

7887 GRAVES DETACHMENT

AFO 757

943 unk St. Avold # 213 *MR*

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X - 213 St Avold

(POC) ST AVOID

*Juan  
E. Flores  
BIA  
Feb 51*



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.
27. * Headgear (type)	Est	7 1/2		
28. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				
35. * Shirt, Wool OD	Est	16 1/2 x 34		
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD	Est	34 x 33		
40. Belt, Web				
41. Drawers, Wool				
42. Drawers, Cotton	Est	34	white	
43. Leggings				
44. Socks Wool				
45. * Shoes	Est	10 1/2		
46. Overshoes				
47. Web Equipment (type)				
48. (other item)				
49. (other item)				

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

50. Insignia (type and location; shirt jacket coat helmet) **none** Shoulder Patch **none**

51. Description of Remains **none**

52. Age **Est 25-28** Height **6'** Weight **190** Description of wounds **Drowned**

53. **BLACK TIE, BOYS, MARY, JANE**

54. Bandages or dressings **none** Scars **none** (length, width, location)

55. ....

56. Tattoos **none** (number, location — illustrate on sep. page)

57. Outstanding moles, warts or birthmarks **none** (yes-no) (description, location)

58. ....

59. Sunburn or tan, other than hands and face **no**

60. Tobacco stain on fingers or teeth **none** (designate where extent)

61. Complexion **colored** Build **large**  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

62. Hair **black** **all that remains is black and fuzzy**  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek)

63. Hair **black** **all that remains is black and fuzzy**  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek)

64. .... distinctive cutting or other characteristics)

65. Sideburns **none** Mustache **none** Beard or goatee **none**  
(color, setting, shape) (color, size, shape) Length,

66. .... heavy, light, color, extent)

67. Eyes **decomposed** Eyebrows **no hair**  
(color, setting, shape) (color, bushiness, extend across nose)

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

69. Forehead **wide** Mouth **large** Lips **large**  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

70. Teeth **white - even - straight good condition**  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71. Chin **prominent** Cheekbones **high**  
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw **large** Circumference of head in inches **22"**  
(large, small, normal) (hat band)

73. Neck **16 1/2 Normal** Shoulders **broad**  
(size, long, short, normal, wrinkled) (prominent, normal) (broad,

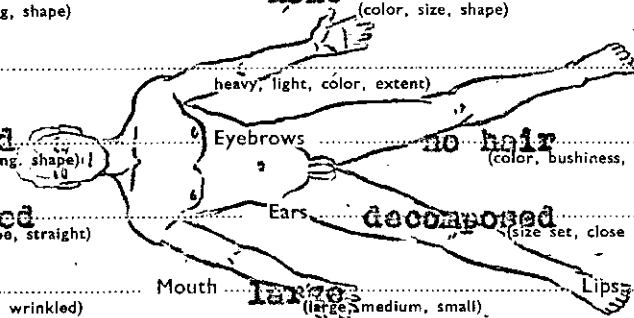
74. Arms **20" from armpits to wrist - no hair**  
(length) (muscular, color, extent and quantity of hair)

75. Hands **large**  
(large, small, normal, calloused noticeably)

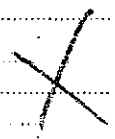
76. .... (marks, lines, indicating that rings were worn)

77. ....

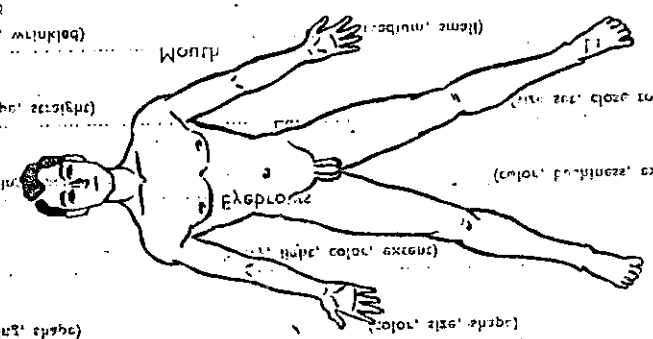
78. ....



**RESTRICTED**



78. Fingers **long thick** (short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. **none** (unusual characteristics of fingernails)
80. Chest **42"** **Flesh and skin decomposed** (size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **none** Waist **34"** **Flesh and skin decomposed** (quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. Circumcized **no** Pubic hairs **black** Hernioplasty **Flesh and skin decomposed** (yes-no) (color) (yes-no) (location)
83. Legs **33" inseam** **muscular** **small amt of hair** **black** (inseam) (muscular; knock-kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **11" no corns** Toes **short slender** (size; corns; callouses; flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures **no** (nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery **Body intact**



87. Have photographs been made and attached **yes** If not, explain
88. Have fingerprints been placed on GRS No 1 **no** If not, explain **hands decomposed**
89. Has tooth chart been prepared? **yes** If not, explain
90. Remarks: **Body bloated and decomposed to great extent**
91. **Clothing mark (J-0264) was found on white cotton drawers**
92. **No other information brought to cemetery.**
- 93.
- 94.
- 95.
- 96.
- 97.

Signature of GRO and Organization

Leila X 31

G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
HQ. COM. ZONE, ETOUSA

# TOOTH CHART

30 May 45  
Date

Unknown X 31

Unk

J-0204

Last Name

First

Initial

Rank

Serial No.

Unk

N(53-39)Map GSGS Unk 4346 Sht L50 1:250,000  
Veitshochheim Ger

Unk (Estimated to be 1 May 45) Drowning

Organization

Place of Death

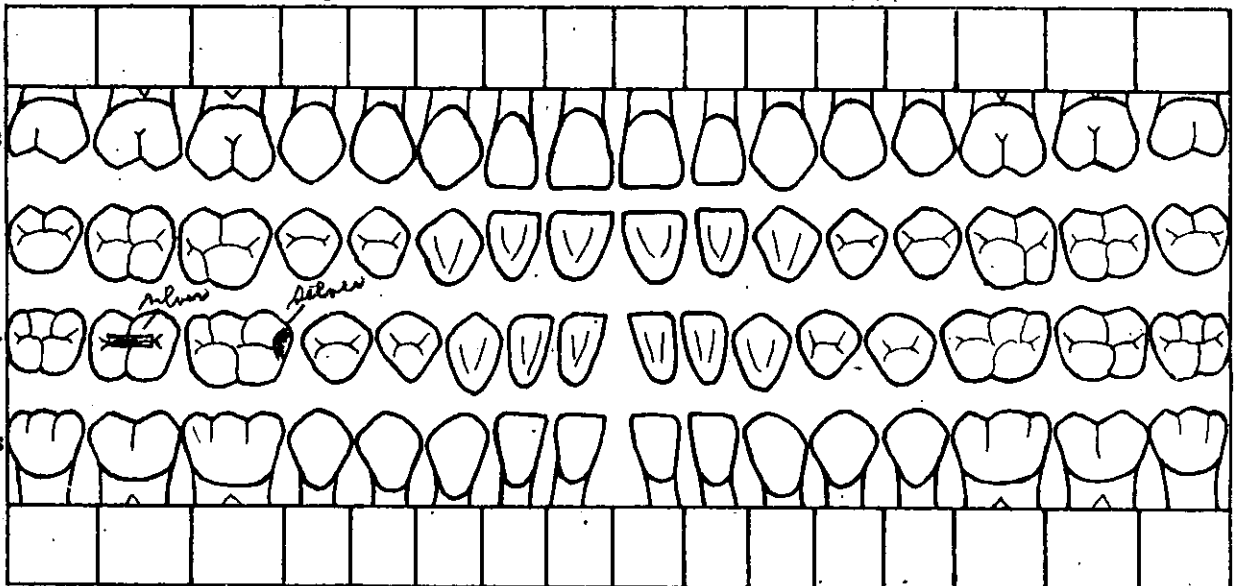
Date of Death

Cause of Death

Right

Left

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



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.

*W E Samson*

WILLIAM E SAMSON

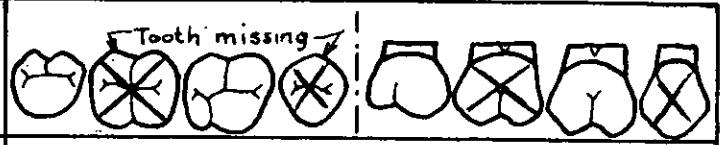
Signature of Officer or other person who prepared Tooth chart

1st Lt QMC

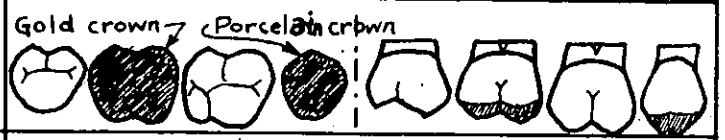
3043 QMGR CO

Verified by G. R. S. Officer

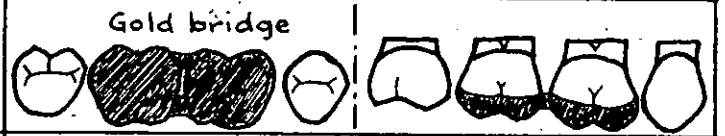
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



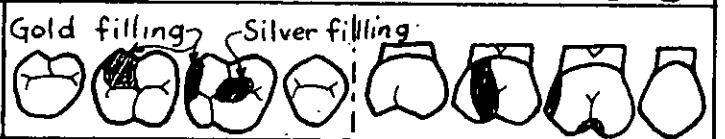
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



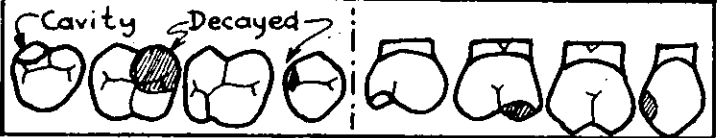
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

Name of Collecting Point

Exact Location

Date Delivered to Cemetery 23 May 45

NAME (Last, Name First)	ASN	ORGANIZATIONS (If unknown, give all possible organizations) (Use more than one line if necessary)	PLACE OF DEATH (Give coordinates, land marks, name of closest town, country)	DATE AND HOUR of delivery to point
Goff, Bime	38267744	Pfc 3988 GM Gas Co	150/N53 G308 4346 1:350,000 Wurzberg Ger	
Jacobs, Harold	32331544	Unk Unk	" " 150/N54 Retzbach Ger	
Nestel, Howard C	52790399 J-0204	Pvt 823 GM Gas Co	150/N53 Veltshoehelm Ger	
Unknown A 31	Unk	Unk Unk		

RESTRICTED



NAME, RANK, ASN, ORGANIZATION AND TRUCK NO. OF DRIVER DELIVERING BODIES TO COLLECTING POINT

NAME of the deceased RANK ASN

ORGANIZATION

NAME, RANK, ASN, ORGANIZATION AND TRUCK NUMBER OF DRIVER EVACUATING BODIES FROM COLLECTING POINT TO THE CEMETERY

Flight NAME Pfc RANK ASN

Av Co 394 Inf 99 Div Tr # 5533636 ORGANIZATION

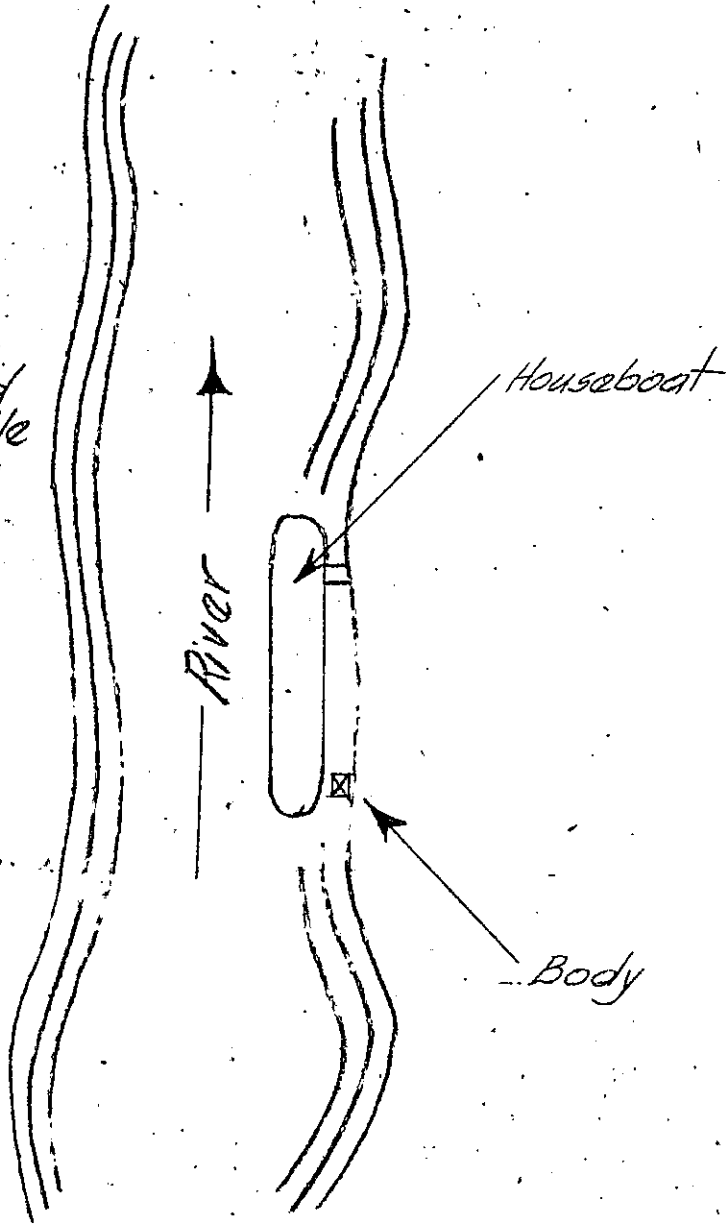
- NOTE :** Whenever Unknowns are processed, personnel operating the collecting point must furnish additional information to the cemetery covering the following points.
1. If evacuated from vehicle or plane, obtain the serial number of the plane or vehicle, organization if possible, type of plane or vehicle; position occupied by the deceased, and description of how vehicle or plane was destroyed.
  2. Name of other deceased found in the same vicinity as the Unknown.
  3. All possible organizations to which the deceased may have been assigned.
  4. All other clues obtainable which may aid in establishing identity, including the exact location and position in which the remains were found.

RECEIVED

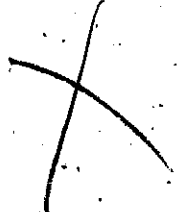


The body is located approximately one (1) mile downstream from Veitshochheim.

Map G.S.G.S. ~~1346~~ 1346  
1:250,000  
Sheet L50  
Coord: N530410



RESTRICTED



R E S T R I C T E D

HEADQUARTERS  
THIRD UNITED STATES ARMY  
APO 403

RGI/dl

AG 293.10 GNMCQ-2

19 July 1945

SUBJECT: Unidentified Deceased Personnel. (Unk X-31, Nurnberg Cem.)

THRU : CG, Gr Reg Serv Comd, USFET, APO 887, US Army.

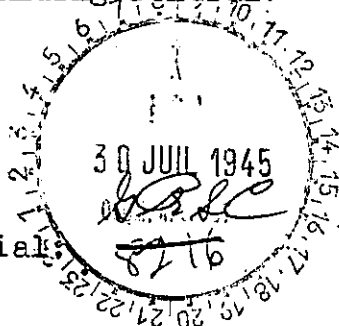
TO : CO, 3896th QM Gas Co., Apo #350, US Army.

1. The remains of an unidentified deceased soldier, believed to be a former member of your command, were buried in U. S. Military Cemetery No. 1, Nurnberg, Germany, as Unknown X-31. A copy of the Report of Burial is attached to this correspondence. This report contains a description of the physical characteristics of the deceased and a tooth chart. The only clothing on the remains was a pair of white cotton shorts with the mark "J-0204".

2. It is requested that action be taken to determine if this unknown can be identified by a check of the clothing mark, comparison of the physical description and tooth chart or by any other means available. Because the remains of this unknown were found in the approximate area and at the approximate time as the remains of Pfc Sime Goff, 38267744, formerly a member of your command, it is quite possible that the deceased was assigned to the same company. It is requested that all information which is obtained as a result of your investigation which may be used as a basis of identification, be forwarded to this headquarters.

3. If this unknown cannot be identified as a former member of your command, all facts and clues which are discovered which may indicate the name of the organization to which the unknown may have been assigned, are requested.

For the Commanding General:



*H.A. Engler*  
H. A. ENGLER,  
Major, A. G. D.,  
Asst. Adjutant General.

1 Incl: Report of Burial

X

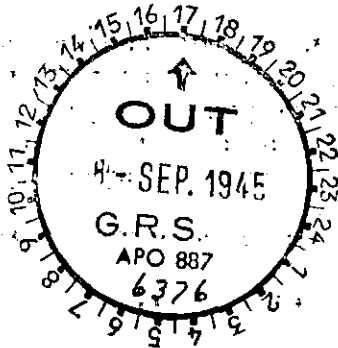
GRSC (Nurnberg D-6-133) 3rd Ind. PJW/JJT/lmb  
HQ, US THEATER GR REG SERV, TSFET (Rear), APO 887, U.S. ARMY, 7 September 45.

TO: The Commanding Officer, 4003rd Q.M. Truck Co., APO 403, U.S. Army.

1. Your attention is invited to basic communication, 2nd indorsement and inclosures.

2. Any information available to your headquarters that may aid in the identification of Unknown X-31 (Nurnberg) should be forwarded, by indorsement, direct to the Commanding General, Third U.S. Army, APO 403, U.S. Army.

For the Director General:



Incl n/c

*J.B. Pierce*

J.B. PIERCE,  
Captain, AGD,  
Adjutant.

GRSC (Nurnberg D-6-133) 4th Ind. CG/gtf  
Headquarters 4003RD QM. Trk, Co, Apo. 403, U.S.Army. 18 Sep 45.

TO: Commanding General, Third U.S.Army, APO, 403, U.S.Army.

1. No information is available in this command regarding basic communication, 2nd indorsement and inclosures.

2. No member of this command has ever been carried as missing.

3. The only drowning in this unit was Pvt. William Tribble Asn. 32981186 removed from the Main River at Wurzburg on 17 May 1945 and positively identified by James Callis, 1st Lt. QMC and 1st Sgt. Floyd G. Smith of this organization.

*QAS*  
23 SEP Recd

*Chris Gregory*  
CHRIS GREGORY  
1st Lt. QMC  
Commanding:

Recd  
AG Ccs Ltr.  
24 SEP. 1945

GRSC (Nurnberg D-6-133)

1st Ind.

PJW/RDP/hc  
(S: 17 August 1945)

GR REG SERV COMD, HQ USFET, APO 887, U.S.ARMY, 2 August 1945.

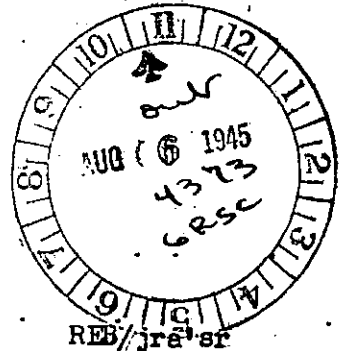
TO: Commanding Officer, 3898 QM Gas Company, APO 350, U.S. Army.

1. Attention is invited to basic communication.
2. Request compliance with paragraphs 2 and 3 and reply to this headquarters by indorsement.

For the Commanding General:

F.C. MOORE,  
Capt. QMC  
Adjutant.

Incl. n/c.



2nd Ind.

GRSC (nurnberg D-6-133)

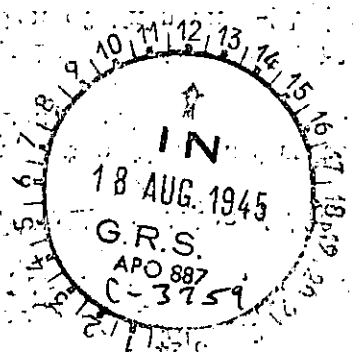
HQ 3898TH QM GASOLINE SUPPLY CO., APO 403, U. S. ARMY. 13 August 1945.

TO: Commanding General, GR Reg Serv Comd, HQ USFET, APO 887, U. S. Army.

1. Unknown mentioned in basic communication can not be identified as a former member of this command. A check of the clothing mark was made and a comparison of the physical discription and tooth chart was made but could not be identified. A check was made to determine whether any member of this command could not be accounted for.

2. Suggest that the 4003rd QM Truck Co., APO 403, U. S. Army., be contacted as the unit was in the same locality at the time of the death of pfc. Sime Goff and members of that unit swam in the river.

RAYMOND E. BOLTON  
Captain, QMC  
Commanding.



**AIRMAIL**

3146

**QMR 229**

1st Ind.

**GRT European**

**SUBJECT: ~~Unidentified Deceased~~  
Transmittal Letter 2417A**

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

**TO: Commanding General, American Graves Registration Command  
European Area, APO 98, 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, USNS St. Avold, which was suspended to your Headquarters by letter, this Office, dated 16 September 1949, File 891, GRT European, Subject: Identification of World War II Deceased.

**FOR THE QUARTERMASTER GENERAL:**

Incls w/d

**F. N. MURK  
Lt. Colonel, GSCS  
Memorial Division**

Rice/id  
Foy  
KSB

*X 893 back file - X 218 - ST AVOLD*

REC  
REC

**AIRMAIL**

**AIRMAIL**

1st Ind.

3146 ~~QMG 499~~

~~GCS European~~

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

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

TO: Commanding General, American Graves Registration Command  
European Area, APO 98, 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 I-6991, USMC St. Avelo, which was suspended to your Headquarters by letter, this Office, dated 16 September 1949, File 293, GCS European, Subject: Identification of World War II Deceased.

FOR THE QUARTERMASTER GENERAL:

Incls w/a

T. K. METZ  
Lt. Colonel, QMG  
Memorial Division

Rice/id  
Fey  
REB

X89:1111 f... X-210 - ST NORD

REB

TEC

RECEIVED  
OCT 14 1949

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

COPY

27 July 1949  
Date

*293 work from X-213 (Stavold)*  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-213, Plot DD, Row 6, Grave 133, 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. 4160, dated 27-7-49: No further information is available.

FOR THE COMMANDING GENERAL:

Received  
Not identifiable from  
information presently  
available  
24 AUG 1949  
0012

/s/ E. D. MULVANITY  
/t/ R. BERGER  
E. E. STOUT

*293 work from X-213 (Stavold)*  
24 AUG 1949  
0012



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

27 July 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 213, Plot DD  
Row 6, Grave 133, 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. 4160, dated 27-7-49.

3. Remarks:

Received  
Not identifiable from  
information presently  
available

24 AUG 1949  
OQMR

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

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

Roger Berger  
Major R. BERGER, O-251736

ORD

Capt. Jack G. HAYES, O-1577297 QMC

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

QMC

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

Incl #7

1

This Grave formerly occupied by: SHAFFER, Charles W. 35071413 PVT  
USMC ST AVOLD, FRANCE  
Plot B, Row 33, Grave 21  
Date reburied: 15 Sept 49  
**DISINTERMENT DIRECTIVE**  
Date disinterred: 15 Sept. 49

*W. Swartz*  
W. R. SWARTZ  
CAPT QMC

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 3574 000.00  
DATE: 15 01 48  
DAY MONTH YEAR

NAME: UNKNOWN X-000213  
SERIAL NUMBER: UNKNOWN X-000213  
RANK: Q  
ARM: Q  
DATE OF DEATH: 3503 80  
DAY MONTH YEAR  
CEMETERY: (ST AVOLD) - METZ  
DISPOSITION OF REMAINS: 0 3503 80  
CODE DIST. PT.  
PLOT: DD ROW: 6 GRAVE: 133 COUNTRY: FRANCE  
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-000213  
SERIAL NUMBER: UNKNOWN X-000213  
RANK: Q  
DATE OF DEATH: 24 Aug 48  
DATE DISTINTERRED: 24 Aug 48  
IDENTIFICATION TAG ON:  MARKER EMB  
ORGANIZATION: UNKNOWN  
RELIGION:  
IDENTIFICATION VERIFIED BY: Embalmer Henry A. Gentzel  
NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover  
CONDITION OF REMAINS: Skeletal form. No fractures. Decomposition complete.

OTHER MEANS OF IDENTIFICATION: Report of burial with remains illegible.

MINOR DISCREPANCIES: No identification tag found with remains.

REMAINS PREPARED AND PLACED IN CASKET: BY Henry A. Gentzel Embalmer  
DATE: 27 Aug 48

CASKET SEALED BY: Henry A. Gentzel Embalmer  
EMBALMER (Signature): *Henry A. Gentzel*

CASKET BOXED AND MARKED: DATE: 27 Aug 48 BY: Henry A. Gentzel  
INSPECTION ADDRESS: Jesse C. Harrell 1st Lt CAC  
All markings plates and tags 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.  
Final casketing by: *Jesse C. Harrell*  
Jesse C. Harrell 1st Lt CAC 7857 AGRC, Zone 3 Hq  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
FILE  
54 OCT 1949  
REPATRIATION  
DEPT. OF  
MIL. AFF.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM 16000 7 111007		TO 16000 7 111007	
KIND OF CONVEYANCE 16000 7 111007		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 16000 7 111007	DATE	SIGNATURE OF RECEIVER 16000 7 111007	DATE

## 2. SHIPPED

FROM 16000 7 111007		TO 16000 7 111007	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 16000 7 111007	DATE	SIGNATURE OF RECEIVER 16000 7 111007	DATE

## 3. SHIPPED

FROM 16000 7 111007		TO 16000 7 111007	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 16000 7 111007	DATE	SIGNATURE OF RECEIVER 16000 7 111007	DATE

## 4. SHIPPED

FROM 16000 7 111007		TO 16000 7 111007	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 16000 7 111007	DATE	SIGNATURE OF RECEIVER 16000 7 111007	DATE

## 5. SHIPPED

FROM 16000 7 111007		TO 16000 7 111007	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 16000 7 111007	DATE	SIGNATURE OF RECEIVER 16000 7 111007	DATE

## 6. SHIPPED

FROM 16000 7 111007		TO 16000 7 111007	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 16000 7 111007	DATE	SIGNATURE OF RECEIVER 16000 7 111007	DATE

FROM 16000 7 111007		TO 16000 7 111007	
KIND OF CONVEYANCE		NAME OF CONVOYER 16000 7 111007	
SIGNATURE OF SHIPPER 16000 7 111007	DATE	SIGNATURE OF RECEIVER 16000 7 111007	DATE

293 - Unk. X-213 France (St. Avoild)

I N D E X S H E E T

SYNOPSIS

Letter

24 June 1946

FROM: OQMG  
TO: CO, American Gr. Reg. Command APO 887, c/o PM, New York.  
SUBJ: Identification of Unk. Deceased.

INDEXED UNDER NO. 293 - Unk. X-865 (St. Avoild) France

th

# CHECK LIST OF UNKNOWNNS

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

Unknown X 213  
Cemetery St. Avoird, France  
Plot DD Row 6 Grave 133

1. Arrived at cemetery.....  
(hour) (date)
2. Place of death .....  
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. ~~Remains recovered~~ ~~and~~ ~~disinterred~~ ~~by~~ CIP. Strasbourg, France  
(name and organization) 10/30/46
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	remnants of		
Trousers HBT	none		
*Trousers, Wool OD	none		

Incl #8

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing)

Socks, Cotton none

\*Shoes none (type)

Overshoes none

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.

6. Chevrons or Insignia none  
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch none

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

8. Description of Remains :  
Age UTD Est. Height 5'10 1/2" Est. Weight 200 lbs. Description of wounds UTD

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

Tattoos UTD  
(Number, location -- illustrate on sep, page)

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

Sunburn or tan, other than hands & face UTD

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

Build UTD  
(large, fat, thin, muscular)

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

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

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

Goatee UTD  
(light, color, extent)

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

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

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

Teeth see tooth chart  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin abnormally large  
(prominent, receding, pointed, dimple, double)

Jaw abnormally large jaw circumference of head in inches 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)

(Unusual characteristics of fingernails)

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

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

(quantity & color of hair)

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

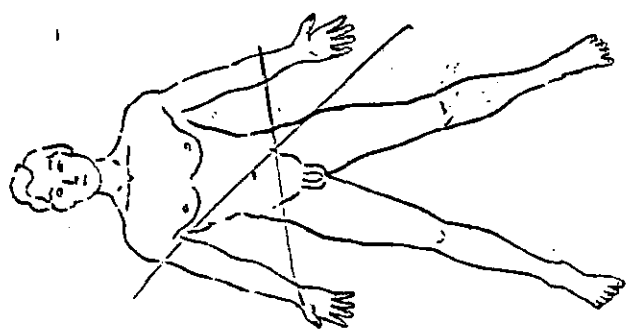
Hernioplasty UTD  
(yes-no; location)

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

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

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

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



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

If not, explain no fingers

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

12. Remarks : Remains in final stages of decomposition. Est. weight of remains 30 lbs. Burial bottle found with remains. Fluoroscopic examination: negative. Nothing found to warrant chemical lab. examination.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

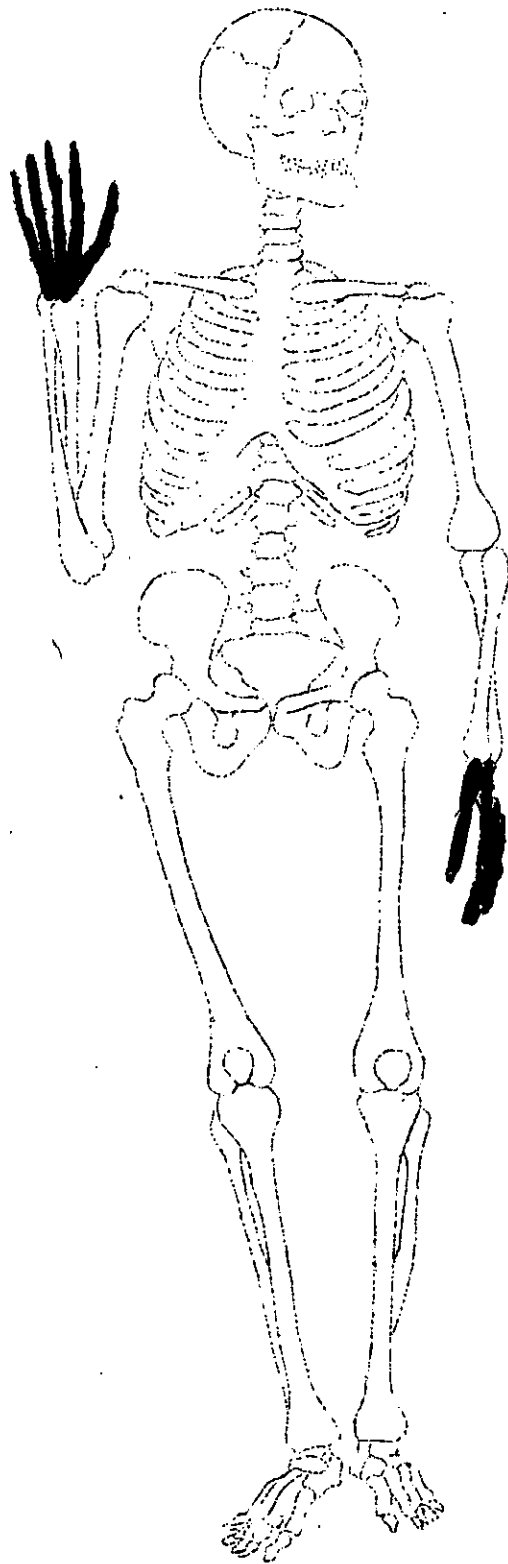
*Robert A. Salvador*

ROBERT A. SALVADOR *M.H.*  
Officer's Name

Capt. Inf.  
Rank Service

Central Identification Point.  
Organization





# TOOTH CHART

Date \_\_\_\_\_

X - 213

Last Name

First

Initial

Grade

Serial No.

Unit

Organization

Place of Death

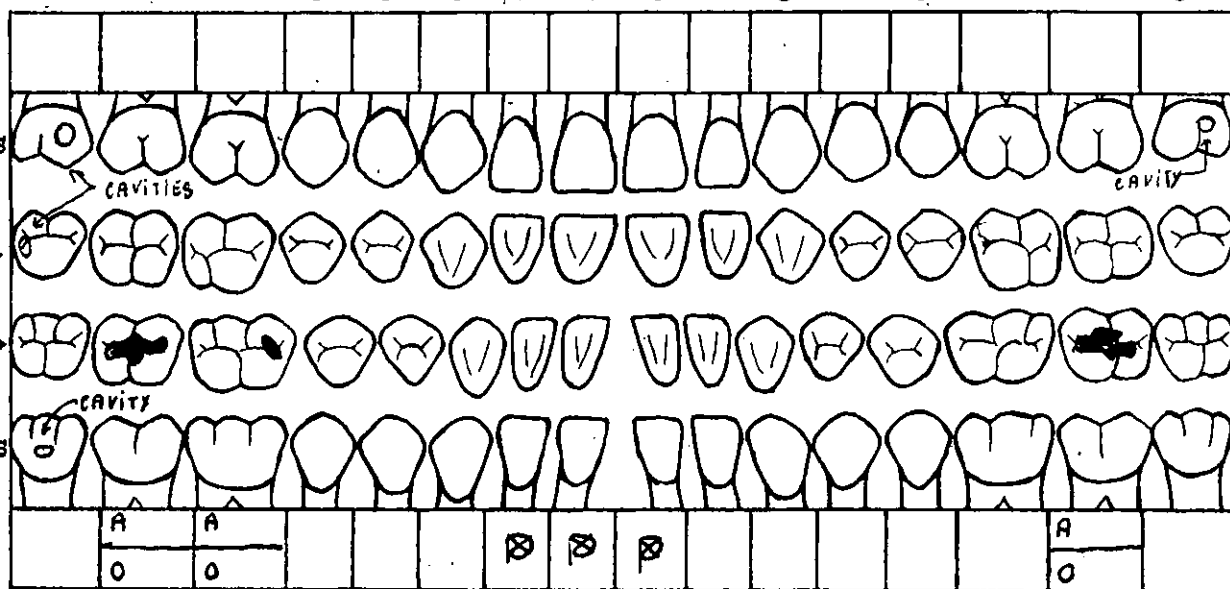
Date of Death

Cause of Death

Right

Left

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



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

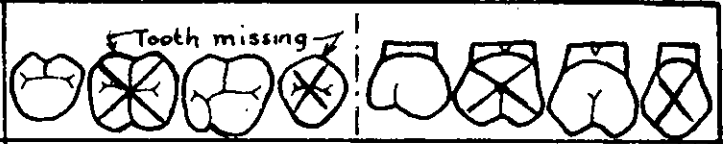
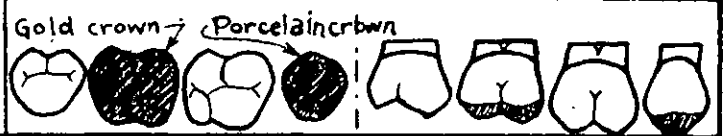
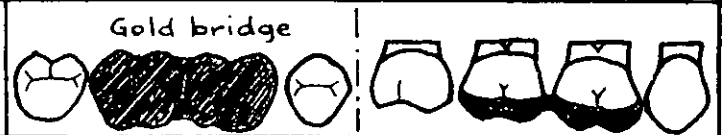
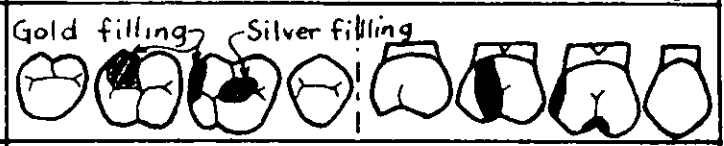
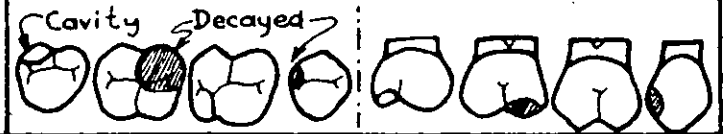
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

CERTIFIED TRUE COPY:

*George L. Freeman*  
 GEORGE L. FREEMAN  
 1st Lt QMC

/s/ Donald R. Steele  
 Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador  
 Verified by G. R. C. Officer

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

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

### ADDITIONAL SPACE FOR FURTHER REMARKS

All upper teeth present, no fillings  
 Large decay cavities in R 8 and L 8 as indicated  
 Space of 3mm. between R 3 and R 4  
 Posthumously missing : R 9, R 10, L 9  
 Mandible and maxilla very large ; broad full arches  
 Mandible extremely deep, and heavy  
 Very large teeth, perfectly aligned  
 Spacing normal  
 Pink tinge

# CHECK LIST FOR UNKNOWN

(Colored)

Pfc. F. C. Anton

(name of soldier processing remains)

1. Unknown X 31 U.S. Military Cemetery No. 1 Nurnberg Ger

2. If remains were disinterred, attach Check List for Disinterments.

3. Arrived at cemetery 1000 23 May 45 From Veitshochheim Ger  
(hour) (date) (collecting-point)

4. Place of death Veitshochheim Ger Coord: N53 39' GSGS 4346 Sht L50 1:250,000  
(name) (coordinates and landmarks)

5. \_\_\_\_\_

6. Remains recovered by Pfc Wright Sv Co 394 Inf  
(name and organization)

7. Evacuated to cemetery by Pfc Wright Sv Co 394 Inf  
(name and organization)

8. Is load list attached yes 9. Are names of deceased found in same area as this Unknown started none 10. Are  
(yes-no) (yes-no) circumstances described which may indicate organization of the deceased no 11. If only part of a body was received, was  
(yes-no) a careful search made for other parts of Unknown Body intact  
(yes-no)

12. If remains come from vehicle, plane, etc: not applicable  
(type of vehicle or plane, nick name, serial number, organization or symbols)

13. \_\_\_\_\_

14. Crew list: not applicable  
(names of other deceased and positions in which found)

15. \_\_\_\_\_

16. \_\_\_\_\_

17. If a tank, which hatches were free and available for escape use not applicable

18. 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 not applicable  
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19. \_\_\_\_\_

20. not applicable  
(found in town field by road etc.) (damaged by mine explosion)

21. not applicable  
(names of men who escaped) (description of other vehicles or planes in same area)

22. Detailed description of personal effects no personal effects  
(Indicate exact pocket or part of body where found)

23. \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

## RESTRICTED

**CHECK LIST FOR UNKNOWN**

(Colored)

Pfc F C Anton

(name of soldier processing remains)

1. Unknown X 31 U. S. Military Cemetery No. 1 Nurnberg Ger
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1000 23 May 45 From Veitshochheim Ger  
(hour) (date) (collecting point)
4. Place of death Veitshochheim Ger Coord: N53°39' 4346 Sht L50 1:250,000  
(name) (coordinates and landmarks)
5. ....
6. Remains recovered by Pfc Wright Sv Co 394 Inf  
(name and organization)
7. Evacuated to cemetery by Pfc Wright Sv Co 394 Inf  
(name and organization)
8. Is load list attached yes (yes-no) 9. Are names of deceased found in same area as this Unknown starred none (yes-no) 10. Are circumstances described which may indicate organization of the deceased no (yes-no) 11. If only part of a body was received, was a careful search made for other parts of Unknown Body intact (yes-no)
12. If remains come from vehicle, plane, etc.: not applicable  
(type of vehicle or plane, nick name, serial number, organization or symbols)
13. ....
14. Crew list not applicable  
(names of other deceased and positions in which found)
15. ....
16. ....
17. If a tank, which hatches were free and available for escape use not applicable
18. 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 not applicable  
(parts of markings or symbols) (burned) (pierced by shell fire - where)
19. ....
20. not applicable  
(found in town field by road etc.) (damaged by mine explosion)
21. not applicable  
(names of men who escaped) (description of other vehicles or planes in same area)
22. Detailed description of personal effects no personal effects  
(Indicate exact pocket or part of body where found)
23. ....
24. ....
25. ....
26. ....

**RESTRICTED**

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.
27. * Headgear (type)		Est 7 1/4		
28. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				
35. * Shirt, Wool OD		Est 16 1/2 x 34		
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD		Est 34 x 33		
40. Belt, Web				
41. Drawers, Wool				
42. Drawers, Cotton	J-0204	34	white	
43. Leggings				(Note unusual marking)
44. Socks Wool Cotton				
45. * Shoes (type)		Est 10 1/2 E		
46. Overshoes				
47. Web Equipment (type)				
48. (other item)				
49. (other item)				

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

50. Chevrons or Insignia **none** (type and location; shirt jacket coat helmet) Shoulder Patch **none**

51. Description of Remains

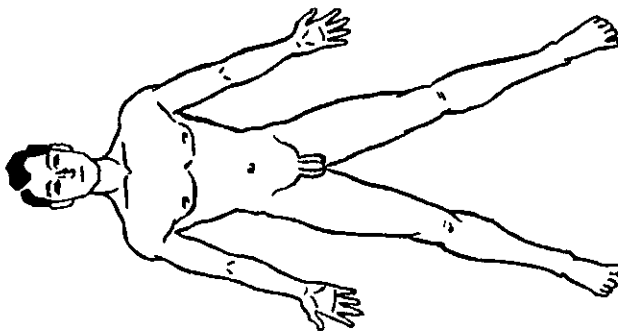
52. Age **Est 25-28** (years) Height **6'** (ft-in) Weight **190** (lbs) Description of wounds **Drowned**

53.

- 54. Bandages or dressings ..... none ..... Scars ..... none .....  
(length, width, location)
- 55. ....
- 56. .... Tattoos ..... none .....  
(number, location — illustrate on sep. page)
- 57. Outstanding moles, warts or birthmarks ..... none .....  
(yes-no) (description, location)
- 58. ....
- 59. Sunburn or tan, other than hands and face ..... no
- 60. Tobacco stain on fingers or teeth ..... none .....  
(designate where extent)
- 61. Complexion ..... colored ..... Build ..... large .....  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
- 62. ....
- 63. Hair ..... black -- all that remains is black and fuzzy .....  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek)
- 64. ....  
(distinctive cutting or other characteristics)
- 65. Sideburns ..... none ..... Mustache ..... none ..... Beard or goatee ..... none .....  
(color, setting, shape) (color, size, shape) Length,
- 66. ....  
(heavy, light, color, extent)
- 67. Eyes ..... decomposed ..... Eyebrows ..... no hair .....  
(color, setting, shape) (color, bushiness, extend across nose)
- 68. Nose ..... decomposed ..... Ears ..... decomposed .....  
(size, shape, straight) (size set, close to or far from head)
- 69. Forehead ..... wide ..... Mouth ..... large ..... Lips ..... large .....  
(high, wide, wrinkled) (large, medium, small) (small, large, full)
- 70. Teeth ..... white - even - straight good condition .....  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
- 71. Chin ..... prominent ..... Cheekbones ..... high .....  
(prominent, receding, pointed, dimple, double) (high, normal)
- 72. Jaw ..... large ..... Circumference of head in inches ..... 22" .....  
(large, small, normal) (hat band)
- 73. Neck ..... 16 1/2 Normal ..... Larynx ..... normal ..... Shoulders ..... broad .....  
(size, long, short, normal, wrinkled) (prominent, normal) (broad,
- 74. .... heavy set ..... Arms ..... 20" from armpits to wrist - no hair .....  
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)
- 75. .... 7 1/2 Cir of wrist ..... Hands ..... large .....  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
- 76. .... none .....  
(marks on fingers indicating that rings were worn)
- 77. ....

RESTRICTED

78. Fingers\* ..... long thick  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. .... none  
(Unusual characteristics of fingernails)
80. Chest ..... 42" ..... Flesh and skin decomposed  
(size at nipples; color, quantity and extent of hair: large, small, normal)
81. Back ..... none ..... Waist ..... 34" ..... Flesh and skin decomposed  
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. .... Circumcized ..... no ..... Pubic hair ..... black ..... Hernioplasty ..... Flesh and skin decomposed  
(yes-no) (color) (yes-no) (location)
83. Legs ..... 33" ..... inseam ..... muscular ..... small amt of hair ..... black  
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet ..... 11" ..... no corns ..... Toes ..... short slender  
(size; corns; callouses; flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures ..... no  
(nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery ..... Body intact



87. Have photographs been made and attached ..... yes ..... If not, explain  
(yes-no)
88. Have fingerprints been placed on GRS No 1 ..... no ..... If not, explain hands decomposed  
(yes-no)
89. Has tooth, chart been prepared? ..... yes ..... If not, explain  
(yes-no)
90. Remarks: ..... Body bloated and decomposed to great extent
91. .... Clothing mark (J-0204) was found on white cotton drawers
92. .... No other information brought to cemetery.
93. ....
94. ....
95. ....
96. ....



# TOOTH CHART

30 May 45  
 Date

Unknown X 31

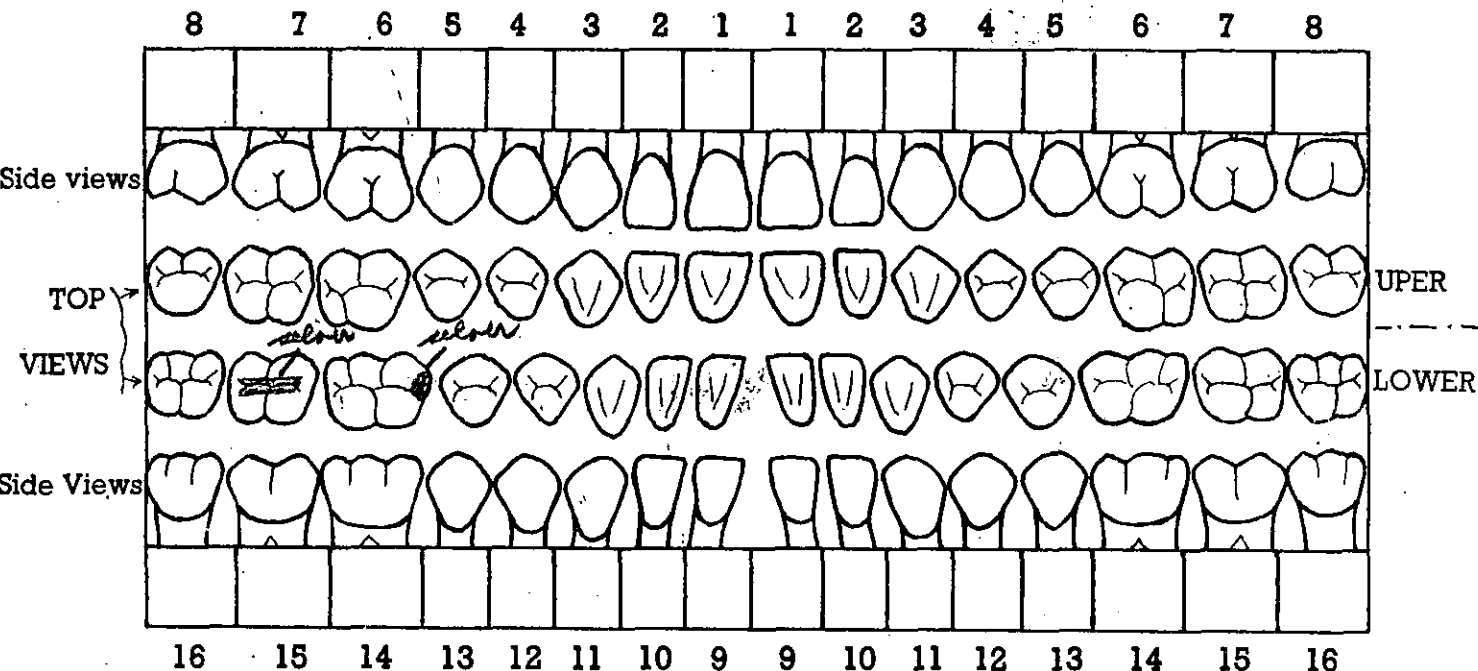
Unk

J-0204

Last Name	First	Initial	Rank	Serial No.
Unk				
N(53-39) Map GSOs	4346	Sht L50	1:250,000	Organization
Veitshochheim Ger	Unk	(Estimated to be 1 May 45)	Drowning	Cause of Death
Place of Death	Date of Death			

Right

Left






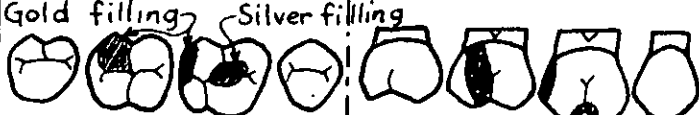

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*W. E. Samson*  
 WILLIAM E SAMSON  
 1st Lt QMC  
 3043 QMGR CO

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

**RESTRICTED**

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

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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Name of Collecting Point

Exact Location

Date Delivered to Cemetery 23 May 45

NAME (Last Name First)	ASN	ORGANIZATIONS (If unknown, give all possible organizations) (Use more than one line if necessary)	PLACE OF DEATH (Give coordinates, land marks, name of closest town, country)	DATE AND HOUR of delivery to point
Goff, Sime	38267744	Pfc 3898 QM Gas Co	L50/N53 GSGS 4346 1:350,000 Wurzburg Ger	
Jacobs, Harold	32331544	Unk Unk	" "	
Nestel, Howard	32790399 J-0204	Pvt 823 QM Gas Co	L50/N54 Retzbach Ger L50/N53 Veitshochheim Ger	
Unknown A 31	Unk	Unk Unk		

RESTRICTED

NAME, RANK, ASN, ORGANIZATION AND TRUCK NO. OF DRIVER DELIVERING BODIES TO COLLECTING POINT

NAME RANK ASN

ORGANIZATION

NAME, RANK, ASN, ORGANIZATION AND TRUCK NUMBER OF DRIVER EVACUATING BODIES FROM COLLECTING POINT TO THE CEMETERY

Wright Pfc 18232315  
NAME RANK ASN

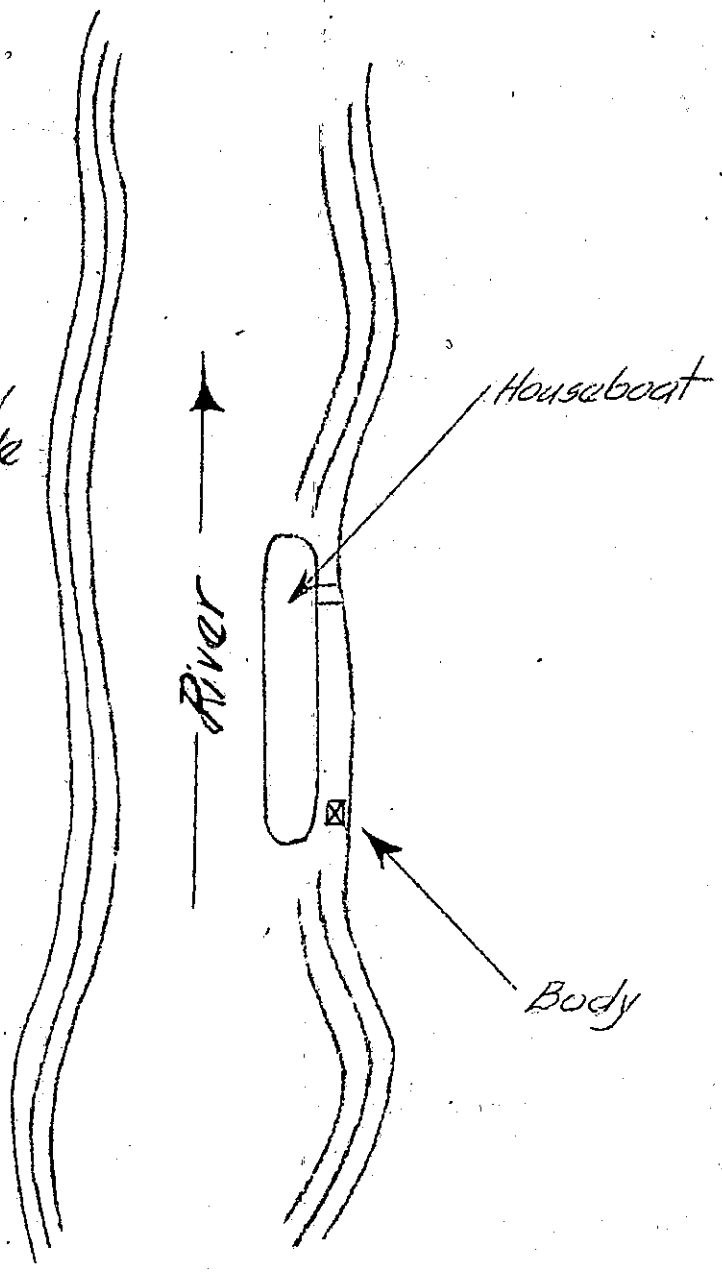
Sv Co 394 Inf 99 Div Tr # 3333636  
ORGANIZATION

- NOTE :** Whenever Unknowns are processed, personnel operating the collecting point must furnish additional information to the cemetery covering the following points.
1. If evacuated from vehicle or plane, obtain the serial number of the plane or vehicle, organization if possible, type of plane or vehicle, position occupied by the deceased, and description of how vehicle or plane was destroyed.
  2. Name of other deceased found in the same vicinity as the Unknown.
  3. All possible organizations to which the deceased may have been assigned.
  4. All other clues obtainable which may aid in establishing identity, including the exact location and position in which the remains were found.

N

The body is located approximately one (1) mile downstream from Veitshochheim.

Map G.S.G.S. ~~4346~~ 4346  
1:250,000  
Sheet L50  
Coord: N530410



**RESTRICTED**

**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

/Mg

22 August 1945

Date

Unknown X-213

Unknown

J-0204

Last Name	First	Initial	Rank	Serial No.
unknown				

Unit	Organization	Date of Death	Cause of Death
N-53-39 Map GSGS Sht L50 1:250,000 Veitschochhe <del>Place of Death</del>		Est. to be 1 May 1945	Drowning
1500 -18 August 1945 Time and Date of Burial	US Military Cemetery St. Avold, France Name of Cemetery		
133 Grave Number	6 Row Number	DD Plot Number	Cross 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?

Clothing mark on cotton shorts (J-0204) Body was taken from the Danube River. Position of body in river is shown on Attached sketch. Brought in By PFC Wright Serv. Co 394 Inf.

What means of identification were buried with the body?

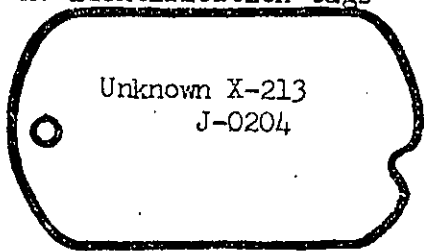
GRS #1 in burial bottle and embossed plate

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

Who is buried on:

<b>Deceased's Right:</b>	<u>MAJIA</u> Name	<u>37242637</u> Serial No.	<u>S/Sgt</u> Rank	<u>Co K 66 Inf 71 Div</u> Organization	<u>132</u> Grave No.
<b>Deceased's Left:</b>	<u>GRAY</u> Name	<u>Unk</u> Serial No.	<u>Unk</u> Rank	<u>4176 QM Serv Co</u> Organization	<u>134</u> Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.  
no identification tags



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:  
No personal effects

REBURIAL

Previously buried in US Military Cemetery Nurnberg #1, Germany- Plot D. Row 6, Grave 133 as unknown X-31

A TRUE COPY

*Joseph E. McCluskey*  
JOSEPH E. McCLUSKEY  
2nd Lt, Inf

E.R. DE WEESE, 1st Lt OMC, 3048 QM GR CO

Disintering Officer or other person reporting burial

G.L. HORNER O-205224, 610 QM GR CO

Reintering Officer by G.R.S. Officer

**RESTRICTED**

# IF DECEASED UNIDENTIFIED

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

- |                |                          |
|----------------|--------------------------|
| 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.

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

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

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

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

RESTRICTED  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-115

22 AUG 45  
Date

\*UNKNOWN X-213

Unk  
Rank

J-0204  
Serial No.

Last Name First Initial

N(53-39) Map GSGS Unk Unit Sgt L50 1:250,000 Organization  
Veitschochheim, Ger. UNK(Estimated to be 1 May 45) Drowning

Place of Death Date of Death Cause of Death  
ø 1500 - 18 Aug 45 U. S. Mil. Cem. St. Avold, France

Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
133 6 DD 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**

How were remains identified?

Clothing mark on cotton shorts (J-0204) Body was taken from the Danube River. Position of body in river is shown on atchd. sketch. Brought in by Pfc Wright, Serv Co 394 Inf.

What means of identification were buried with the body?

GRS #1 in burial bottle and embossed plate.

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

Who is buried on:

Deceased's Right: MEJIA JR 37242637 S/Sgt Co K 66 Inf 71 Div 132

Deceased's Left: GRAY Unk Unk 4176 QM Serv Co 139

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

**No Identification Tags**

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

UNKNOWN X-213  
J-0204

Emergency Addressee Unk  
Name

Address

Religion Unk

List only Personal Effects Found on Body and disposition of same: **No Personal Effects.**

RESTRICTED

Previously buried in U. S. Mil. Cemetery #1,  
Nurnberg, Germany

Plot D Row 6 Grave 133

as: UNKNOWN X-31

Reintering Officer:

*E. R. De Weese*  
E. R. DE WEESE  
1st Lt., QMC  
3048 QM GR Co  
Disintering Officer

Signature of Officer or other person reporting burial

*G. L. Horner*  
GERALD L. HORNER 1st Lt. QMC 0-205224  
610th QM GR. REG. CO.



# 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.:

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

## TOOTH CHART

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

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

Characteristics:

Other Data:

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

11 57 1947

# REPORT OF BURIAL

TM 10-830 AND AR 30-1815

30 May 45

Date

Unknown X 31

Last Name

First

Initial

Unk

Rank

J-0204

Serial No.

Unk

N(53-39) Map USGS 4346 Sht L50 1:250,000

Organization

Veitshochheim Ger

Unk (Estimated to be 1 May 45) Drowning

Place of Death

Date of Death

Cause of Death

27 May 45 0800

Time and Date of Burial

U S Mil Cem #1 Nurnberg Ger

Name of Cemetery

Name or Coordinates of Location

133

6

D

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 Clothing mark on cotton shorts (J-0204) Body was  
How were remains identified? taken from the Danube River. Position of body in  
river is shown on atchd sketch. Brought in by Pfc Wright, Serv Co  
394 Inf.

What means of identification were buried with the body?

GRS #1 and embossed plate

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

Who is buried on:

Deceased's Right: MEJIA JR 37242637 S/Sgt Co K 66 Inf 71 Div 132

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: GRAY Unk Unk 4176 QM Serv Co 134

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:

Unknown X 31

J-0204

Emergency Addressee Unk

Name

Address

Religion Unk

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

No Personal effects

W E Samson  
**WILLIAM E SAMSON**  
1st Lt. QMC  
3043 QMGR CO

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

1430

# 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: 000.000:1 \_\_\_\_\_ Number of Ribs: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: **Negro**

(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.:

Left Hand

Right Hand

Thumb

Thumb

Left Hand

Right Hand

Thumb

Thumb

## TOOTH CHART

		Decayed's Left								Decayed's Right							
		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 C; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

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