cannot be determined due to

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

Tattoos None
(number, location - illustrate on sep. page)

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

None
Sunburn or tan, other than hands and face XXX
Tobacco stain on fingers or teeth XXX
(designate where, extent)

Complexion XXX Build
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin,
Muscular)

Hair XXX
(color, length, quantity, curly, wavy, straight, whorls, or definite parting,
baldness, widows peak, distinctive cutting or other characteristics)

Sideburns XXX Mustache XXX Beard or goatee XX
(color, setting, shape) (color, size, shape) (length,
heavy, light, color, extent)

Eyes XXX Eyebrows XXX
(color, setting, shape) (color, bushiness, extend across nose)

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

Forehead XXX Mouth XXX Lips XXX
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth XXXXXX See Dental Chart.
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin XXX Cheekbones XXX
(prominent, receding, pointed, dimple, double) (high, normal)

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

Neck XXX Larynx XXX Shoulders XXX
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

XXX Arms XXX
straight, small, rounded (length) (muscular, color, extent & quantity of

XXX Hands XXX
hair, vaccination scar, size of wrists (large, small, normal, calloused

XXX
noticeably, marks on fingers indicating that rings were worn)

XXX

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

(Unusual characteristics of fingernails)

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

Back XXX Waist XXX
(quantity and extent of hair (size at naval, appendectomy, amount & color

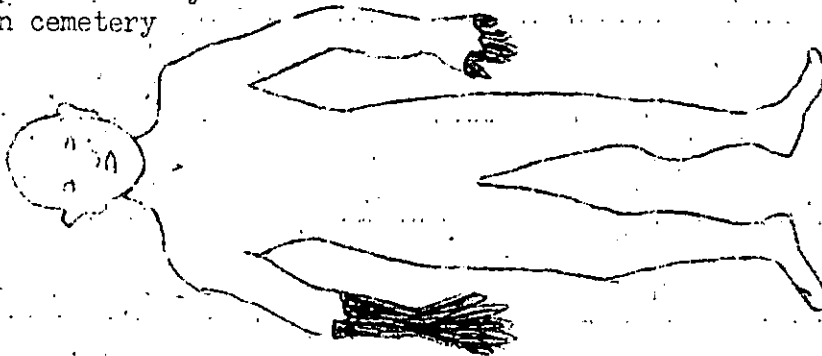
Circumsized XX Pubic hair XX Hernioplasty XXX
of hair (yes-no (color) (yes-no) (location)

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

XXX Feet XXX Toes XXX
hair) (size, corns, callouses, flat) (slender, straight, crooked, overlap

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

Black out parts of body not
received in cemetery



Have photographs been made and attached No If not, explain To far decomposed
(yes-no) to identify

Have fingerprints been placed on GRS #1 No If not, explain No fingers
(yes-no)

Has tooth chart been prepared? Yes If not, explain _____
(yes-no)

Remarks Body to far decomposed to determine cause of death.

Right forearm and hand missing. Left fingers missing.

Insides missing. Head only a skeleton

Sgt. Jack A. Manguson
Signature of GRO and Organization
124th Inf. 1st Div. 1st Reg. Plat.

REPORT OF UNIDENTIFIED BODY

11 July 1946

At 1415 hours, 8 July 1946, Capt. Pollin, Assistant S-2, 14th Constabulary Regiment, APO 174, reported to this office that an unidentified body had been recovered from the Danube river, near Zaiser, Austria, and that the body appeared to be that of an American soldier.

Agents Randolph and Wilson, accompanied by a police photographer and two medical officers and an ambulance, proceeded to the scene and brought the body to the 12th General Hospital, Inns, Austria.

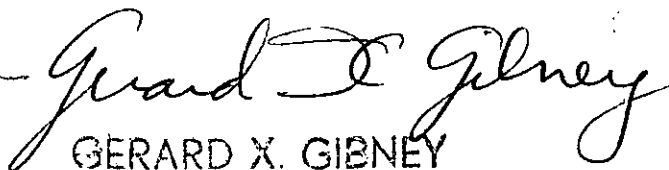
Investigation revealed that about 1415 hours, 8 July 1946, an unidentified civilian, noticed the body in the Danube near the shoreline about five kilometers from the town of Aeschach, Austria. This civilian notified the Austrian police who in turn contacted "B" Troop 24th Constabulary Sqdn, APO 174, US Army. "B" Troop informed their S-2 section who reported the discovery to Capt. Pollin.

Lt. H. Masalok, the pathologist at the 12th General Hospital, performed an autopsy and supplied the following information as to the identity of the deceased. Height: 6 feet, two to three inches tall; Weight: 180 to 200 pounds; Age: 18 to 30 years; Male; Probably white from the cranial structure; Right forearm and hand missing (Masalok thought that it became loose after death); No evidence of bullet wounds or fractures; Cause of death could not be determined since only skeleton was left of the head and trunk but decomposed skin was left on the lower portion of the body; Probably dead anywhere from a minimum period of six to eight months, up to a maximum period of one and one half years. No identity photos or fingerprints could be taken, because of the condition of the body.

Capt. Love, 12th General Hospital Dental Officer, was called, in an attempt to facilitate identification of the deceased by examining the teeth and charting them. He examined the teeth and stated that at the time of death the deceased had all his teeth. However after death some had come loose and had just washed out from their sockets. There was one amalgam filling. This filling had been inserted with what Love termed, "the American method of application".

When the corpse was recovered from the river, there was a pair of combat boots on it and some torn, battered remnants of trousers, which appeared to be US. The combat boots were size 9 1/2 EE and there was only one mark which was not very clear but which appeared to be the letter "C". The trousers had no marks of identification.

The Provost Marshal, USPA, was called and asked to check all ANL and missing records for the period in which the deceased met his death and check and see if they have any one who might fit this general description



GERARD X. GIBNEY
AGENT IN CHARGE C. I. D.

REPORT OF UNIDENTIFIED BODY

11 July 1946

At 1515 hours, 8 July 1946, Capt. Pollin, Assistant S-2, 14th Constabulary Regiment, APO 174, reported to this office that an unidentified body had been recovered from the Danube river, near Kaiser, Austria, and that the body appeared to be that of an American soldier.

Agents Randolph and Wilson, accompanied by a police photographer and two medical officers and an ambulance, proceeded to the scene and brought the body to the 124th General Hospital, Inns, Austria.

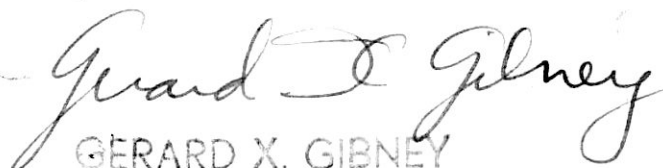
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When the corpse was recovered from the river, there was a pair of combat boots on it and some torn, tattered remnants of trousers, which appeared to be OD. The combat boots were size 9 1/2 EE and there was only one mark which was not very clear but which appeared to be the letter "G". The trousers had no marks of identification.

The Provost Marshal, USFA, was called and asked to check all AWOL and missing records for the period in which the deceased met his death and check and see if they have any one who might fit this general description



GERARD X. GIBNEY
AGENT IN CHARGE C. I. D.

REGISTER OF DENTAL PATIENTS AT

(1) SURNAME			(2) CHRISTIAN NAME				
(3) RANK	(4) COMPANY		(5) REGIMENT OR STAFF CORPS				
(6) AGE YEARS	(7) RACE	(8) NATIVITY		(9) SERVICE, YEARS			
							(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
							(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
							(12) RESULTS AND REMARKS

William D. Lowe, Capt.
 Dental Corp. U.S.A.

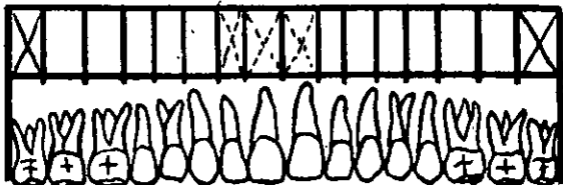
*REPORT OF DENTAL SURVEY

UPPER TEETH

Right

Left

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



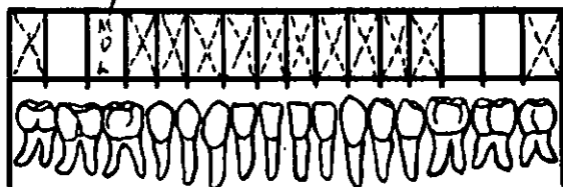
AMRLqAM

LOWER TEETH

Right

Left

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



CLASS _____

Occlusion _____ : Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

R-8 is present but is a clinically unerupted at time of death.

Date *11 July* _____, 19 *46*

William D. Love, Capt.

Dental Corps, U.S.A.

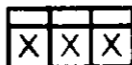
*Restorable carious teeth by 0

Nonrestorable carious teeth by /

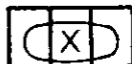
Missing natural teeth by X

teeth ~~missing~~ *lost AFTER DEATH* X

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



124th GENERAL HOSPITAL
APO 174 US ARMY

11 July 1946

C E R T I F I C A T E

I certify that the following is true to the best of my belief:

The amalgam restoration in the R-14 is probably American and could not have been put in too long before death since it is not worn at all. Although the R-16 and L-16 have been marked as having been lost after death, it is very possible that they might have been extracted shortly before. The remaining teeth are in excellent condition and from their cusp slant I would say that the man was probably under thirty years of age. The mandibular angle supports this theory.

William D. Love
WILLIAM D. LOVE
Capt DC

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

24 July 1946

Date

/rh

UNKNOWN 21147		UNK.	UNKNOWN
Last Name	First	Rank	Serial No.
UNKNOWN		UNKNOWN	
Unit		Organization	
UNKNOWN	UNKNOWN	UNKNOWN	
Place of Death	Date of Death	Cause of Death	
1600 - 23 July 1946	US MIL CEM ST. AVOLD, FRANCE	Q - 260-584	
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
1	HHH	Cross	
Grave Number	Row Number	Plot Number	
1	1	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?

What means of identification were buried with the body?

GRS Form # 1 in burial bottle

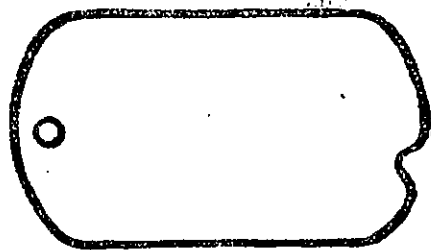
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: _____
Name Serial No. Rank Organization No.

Deceased's Left: BEGINNING OF ROW
Name Serial No. Rank Organization Grave No.

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 Unknown
Name

Address

Religion Unknown

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

W F Williams
Signature of Officer or other person reporting burial

Wm F. Williams, Lt.
Verified by G.R.S. Officer

WM F. WILLIAMS, MAJOR, INF, US MIL CEM ST, AVOLD, FRANCE

REGISTRATION
RECORDS DIVISION
AUG 30 1 54 PM '46
MEMPHIS AIR FORCE

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:

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(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.

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

[Faint, illegible text]

[Faint, illegible text]

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

AG P BR HQ SOS

122560

4	
3	
2	
1	
Thumb	

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

TOOTH CHART

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

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

Characteristics:

Other Data: