

7887 GRAVES DETACHMENT

APO 757

293 Unk, St. Avold 4-13076

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 I - 13076 St Avold

(POC) NEUVILLE

MAN  
File

14 new 51

M. Martin

Identification Branch

NOTICE OF DISINTERMENT  
(Avis d'Exhumation)

GRS-GZ Form No.8

Date: 29th April 1946.

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to:

U.S. Military Cemetery St. Avold, France. for reburial.

La personne Americaine decedee, ci-dessous indiquee, a ete a cette date exhumee du lieu indique et a ete evacuee dans un :

Cimetiere Militaire Americain a St. Avold, France. pour etre re-enteree.

<u>Berg, Ewald J.</u>	<u>Unk.</u>	<u>36102331</u>	<u>Sessenheim, France.</u>
(Name)	(Rank)	(ASN)	<u>Eur. Hd. Mp. Sh. 87 Sc. 1: 200, 000 (R-1922)</u>
(Nom)	(Grade)	(N.M)	(Place of disinterment)
			(Lieu d'Exhumation)

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

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

**ST AVOLD** X-13076

*Eddie Vyoral*  
**Eddie Vyoral**

(Officer of NCO in charge of disinterment)

535th QM. Group AGRC. 3rd Field Command.  
(Organization)

Permanent Overseas Cemetery

**NEUVILLE EN CONDRONZ**

REPORT OF INVESTIGATION AREA SEARCH

1 May 1946

Date

NAME Berg, Ewald J. RANK S/Sgt. ASN 36102331

ORGANIZATION 410th Inf. Regt.

MEANS OF IDENTIFICATION Identification Tag (1)

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

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

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

a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

2. Was partial identification established? Yes If so, state the facts as to whom you believe the deceased to be:

a. NAME Ewald Berg J. RANK Unk. ASN 36102331

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_

Several unknowns ( see att. sketch)

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

A. Date of above burials Unknown Common Graves? No

4. Deleted \_\_\_\_\_

5. Name and type of cemetery Isolated burial  
(Military or Civilian)

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? \_\_\_\_\_

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

Woods of Sessenheim

a. Town Section 10 Coordinates Eu. Ro. Map R-1922; Sht. 87; Sq/1-200.00

b. Is sketch attached? Yes

c. Is area mined? Yes

9. How is the grave marked? Cross with helmet

10. If grave is marked with cross, give the exact markings thereon

Dog tags on cross

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

b. By whom? \_\_\_\_\_

11. Where are the cemetery records? None  
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon? \_\_\_\_\_

b. Where was the information obtained? \_\_\_\_\_

c. By whom? \_\_\_\_\_

12. What is the date of death? Est. 16 Jan. 1945

a. Give basis Date of action when first took place

13. What is the cause of death? Unknown

a. Give basis \_\_\_\_\_

14. What is the date of burial? Unknown

a. Give basis \_\_\_\_\_

15. What is the place of death? Section 10 Woods of Sessenheim Coords See #8

a. Give basis Action took place in woods

16. Where were the remains found? See #15 Coords See #8

a. By whom? German mil. personnel

b. Is sketch attached? No

17. Was a casket used? Unk. Who furnished the casket? \_\_\_\_\_

Type of casket How marked?

18. Who made the burial? German mil. personnel  
(Civilian, American mil or German mil)

a. What are the names and addresses? \_\_\_\_\_

Unknown

b. Are certificates and statements attached? Yes

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

19. Were remains found in the plane wreckage? \_\_\_\_\_

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

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

b. Near wreckage? \_\_\_\_\_

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

a. Type of plane \_\_\_\_\_

b. Markings and/or name of plane \_\_\_\_\_

c. Give numbers on motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_

21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_

Enemy planes? \_\_\_\_\_ Collision? \_\_\_\_\_

22. Did plane explode in the air? \_\_\_\_\_ On the Ground? \_\_\_\_\_

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

24. What was the direction of the flight? \_\_\_\_\_

25. What was the civilian opinion regarding the destination of the plane? \_\_\_\_\_

26. Had bombs been released prior to the crash? \_\_\_\_\_

27. Does specific time and date of crash correspond with the 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, asst driver or..front, side, or back)

b. Near wreckage? \_\_\_\_\_

32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)

a. Type of tank \_\_\_\_\_

b. Markings and/or name of tank \_\_\_\_\_

c. Numbers on motors, machine guns, ammunition, instruments, etc. \_\_\_\_\_

33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_

34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

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

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

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

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

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) \_\_\_\_\_  
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 investigating team No  
If not, state reason None found  
a. Were identification tags found at the time of death? Yes  
Where? On body By whom? Germans  
Present disposition On cross  
If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.  
b. Were personal effects found at the time of death? Unk.  
Where? \_\_\_\_\_ By whom? \_\_\_\_\_  
Present disposition \_\_\_\_\_  
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? \_\_\_\_\_  
By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_
43. Was deceased evacuated to a German hospital? No  
Where? \_\_\_\_\_ Names of the people concerned \_\_\_\_\_
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No  
(Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No  
a. If so, give basis for positive assumption \_\_\_\_\_  
b. If so, has higher headquarters been notified? \_\_\_\_\_
47. Was case previously investigated? No By whom? \_\_\_\_\_  
When? \_\_\_\_\_

48. Give full names, addresses, and information obtained from each person interviewed \_\_\_\_\_

Mr. Ernest Freidrich - cemetery caretaker of Sessenheim

Mayor of Sessenheim

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? \_\_\_\_\_ Yes

51. Was investigation preceded by advanced publicity? \_\_\_\_\_ Yes

(If special investigation, give case number) \_\_\_\_\_

52. Give brief narrative \_\_\_\_\_

(Use attached sheets, if necessary)

*Harnisch*

Harnisch Siegfried

Signature of Interpreter

Civilian

Rank

ASN

535 Q.M GRP A.G.R.C.

Organization

*Charles Kulp*

Charles Kulp

Signature of Investigator

T/5 42088926

Rank

ASN

535 Q.M GRP A.G.R.C.

Organization

NARRATIVE

March 22, 1946

The people of the vicinity of Sessenheim have very little information to offer about the death, and burial of Berg J. Ewald, 36102331, for according to them they were more or less confined to their cellars while hostilities were going on. It is believed that Ewald was killed the latter part of January 1945 for action first took place the 15th or 16th of January, 1945 in the Sessenheim Woods. Extra caution is urged if grave is to be investigated for the grave is mined in front toward the broad side. If grave has to be investigated find a Mr. Frederick Ernest, caretaker of the Sessenheim Cemetery for he knows how to get to the grave safely.

The Mayor's office was burned by the Germans before they left the town and many records and personal belonging were destroyed in the fire.

The people of the vicinity of Lessenheim have very little information to offer about the death and burial of Berg J. Ewald, <sup>36102331</sup> or according to them they were more or less confined to their cellars while hostilities were going on. It is believed that Ewald was killed the latter part of January of 1945 for action first took place the 15<sup>th</sup> or 16<sup>th</sup> of January, 1945 in the Lessenheim Woods. Extra caution is urged if grave is to be investigated for the grave is mined in front toward the road side. If grave had to be investigated find a Mr. Frederick Ernest, caretaker of the Lessenheim Cemetery for he knows how to get to the grave safely.

The Mayor's office was burned by the Germans before they left the town and many records and personal belongings were destroyed in the fire.



March 22, 1946

I certify that the body of one Berg. J. Ewald was buried by the German militia. The cause of death and time of both death and burial is unknown to me. I would know of no one who has any information concerning said body. I knew of the grave the first time on the 9th day of May in the year 1945.

Fredrick Ernst.

BERG EWALD J.  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD, AAAA-4742

S T A T E M E N T

I certify that the body of one ; Berg Ewald J. was buried by the German soldiers. The cause of death and time of death and burial are unknown to me. I would know of no one who has any information concerning said body.

I know of the grave the first time the 9th day of May 1945.

Sessenheim, 22 March 1946  
/s/ Illegible

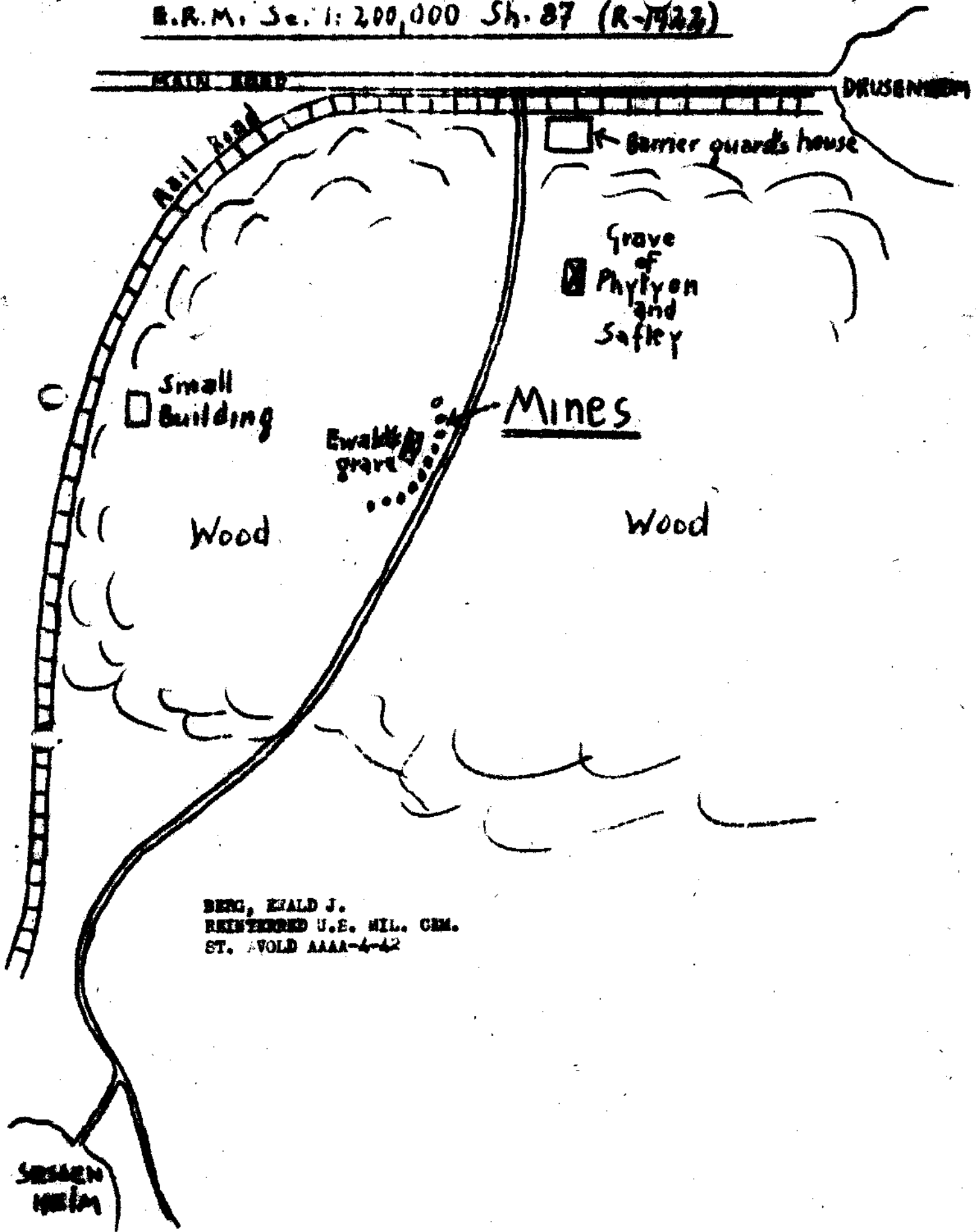
A true copy:

*Thomas M. Sheddan*

Thomas M. Sheddan  
1st Lt. T.C.  
Commanding

# Woods of Sessenheim.

B.R.M. Ser. 1: 200,000 Sh. 87 (R-1922)



BERG, EYALD J.  
REGISTERED U.S. MIL. GEN.  
ST. AVOLD AAAA-4-42

Sessenheim

*Ensp: 17 June 48*

SUBJECT: Operating Instruction

27  
Feb  
48

EXHUMATION ORDER #775 (Priority) First Zone

The First Zone (Identification Section)  
will disinter the remains of S/Sgt Ewald J.  
~~XXXX~~ 36102331, Plot AAAA, Row 4, Grave 42,  
*Ward* US Military Cemetery, St. Avold, France.


ROBERT A. SALVADOR  
Capt., Inf  
Chief, Unid Dec Br

LFP

*R- Compl. case  
JK*

# IDENTIFICATION CHECK LIST

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

Proc by: *C. O. Rice*  
*R. J. Miller*  
*J. P. Feindt*  
 Clerk: *H. J. Richardson*  


*E.O. # 775*

*Berg, Ewald J.*  
~~Unknown~~ *S/Sgt 36102331*  
 Cemetery *St. Auldy, France*  
 Plot *AAAA* Row *4* Grave *42*

1. ~~Arrived at cemetery~~ *Date reprocessed 19 Apr '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~~ *reprocessed* by *Mobile Team #1, I.S.*  
 (Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
 (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____ (Type)		<i>None</i>	
Raincoat _____			
Overcoat _____			
Jacket, Field _____		<i>One</i>	
Jacket, Combat _____			
Mackinaw _____		<i>None</i>	
Sweater _____			
Jacket, HBT _____		<i>None</i>	
* Shirt, Wool OD _____		<i>One</i>	
Undershirt, Wool _____		<i>One</i>	
Undershirt, Cotton _____		<i>None</i>	
Trousers, HBT _____		<i>One</i>	
X * Trousers, Wool OD _____		<i>One (size 32 W, 32 L)</i>	

Belt, web None

Drawers, wool One

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) None

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type)

X (Other item) Wool OD scarf

(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) None

Shoulder Patch \_\_\_\_\_

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

6. Description of Remains:

R. Humerus	33.4	R. Tibia	37.7
R. Radius	25.8	R. Fibula	37.1
R. Ulna	27.8		

Age UTD Height Est. 5' 8 1/2" Weight UTD Description of wounds UTD

Bandages or dressings None Scars \_\_\_\_\_ (Length, width, location) UTD

Tattoos \_\_\_\_\_ (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face \_\_\_\_\_ UTD

Complexion \_\_\_\_\_ (Light, medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_ (Large, fat, thin, muscular)

X Hair Dark brown, 1" long, straight (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

Goatee ..... (Light, color, extent) *UTD*

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

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

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

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

Chin ..... (Prominent, receding, pointed, dimples, double) *(No tape measure)*

Jaw ..... (Large, small, normal) *UTD*      Circumference of head in ~~inches~~ <sup>cm.</sup> *49.0* (Hat band)

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

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

Hands ..... *UTD*

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

..... (Unusual characteristics of fingernails)

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

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

Back ..... (Quantity and extent of hair) *UTD*      Circumcision *UTD* (Yes-no)      Pubic Hair *Dark brown* (Color)

Hernioplasty ..... (Yes-no; location)

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

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

Evidence of healed fractures ..... *None* (Nose, arms, legs, etc.)

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





○ SKELETAL CHART ○

EWALD J. BERG

S/SET 36102331

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

APRIL 19-48

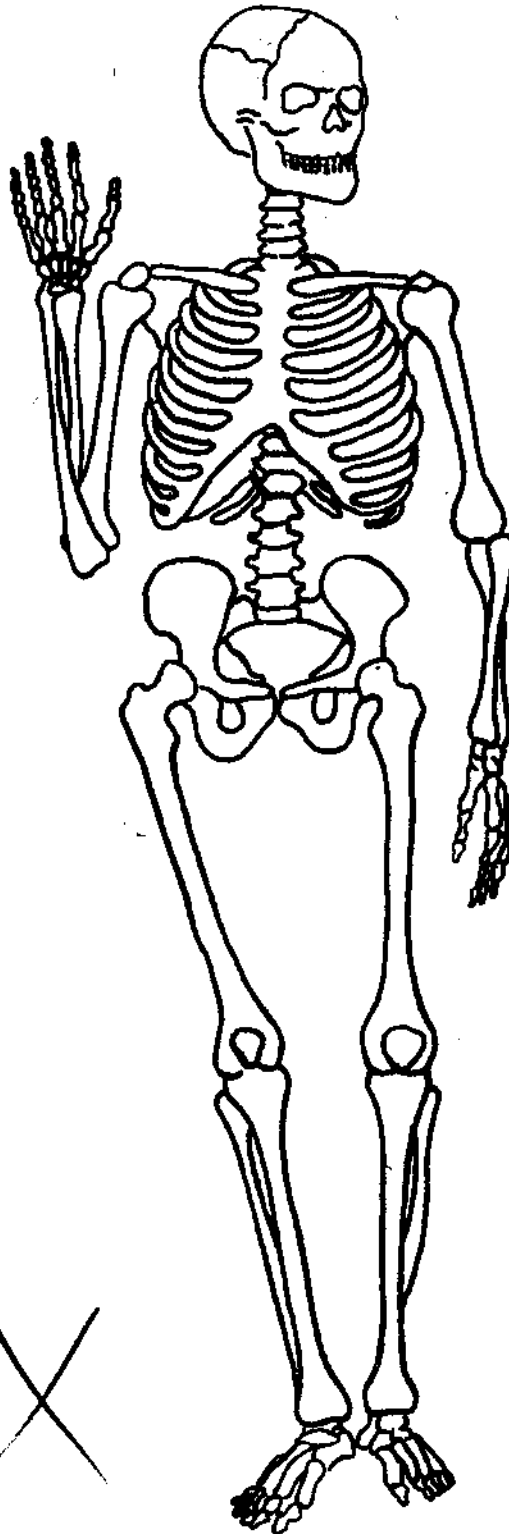
ST. AVOLD. CEM.

PLOT AAAA

ROW 4

GRAVE 42

R. HUMERUS. 33.4  
R. RADIIUS , 25.8  
R. ULNA. 27.9



R. TIBIA, 37.7  
R. FIBULA. 37.1



CHART "A"

Est. Ht. - 5'8 1/2"

Row 14

# TOOTH CHART

PLOT - AAAA E.O.# 775  
 ROW - 4  
 GRAVE - 42 USMC - ST. AVOLD

APRIL-48

Date

BERG

EWALD

J.

S/SGT

36102331

Last Name

First

Initial

Grade

Serial No.

Unk

Organisation

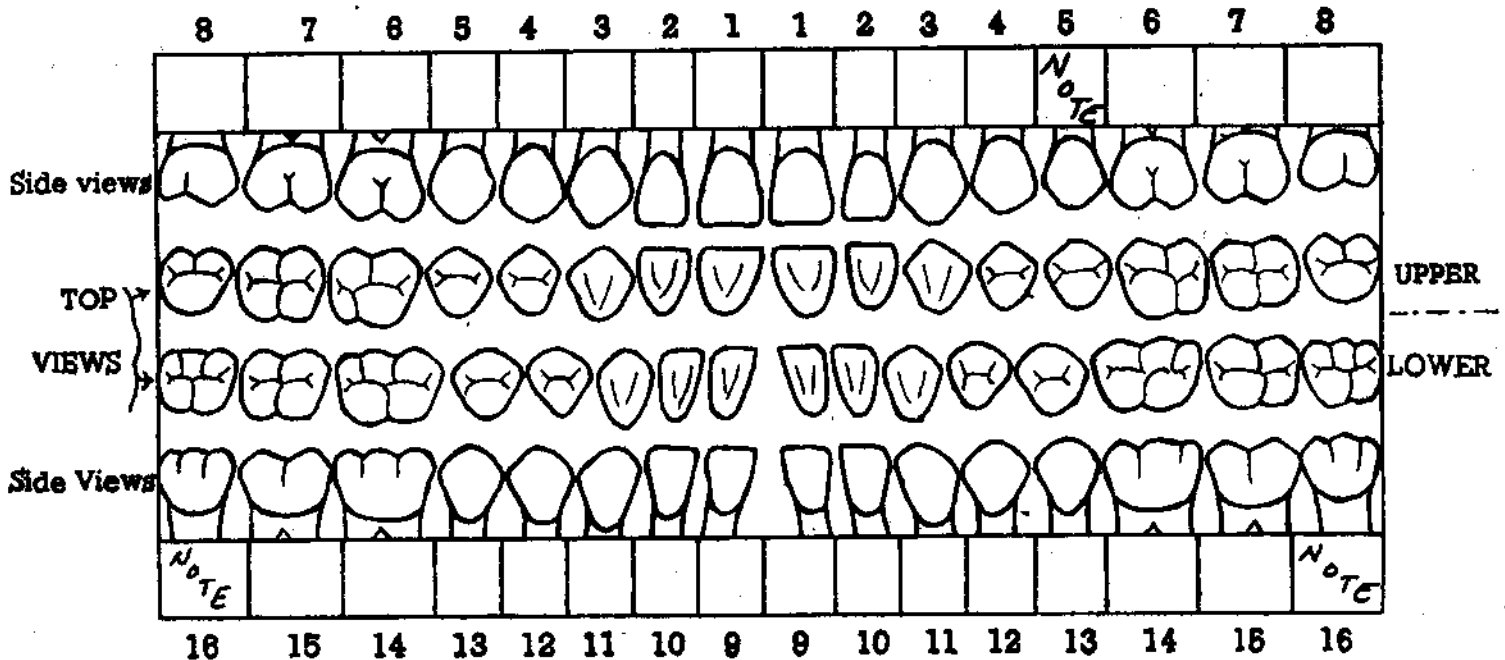
Place of Death

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), 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.

INSUFFICIENT SPACE FOR REMARKS

*Quay J. Fauna*

SP\* DAC

Signature of Officer or other person who prepared Teeth chart

SEE REVERSE

Verified by G. R. C. Officer

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



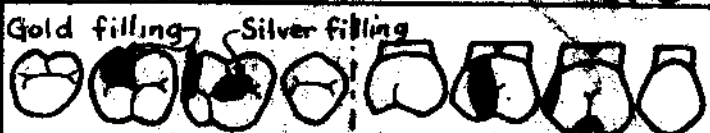
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



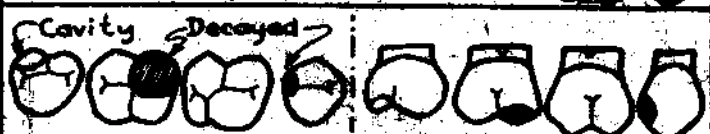
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)...** Outline location and size of cavity, shade in thus :



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

COLOR = WHITE IVORY  
 SIZE = LARGE  
 ALIGNMENT = FAIR

MAXILLA

- R-5 = MESIAL VERSION.
- L-4 = ROTATED 1/4 of a TURN DISTALLY
- L-5 = MALPOSED LINGUALLY (VERY NOTICEABLE)

MANDIBLE

- R-16 = THE DISTAL-OCCLUSAL SURFACE IS UNERUPTED BEFORE DEATH
- R-14 = SLIGHT DISTAL ROTATION.
- L-9 = SLIGHT FACIAL VERSION.
- L-10 = V LINGUAL V
- L-11 = ROTATED 1/8 of a TURN DISTALLY
- L-13 = APPEARS ~~TO~~ TO HAVE HAD THE FACIAL SURFACE PUSHED IN TOWARDS THE LINGUAL SURFACE.
- L-16 = UNERUPTED BEFORE DEATH.

USMC Neuville en Condroz  
Plot: C Row: 32 r: 20  
Date of Burial: 8 May 50  
Verified by GRS Officer  
M.R. Swart, Capt QMC

### DISINTERMENT DIRECTIVE

14

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 3574 18265  
DATE: 15 01 50  
DAY MONTH YEAR

NAME: UNKNOWNX-013076  
SERIAL NUMBER: 013076  
GRADE: X  
ARM: 0  
RACE: 0  
RELIGION: 6

CEMETERY: ST. CYRIL FRANCE  
PLOT: 4A  
ROW: 4  
GRAVE: 37  
DISPOSITION OF REMAINS: 1202 80  
CODE DIST. CTR.

#### SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE: NEUVILLE-EN-CONDROZ, BELGIUM  
NAME AND ADDRESS OF NEXT OF KIN: (REMAINING IDENTIFIABLE POSITION)  
These remains are unidentifiable and are to be permanently interred. (Reg Div - 8 Feb 50)

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN  
SERIAL NUMBER: UNKNOWN  
GRADE: UNKNOWN  
DATE OF DEATH: UNKNOWN  
DATE DISINTERRED: UNKNOWN  
IDENTIFICATION TAG ON:  REMAINS  MARKER  
ORGANIZATION: UNKNOWN  
RELIGION: UNKNOWN  
IDENTIFICATION VERIFIED BY: UNKNOWN  
NAME AND TITLE: UNKNOWN

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNKNOWN  
CONDITION OF REMAINS: UNKNOWN

OTHER MEANS OF IDENTIFICATION: SEE ATTACHED SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET  
DATE: \_\_\_\_\_ BY: \_\_\_\_\_

CASKET SEALED BY: \_\_\_\_\_ EMBALMER (Signature): \_\_\_\_\_

CASKET BOXED AND MARKED  
DATE: \_\_\_\_\_ BY: \_\_\_\_\_ SHIPPING ADDRESS VERIFIED BY: \_\_\_\_\_

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
SIGNATURE OF AGRS INSPECTOR: \_\_\_\_\_

REMARKS AND SPECIAL INSTRUCTIONS: REMAINS UNIDENTIFIABLE  
FILE RECORDS ANNOTATED  
DATE: 10/25/50  
NAME: [Signature]  
TITLE: [Signature]

Incl 25

(10/25/50)

# RECORD OF CUSTODIAL TRANSFER

RECEIVED  
FBI  
LABORATORY

## 1. SHIPPED

FROM HENNING, GILDEFILL, LYDIE		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

1

DISINTERMENT DIRECTIVE

SECTION A -- NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE		
NAME UNKNOWN X-13076		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY ST AVOLD, France	PLOT 4A	ROW 4	GRAVE 37	DISPOSITION OF REMAINS		
		CODE	DIST. CTR.			

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 UNKNOWN X- 13076	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 2 August 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION	RELIGION Unk	IDENTIFICATION VERIFIED BY Ltr-Hq 3rd Zone (GRWOP 314.6) dated 29 January 1949	

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Body complete. Large amount of decomposed flesh. Disarticulated.
OTHER MEANS OF IDENTIFICATION None	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

No Identification tag found with remains

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 August 1948 BY Geo W Lowry, Embalmer

CASKET SEALED BY Karl K Kasca, Embalmer	EMBALMER (Signature) Karl K Kasca
--	--------------------------------------

CASKET BOXED AND MARKED DATE 7 Feb. 49 BY Karl K Kasca	CONDITION OF REMAINS All markings, tags and plates verified by Jesse R Ward, Capt FA
---	---

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

*Jesse R Ward*  
Jesse R Ward, Capt FA, 7857 AGRC Zone 3 Hq  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

*Frank B Callaghan*  
Frank B Callaghan, 1st Lt FA

*Incl 25*

*(2 of 2)*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>USMC St Avoild, France</b>		TO <b>OIC Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Robert B Chapman, 31447565</b>	
SIGNATURE OF SHIPPER <b>Robert W Hubbard Capt Inf</b>	DATE <b>13 Nov 49</b>	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

6

# DISINTERMENT DIRECTIVE

### SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

2574 12800

15 01 50

DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN - 13076

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

ST AVOLD FRANCE

4A

4

37

1200

80

CODE

DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

NEUVILLE-EN-CONDROZ, BELGIUM

(BY ADMINISTRATIVE DECISION)

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

EMBALMER (Signature)

CASKET SEALED BY

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

8 7 JAN 1950

SENT

NAT  
FILE



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

T.L.H. 4222  
31 Aug 49

26 August 1949  
(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 13076, Plot AAAA  
Row 4, Grave 37, 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. 3846, dated 17-5-49.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

[Signature] Col. H.P. HENRY, O-12589 QMC  
[Signature] Lt. Col. E.D. MULVANY, O-359598 QMC

[Signature] Major R. BERGER, O-251736 QMC  
[Signature] Capt. Jack C. HAYES, O-1577297 QMC

[Signature] Capt. E.F. PRICE, Jr. O-1588236 QMC  
[Signature] 1/Lt. Gaylord B. LUTZ, O-1595665 QMC

Received from  
Not identifiable from  
information available  
12 Aug 49

Incl #12

T.L.H. 4222  
31 Aug 49

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRR 200.2

Date 28 JUN. 1948

SUBJECT: Reprocessing of Remains

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

*To be redesignated  
Unknown  
← 1257*

The remains of BERG, Ewald J.  
interred in Plot AAAA, Row 4, Grave 42, USMC ST. AVOLD  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

Trousers, Wool OD: one

(Other item) Wool OD Scarf

Height Est 5'8½"

Hair dark brown, 1" long, straight

One ID tag (see imprint below) found tacked inside burial box.

EWALD J BERG  
36102331 T42 43 A

FOR THE COMMANDING GENERAL:

2 Incls  
Skeletal chart  
Tooth chart

*Bernard E. Carroll*  
BERNARD E. CARROLL  
WOJG AUS  
Actg Asst Adj Gen

P

# SKELETAL CHART

Ewald J. BERG  
S/Sgt 36102331

(BLACK OUT PARTS OF BODY NOT RECEIVED) 19 April 1948  
St. Avold, France

Plot AAAA  
Row 4  
Grave 42

Humerus 33.4

CM. HUMERUS

Radius 25.8

CM. RADIUS

27.8

CM. ULNA

Tibia 37.7

CM. TIBIA

Fibula 37.1.

CM. FIBULA

ESTIMATED HEIGHT 5'8 $\frac{1}{2}$ "

PROCESSED BY: \_\_\_\_\_

# TOOTH CHART

19 April 1948

BERG	Ewald	J	S/Sgt	Date 36102331
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death	Date of Death	Cause of Death													
<div style="display: flex; justify-content: space-between;"> <span>Right</span> <span>Left</span> </div>															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
NOTE															
Side views															
TOP															UPPER
VIEWS															LOWER
Side Views															
NOTE															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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:  
  
 BERNARD E. CARRILL  
 MCJG                      AUS

/s/ Ivor J. Fosmo  
 Signature of Officer or other person who prepared Teeth chart

Verified by G. R. C. Officer

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



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



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



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES).** Outline location and size of cavity, shade in thus :



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Color: white Ivory  
 Size: Large  
 Alignment : Good

MAXILLA

- R-5 Mesial version
- L-4: Rotated  $\frac{1}{4}$  of a turn distally
- L-5: Malposed lingually (very notice able)

MANDIBLE

- R-16 The distal occlusial surface is unerupted before death
- R-14 Slight distal rotation
- L-9 Slight facial version
- L-10 " lingual "
- L-11 Rotated  $\frac{1}{8}$  of a turn distally
- L-13 Appears to have had had the facial surface pushed in towards the lingual surface
- L-16 unerupted before death.



CORRECTED REPORT OF BURIAL  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

10 February 1949  
Date

UNKNOWN X-13076		Unk	Unknown
Last Name	First	Rank	Serial No.
Unk		Unk	
Unit		Organization	
Sessenheim, France		Unknown	
Place of Death		Cause of Death	
1530 Hrs - 7 May 1946		Q-260584	
Time and Date of Burial		Name or Coordinates of Location	
37 4		Temp. wooden cross	
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 Remains previously buried as S/Sgt Ewald J. BERG,  
 How were remains identified? 361023K1 in USMC St. Avold AAAA-4-42

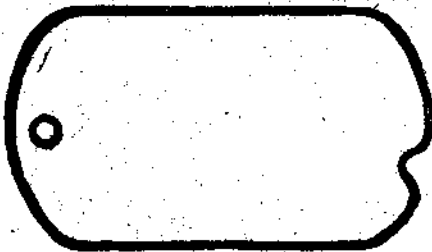
What means of identification were buried with the body?

One copy GRS Form #1 placed in burial bottle and buried with remains

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

Who is buried on:	Beginning of Row				
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unknown X-6142				38

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 Address: Unknown  
Name

Unknown  
Address

Religion: Unknown

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

Remains previously buried in  
4A-4-42, USMC St Avold  
Removed to this location per  
auth Exh. O. #1319.

"This corrected Report of Reburial  
prepared in the Operations Division, Hq  
Third Zone, AGRC, pursuant to authority  
granted in Exhumation Order #1319, OI 130  
dtd. 28 Oct. 48."

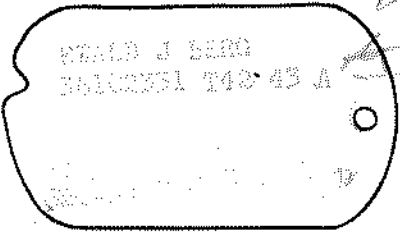
Signature of Officer or other person reporting burial

ROBERT V. HUBBARD  
Capt INF  
Asst On G. Ops Off

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
7 May 1946

Imprint Identification Tag If Possible DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL NO.
	Berg, Ewald J.		36102331
	GRADE	ORGANIZATION	BRANCH OF SERVICE
S/Sgt.	410th Inf. Regt./	Ground Forces	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Protestant		

PLACE OF DEATH Woods of Sessenheim, Bas-Rhin, France	CAUSE OF DEATH Unknown	DATE OF DEATH <del>20</del> Jan. 1945 18 <i>Jan</i>
--	---------------------------	---

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)      IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARDS

CEMETERY      ST. AVOLD      PLOT AAAA ROW 4      GRAVE 42

NAME            :    BERG, Ewald J.

RANK            :    S/Sgt.

ASN             :    36102331

ORGANIZATION   :    410 Inf. Regt.

DATE OF DEATH   :    18 Jan. 45

PLACE OF DEATH :    ---

CAUSE OF DEATH :    ---

G.J. 18/7/46  
(Signature)

BODY (Yes or no) Yes	INITIALS (Yes or no) Yes, Embossed Plate			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) CIBURSO, ALBERT	RANK UNK	SERIAL NO. 32778721	ORGANIZATION Ground Forces	GRAVE No. 41
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) FORSYTH, HAROLD D.	RANK UNK	SERIAL NO. 36486247	ORGANIZATION Ground Forces	GRAVE No. 43
SIGNATURE OF PERSON PREPARING REPORT William E. Lawson 1st Lt. Inf.		SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR, MAJOR, INF. THIRD FIELD COMMAND		

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 5. 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**

LEFT LITTLE FINGER		
LEFT RING FINGER	<p><b>FILLINGS</b></p>	
LEFT MIDDLE FINGER	<p><b>CAVITIES</b></p>	
LEFT INDEX FINGER	<p><b>MISSING TEETH</b></p>	
LEFT THUMB	<p><b>CROWNED TEETH</b></p>	
RIGHT THUMB	<p><b>BRIDGE WORK</b></p>	
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		

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



**REMARKS:**

Entire remains recovered.