

1. FILE UNDER NO. 293 - Unk. France X-3152 -~~32~~ (St. Avoid)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 9 Jan 50
4. FROM: OQMG
5. TO: Chief, Registration Division, 7887th Graves Registration Detachment, European Area, APO 58, NY, NY
6. SUBJECT: Identification of World War II Deceased.

7. DOCUMENT FILED UNDER NO. 314.6 - GRS, European (Trans. Ltr. # 4352)

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

21 September 1949
Date

293 Unknown-France X-3152 (St. Avold)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-3152, Plot ZZZ, Row 5, Grave 52, 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. 2695, dated 15-3-48. No further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/

Case reviewed by undersigned Members of the Board of Review:

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

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

Gaylord E. IUTZ
1/Lt. Gaylord E. IUTZ, O-1595665 QMC

Received 30 DEC 1949 OQMG
Not identifiable from
information presently
available

File NAT
30 Dec 49
Hester
Edmundson

ATLANTA
DEC 30
SCIENTIFIC
BRANCH

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US. ARMY

RRE 293

21 September 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 3152 , Plot ZZZ
Row 5 , Grave 52 , 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. 2695 , dated 15-3-48 .
3. Remarks:

Received 30 DEC 1949 QQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

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

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

1/Lt. Edward E. STOUT, O-1594512
1/Lt. Gaylord E. LUTZ, O-1595665

QMC

Holan

lem

This Grave formerly occupied by: UNKNOWN X-006369

USMC ST AVOLD; FRANCE
Plot F, Row 4, Grave 19
Date reburied: 20 Oct 49

DISINTERMENT DIRECTIVE

Date disinterred: 20 Oct 49

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
M. R. SWART
CAPT QMC

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME: *M/3* UNKNOWN X-003152 SERIAL NUMBER: UNKNOWN X-003152 RANK: RANK: RANK: RANK: ARM: 0 DATE OF DEATH: DATE OF DEATH: DATE OF DEATH: DATE OF DEATH: DAY MONTH YEAR

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

PLOT: ZZZ ROW: 5 GRAVE: 52 COUNTRY: FRANCE CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-003152 SERIAL NUMBER: SERIAL NUMBER: SERIAL NUMBER: SERIAL NUMBER: RANK: Unk DATE OF DEATH: 7 Jan 45 DATE DISINTERRED: 28 Apr 48 IDENTIFICATION TAG ON: [X] REMAINS GRS [X] MARKER GRS ORGANIZATION: UNKNOWN RELIGION: Unk IDENTIFICATION VERIFIED BY: Charles W Fredricks, Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover CONDITION OF REMAINS: Fractured left femur, and left pelvic. In skeleton form. Small amount of decomposed flesh. OTHER MEANS OF IDENTIFICATION: Disarticulated.

Embossed plate and Report of Burial, dated 26 Jan 1946, found with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE: 5 May 48 BY: Charles W Fredricks, Embalmer CASKET SEALED BY: Charles W Fredricks, Embalmer EMBALMER (Signature): Charles W Fredricks, Embalmer

CASKET BOXED AND MARKED: 5 May 48 Charles W Fredricks, Embalmer SHIPPING ADDRESS VERIFIED BY: All markings, plates and tags verified by: Bruce E Blair, 1st Lt QMC

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

Bruce E Blair
Bruce E Blair, 1st Lt QMC, 337 QM Bn 40
SIGNATURE OF GRS INSPECTOR

FILE
BRANCH
MEDICAL
W. Blair

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		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. FILE UNDER NO. 293 - Unk. France X-3152 (St. Avold)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 22 Jun 48
4. FROM: OCMG
5. TO: CG, AGRSC, EA, APO 58, SPM, NY, NY
6. SUBJECT: Request for OCMG Form 371

7. DOCUMENT FILED UNDER NO. 293 - GRS European (Ident.)

lcd

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FP
FILE UNDER NO. 293 - Unknown France 3152 (St. Avoird)

. I N D E X S H E E T .

SYNOPSIS

LETTER

29 July 1947

FROM
TO:

CQMG :

CG, Amer. GRC, European Area, APO 58, c/o PM, New York

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown France X-4151 (St. Avoird)

rtb

DOCUMENT NO. 293 - Unknown X-3152 France (St. Avoild)

I N D E X S H E E T

S Y N O P S I S

Letter

14 June 1946

FROM: QMGO
TO: CO, Ft. Meade, Md.
ATTN: Post Surgeon

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown X-3151 France (St. Avoild)

bm

FILES UNDER NO. 293 - Unknown X-3152 France (St. Avold)

I N D E X S H E E T

S Y N O P S I S

Memo

30 April 1946

FROM: QMGO, Memorial Div.
TO: World War II Records Adm. St. Louis, Mo.

RE: For necessary action.

DOCUMENT FILED UNDER NO. 293 - Unknown X-3151 France (St. Avold)

bm

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
"Report of Burial" when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: Yes.
(if Special Investigation, so indicate)
Presumed to be: Richard Murday, ASN 35628715.
2. Unk. X-3152, St. Avold/France unk. unk. unk.
(Full name of deceased) (Rail) (ASN) (Organization)
3. State Means of identification, i. e. identification tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e. identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks, etc.
Tooth chart taken; no fingerprints taken, no clothing marks found.
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town. St. ENGBERT/Ger., WQ-5576, Trier, Ger., K-50, 1/250,000.
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
5. Full name of cemetery (include plot, row and grave if organized cemetery).
Mittlerer Cemetery, St. Ingbert, Germany, row 4.
6. Approximate or established date of death (state which and give basis for date selected).
7 Jan 1945 (Hospital records).
7. Approximate or established date of burial (give basis for date established).
8 Jan 1945 (Verbal reports of Burgermeister).
8. Manner in which grave was marked, show information contained on the marker.
One cross marked as follows: "Registered by 3047 Q.M.G.R.Co. 15th U.S. Army
Richard Murday - 35628715".
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned.
None.
10. Furnish information obtained concerning place and particulars surrounding death and burial; give the names and addresses of **all** persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information). Murday was badly wounded, during the heavy battle inside of St. Ingbert/Ger. on 7 Jan 1945. It is believed that his feet were torn off by the intensive tormenting fire. He was taken to the hospital, where he died a short while later. Informant: Ludwig Schmid (Burgermeister's office) Stadtbauamt, St. Ingbert/Germany.
11. Give name and address of person who can guide disinterment team to burial location.
Ludwig Schmid, Burgermeister's office, Stadtbauamt, St. Ingbert/Germany.

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
 „Report of Burial” when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: Yes.
 (if Special Investigation, so indicate).....
Presumed to be: Richard Murday, ASN 35628715.
2. Unk. X-3152, St. Avold/France unk. unk. unk.
 (Full name of deceased) (Rank) (ASN) (Organization)
3. State: Means of identification, i. e. identification tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e. identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc.
Tooth chart taken, no fingerprints taken, no clothing marks found.
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: ST. INGEBERT/Ger., WQ-5576, Trier, Ger., K-50,
1/250,000.
 NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
5. Full name of cemetery (include plot, row and grave if organized cemetery):
Mittlerer Cemetery, St. Ingbert, Germany, row 4.
6. Approximate or established date of death (state which and give basis for date selected):
7 Jan 1945 (Hospital records).
7. Approximate or established date of burial (give basis for date established):
8 Jan 1945 (Verbal reports of Burgermeister).
8. Manner in which grave was marked, show information contained on the marker:
One cross marked as follows: "Registered by 3047 Q.M.G.R.Co. 15th U.S. Army.
Richard Murday - 35628715".
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:
None.
10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of **all** persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information): Murday was badly wounded, during the heavy battle inside of
St. Ingbert/Ger. on 7 Jan 1945. It is believed that his feet were torn
off by the intensive tormenting fire. He was taken to the hospital, where
he died a short while later. Informant: Ludwig Schmid (Burgermeister's
Office) Stadtbauamt, St. Ingbert/Germany.
11. Give name and address of person who can guide disintering team to burial location:
Ludwig Schmid, Burgermeister's Office, Stadtbauamt, St. Ingbert/Germany.

12. Is this atrocity case: no. Is there evidence that it may be:
If answer is yes, has responsible War Crimes representative been notified:

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members:
Not applicable.

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor:
Not applicable.

15. If unidentified, supply any of the following information determinable:

a. Crew position in plane or vehicle:

b. Plane or vehicle serial number: Type:

c. Installed weapons:

Serial Number	Calibre & Mfr.	Serial Number	Calibre & Mfr.
<u>Not applicable.</u>			

d. Engine serial number: Type:

William H. Zerhan
Signature of Investigating Officer

WILLIAM H. ZERHAN

606 Q.M. Graves Registration Co.

2nd Lt. Inf. 0-1336585

Rank ASN

C.O. 606 Q.M.G.R.Co.

Disinterment approved by, (HQ Authorizing Exhumation):

Disinterment and *reburial/burial made by:

Date of *burial/reburial: 9 February 1946

Place of *burial/reburial U. S. Military Cemetery: St. Avold, France

Plot ZZZ Row 5 Grave 52

NOTE: Additional particulars regarding investigation:
will be placed on additional sheet.

* Cross out word not applicable.

12. Is this atrocity case: no. Is there evidence that it may be: no.

If answer is yes, has responsible War Crimes representative been notified:

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members:

Not applicable.

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor:

Not applicable.

15. If unidentified, supply any of the following information determinable:

a. Crew position in plane or vehicle:

b. Plane or vehicle serial number: Type:

c. Installed weapons:

Serial Number	Calibre & Mfr.	Serial Number	Calibre & Mfr.
<u>Not applicable.</u>			

Not applicable.

d. Engine serial number: Type:

William H. Zerhan

Signature of Investigating Officer

WILLIAM H. ZERHAN

606 Q.M. Graves Registration Co.

2nd Lt. Inf. O-1336585

Rank ASN

C.O. 606 Q.M.G.R.Co.

Disinterment approved by (HQ Authorizing Exhumation):

Disinterment and *reburial/burial made by:

Date of *burial/reburial: 9 February 1946

Place of *burial/reburial U. S. Military Cemetery: St. Avold, France

Plot ZZZ Row 5 Grave 52

NOTE: Additional particulars regarding investigation:

will be placed on additional sheet.

* Cross out word not applicable.

Draw of : Unk. X-3351, Caldwell William B. and Unk. X-3152 American Soldiers buried in the Military Cemetery at St. Ingbert, Germany.

Map Germany 1/250,000.

Sheet: Trier K-50.

Coords: Wg 5576.

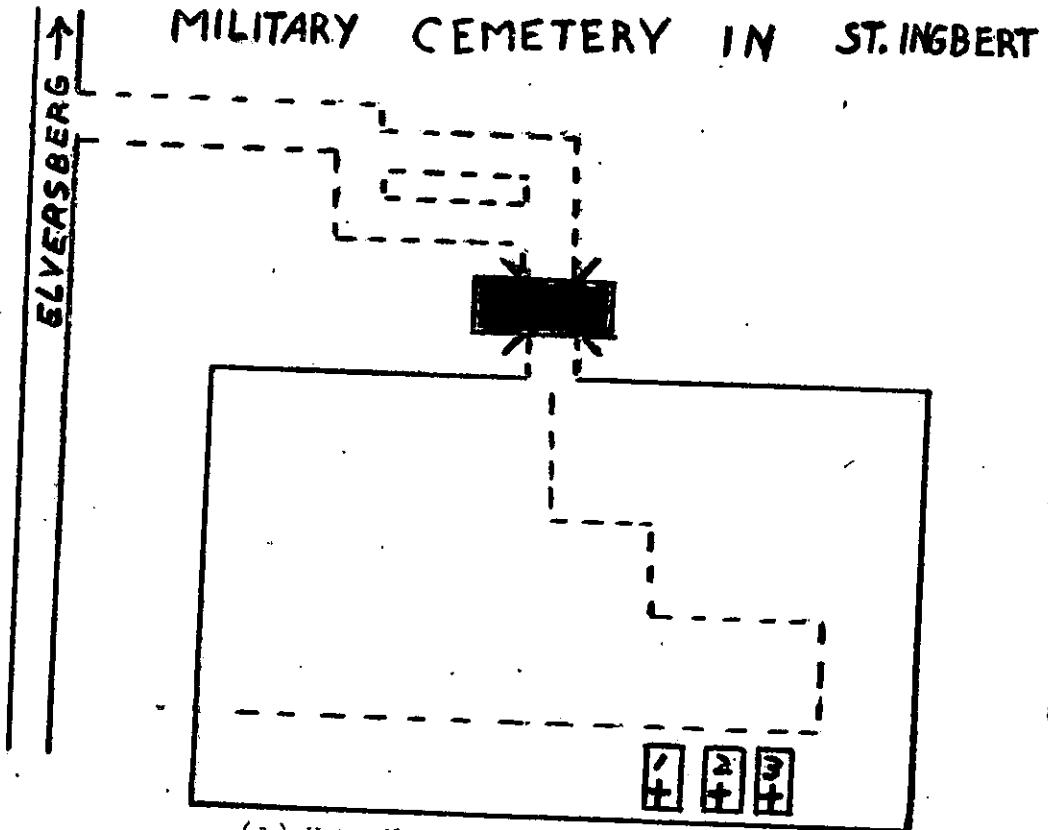
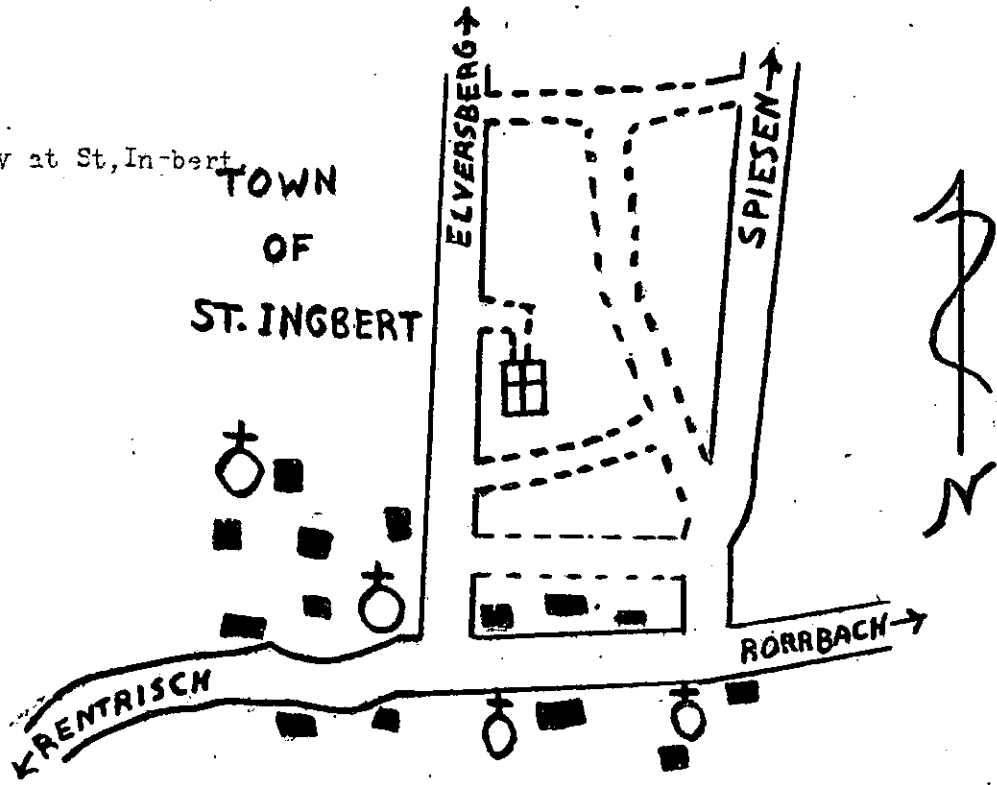
Location in Military Cemetery at St. Ingbert.

Sketched by : Pvt. Akiki.

606 M.G.R.Co.

Date: 29. Jan. 1946.

Not to scale.



- (1) Unk. X-3151
- (2) Caldwell William B. 36842038.
- (3) Unk. X-3152.

Graves of : Unk. x-3151, Caldwell William B. and Unk. x-3152 American Soldiers buried in the Military Cemetery at St. Ingbert, Germany.

Map Germany 1/250,000.

Sheet: Trier K-50.

Coords: Wg 5576.

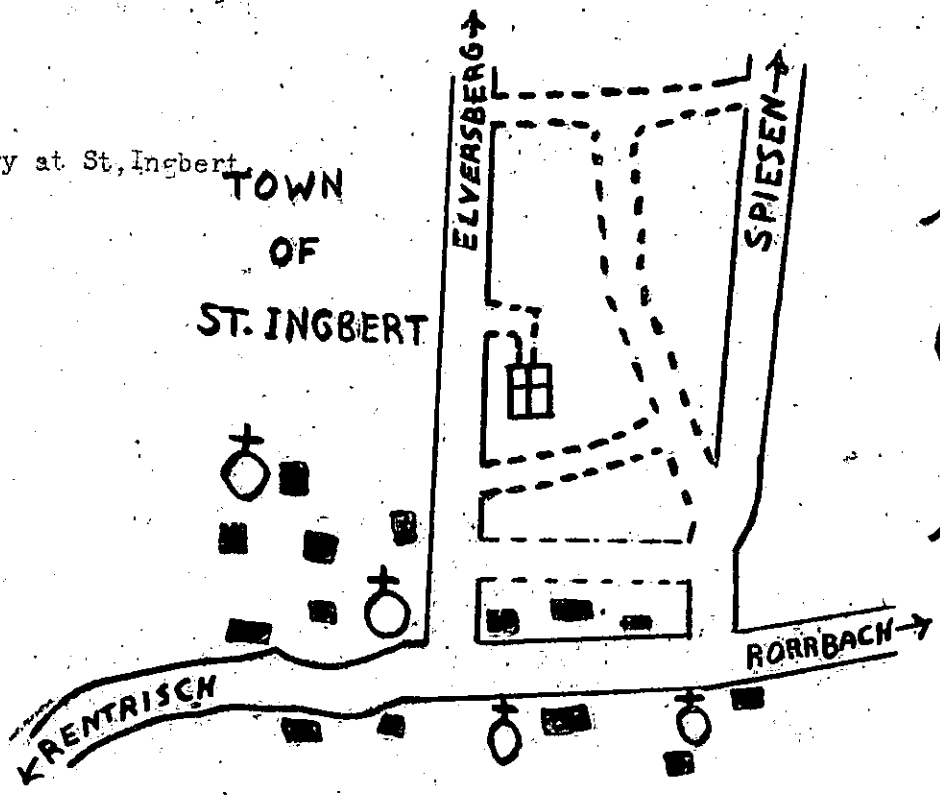
Location in Military Cemetery at St. Ingbert.

Sketched by : Pvt. Akiki.

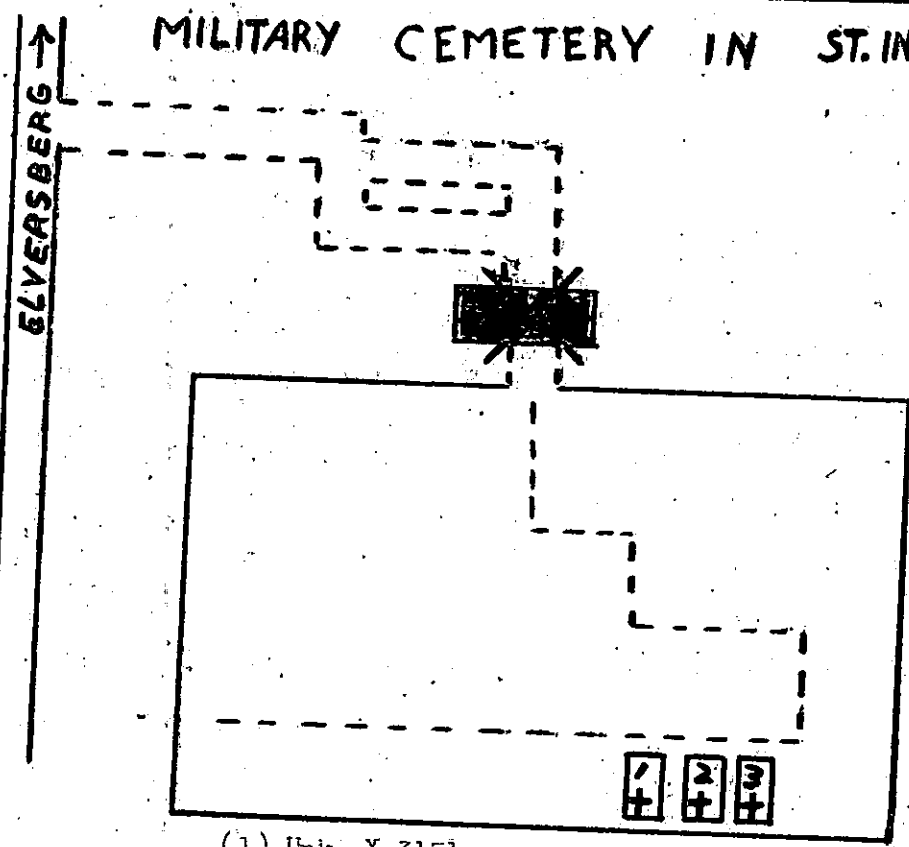
606 QM G.R.Co.

Date: 29. Jan. 1946.

Not to scale.



MILITARY CEMETERY IN ST. INGBERT



- (1) Unk. X-3151
- (2) Caldwell William B. 36842038.
- (3) Unk. X-3152.

TOOTH CHART

26 Jan. 1946

Unk. 3152

Unk. Unk.

Last Name First Initial Rank Serial No.

Unk.

Unk.

St. Inghelst Ave 1 7 Jan 1945

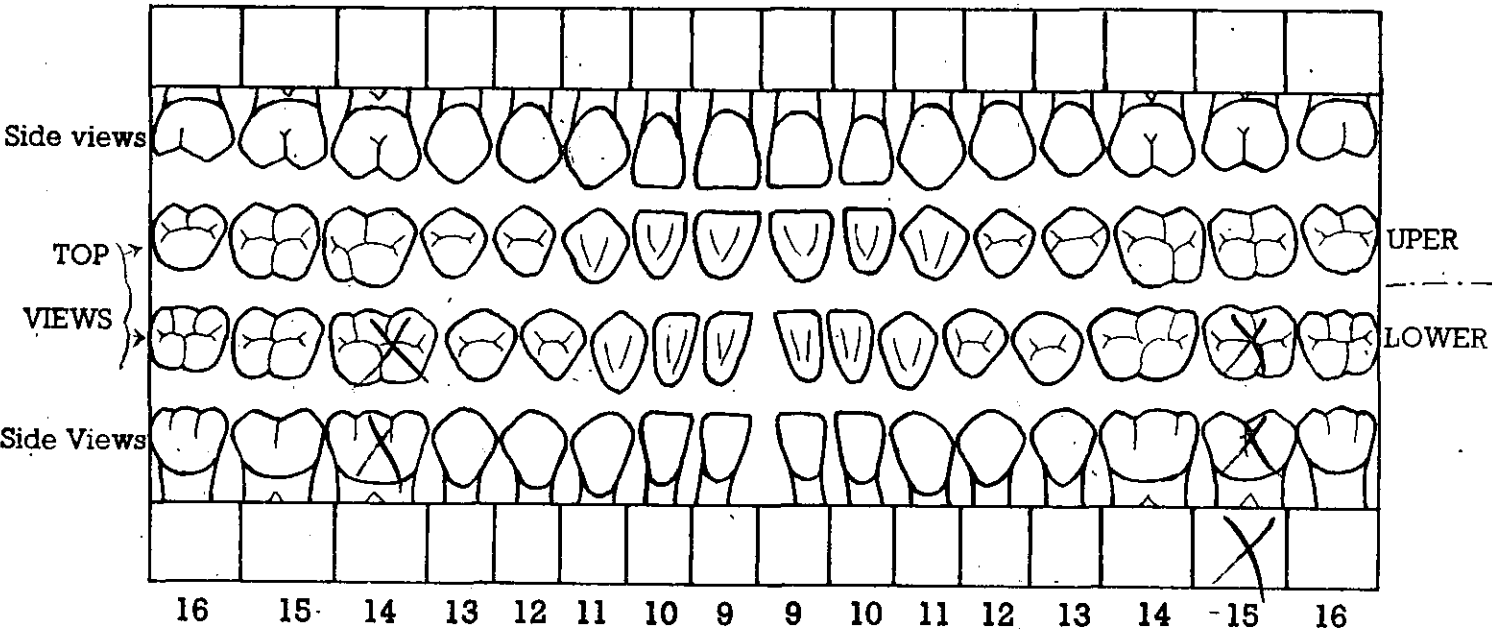
Unk.

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



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.

#14 lower right natural missing
 #15 lower left natural missing

Dgt. Bobby Thomas

Signature of Officer or other person who prepared Tooth chart

William H. Gorman 2nd Lt. Inf

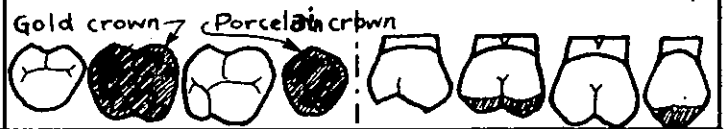
Verified by G. R. S. Officer

606 AM GR CO.

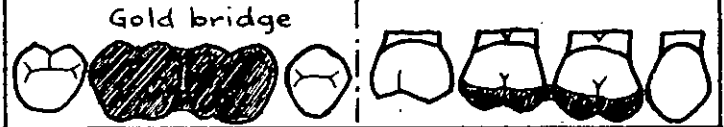
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



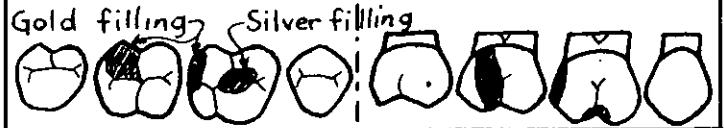
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

CHECK LIST FOR UNKNOWNNS

Pfc. Blair

(name of soldier processing remains)

1. Unknown X -3152 - St. Avoild, France. Coll. Pt. Homburg, Germany

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

3. Arrived at cemetery 1400, 17 Jan. 1946 From 606 QM G.R.Co. Homburg, Germany
(hour) (date) (collecting point)

4. Place of death St. Ingbert, Germany Trier- K-50 Ger. 1/250,000
(name) (coordinates and landmarks)

5. Coords. WQ 5576

6. Remains recovered by Pfc. Bagaline 606 QM G.R.Co.
(name and organization)

7. Evacuated to cemetery by Pfc. Bagaline 606 QM G.R.Co.
(name and organization)

8. Is load list attached no 9. Are names of deceased found in same area as this Unknown started no 10. Are
(yes-no) (yes no) circumstances described which may indicate organization of the deceased yes

11. If only part of body was received, was
(yes-no) a careful search made for other parts of Unknown yes

12. If remains come from vehicle, plane, etc. Unknown
(type of vehicle or plane, nick name, serial number, organization, or symbols)

13.

14. Crew list Unknown
(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 (parts of markings or symbols) (burned) (pierced by shell fire - where)

19.

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

21. Unknown if any
(names of men who escaped) (description of other vehicles or planes in same area)

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

23.

24.

25.

26.

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)	Body nude			
28. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				
35. * Shirt, Wool OD				
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD				
40. Belt, Web				
41. Drawers, Wool				
42. Drawers, Cotton				
43. Leggings				(Note unusual lacing)
44. Socks Wool Cotton				
45. * Shoes (type)				
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 none

52. Age unk. (years) Height unk. (ft-in) Weight unk. (lbs) Description of wounds Unknown

53. _____

54. Bandages or dressings **none** Scars **Flesh and skin decayed**
(length, width, location)

55.

56. Tattoos **Flesh and skin decayed**
(number, location — illustrate on sep. page)

57. Outstanding moles, warts or birthmarks **Flesh and skin decayed**
(yes-no) (description, location)

58.

59. Sunburn or tan, other than hands and face **Flesh and skin decayed**

60. Tobacco stain on fingers or teeth **Flesh and skin decayed, see tooth chart**
(designate where extent)

61. Complexion **Flesh and skin decayed** Build **(est.) muscular**
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

62.

63. Hair **dark brown**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak)

64. **small patch found**
(distinctive cutting or other characteristics)

65. Sideburns **missing** Mustache **flesh and skin decayed** Beard or goatee **flesh and skin decayed**
(color, setting, shape) (color, size, shape) Length.

66.
(heavy, light, color, extent)

67. Eyes **decayed** Eyebrows **Flesh and skin decayed**
(color, setting, shape) (color, bushiness, extent across nose)

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

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

70. Teeth **white, see tooth chart**
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71. Chin **Flesh and skin decayed** Cheekbones **flesh and skin decayed**
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw **decayed** Circumference of head in inches **est. 20" flesh and skin decayed**
(large, small, normal) (hat band)

73. Neck **est. normal, flesh and skin decayed** Shoulders **decayed**
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

74. Arms **est. 27" flesh and skin decayed**
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)

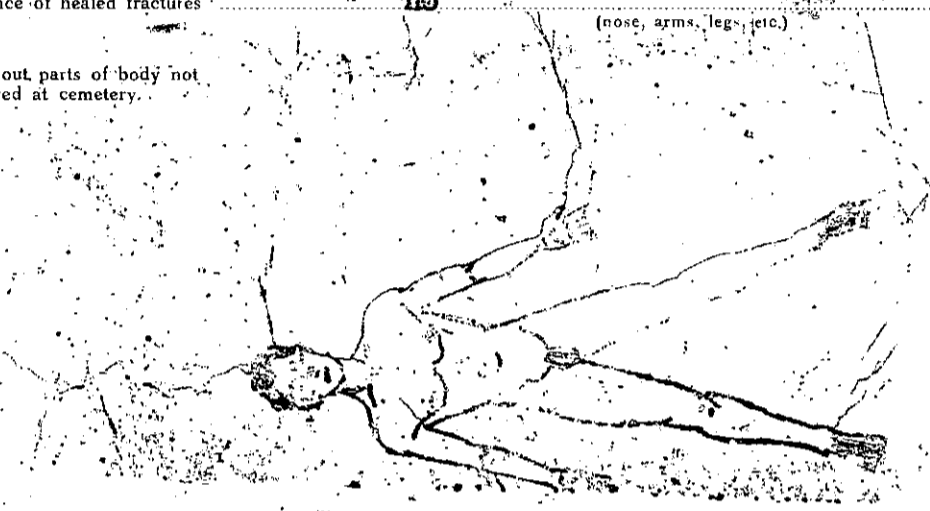
75. **flesh and skin decayed** Hands **flesh and skin decayed**
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

76.

76. **flesh and skin decayed**
(marks on fingers indicating that rings were worn)

77.

78. Fingers **Flesh and skin decayed**
(short, thick, long, slender; size of knuckles) (missing-fingers or joints)
79. **Flesh and skin decayed**
(Unusual characteristics of fingernails)
80. Chest **(est) 36° flesh and skin decayed**
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **flesh and skin decayed** Waist **(est) 32° flesh and skin decayed**
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. Circumcized **decayed** Pubic hair **1. brown** Hernioplasty **flesh and skin decayed**
(yes-no) (color) (yes-no) (location)
83. Legs **(est) 30° flesh and skin decayed**
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **missing** Toes **missing**
(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.



87. Have photographs been made and attached **no** If not, explain **see question 90.**
(yes-no)
88. Have fingerprints been placed on GRS No I **no** If not, explain **decayed**
(yes-no)
89. Has tooth chart been prepared? **yes** If not, explain
(yes-no)
90. Remarks: **Body in advanced stage of decomposition. Both feet missing from ankle**
91. **down.**
92. **Remains weigh approx. (est) 120 lbs.**
93. **Body reburied in U.S. Military Cemetery**
94. **St. Avoird, France.**
- 95.
- 96.

William H. Zerkhan
 Signature of GRO and Organization

WILLIAM H. ZERKHAN
2 ND LT. INF.
606 QM G.R.CO.

IDENTIFICATION CHECK LIST

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

E.O. # 647, dtd 11 Dec 47

Unknown X - 3152

Cemetery St-Avoid, Franco

Plot ZZZ Row 5 Grave 52

Date reprocessed:

1. ~~Arrived at cemetery~~ 28 Jan 48
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred ~~by~~ and reprocessed by CIP Mobile Team # 1, 1st Zone
(Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NONE</u>		
	<small>(Type)</small>		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

MAR 23 1948

Belt, web NONE

Drawers, wool NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, cotton NONE

* Shoes WTR (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

Chevrons or Insignia NONE
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NONE

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

6. Description of Remains:		R humerus	33.4 cm	R femur	45.5 cm
		R ulna	26.3 cm	R tibia	37.5 cm
		R radius	25.9 cm	R fibula	37.7 cm
	Est				

Age UTD Height 5' 7" Weight UTD Description of wounds UTD

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

UTD Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

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

Build UTD
(Large, fat, thin, muscular)

Hair NONE FOUND
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

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

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

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

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

Teeth **See tooth chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Est 20 3/4"**
 (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 and extent of hair, large, small, normal)

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

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

Hernioplasty **UTD**
 (Yes-no; location)

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

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

Evidence of healed fractures **UTD**
 (Nose, arms, legs, etc.)

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

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

If not, explain Fingers missing

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

9. Remarks Remains received in skeletal state without mattress cover on box. No clothing found. See tooth chart. Burial Report present. Est weight of processed remains 25 lbs.

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

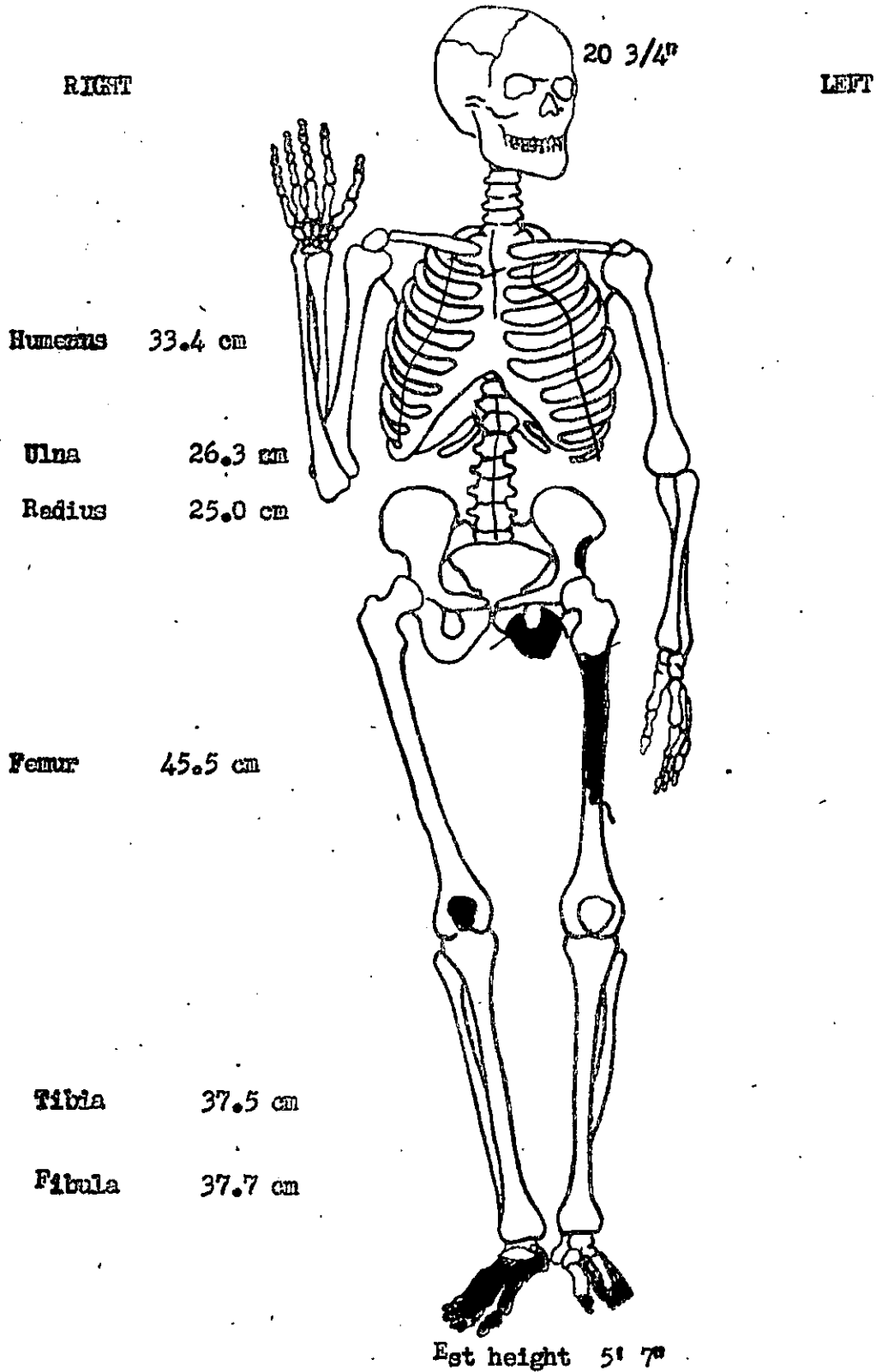
Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT QMC
Rank Service

OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



TOOTH CHART

27 Jan 48
Date

Unk X- 3152
Last Name

First

Initial

Unk
Grade

Unk
Serial No.

Unk
Unit

Unk
Organization

Place of Death

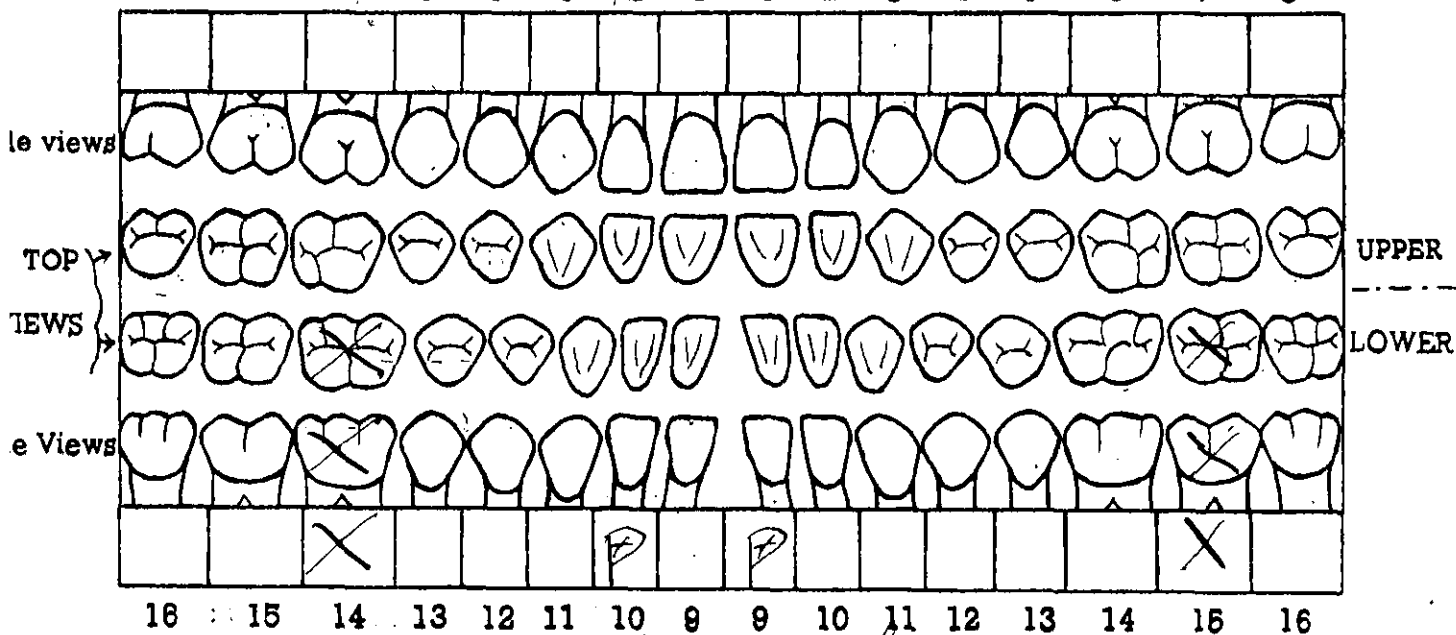
Date of Death

Cause of Death

Right

Left

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



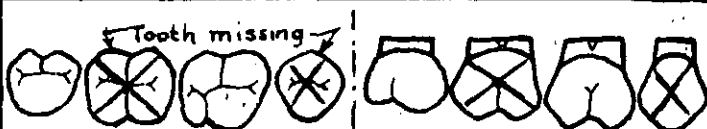
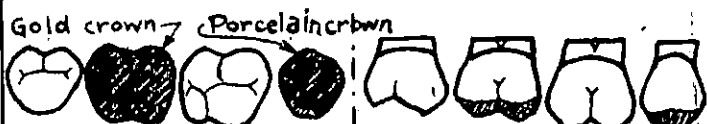

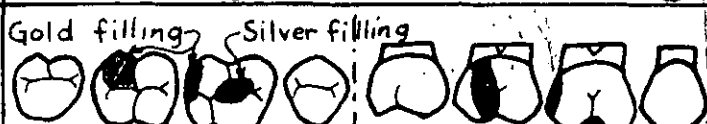
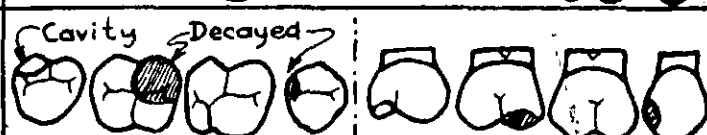
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

WALTER J. JABLONSKI
USDA CIV IS

/s/ Walter J. Jablonski
Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT QMG OPER OFF

Woodrow W. Wolf
Verified by G. R. C. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

∇ = Teeth posthumously missing R-10-L-9.

Spaces: R-15-13 3mm; L-14-16 10mm;

Missing teeth R-14-L-15.

R-15 has a mesial version.

R-13 has a distal version.

L-16 has a lingual version.

Color white ivory .

Size: average.

Alignment: good.

Restricted

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Date

Last Name	First	Initial	Rank	Serial No.
-----------	-------	---------	------	------------

Unit	Organization
------	--------------

Place of Death	Date of Death	Cause of Death
----------------	---------------	----------------

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
-------------------------	------------------	---------------------------------

Grave Number	Row Number	Plot Number	Type of Marker
--------------	------------	-------------	----------------

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?

REBURIAL

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	UNKNOWN X-3153				52
	Name	Serial No.	Rank	Organization	Grave No.

Deceased's Left:	UNKNOWN X-3151				51
	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee Name

Address

Religion

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

None.

Disinterment Officer:

Signature of Officer or other person reporting burial

William H. Zerkow

WILLIAM H. ZERKOW
2nd Lt. Inf.
6800 QM GR Det.

Signature of Officer or other person reporting burial

Claude J. Davis

CLAUDE J. DAVIS, 2nd Lt. Inf., 6800 QM GR Det.

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 Ribs: _____
 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.

Richard J. ...
 ...
 ...

Left Hand	4	Right Hand
	3	
Thumb	1	Thumb
	2	

TOOTH CHART

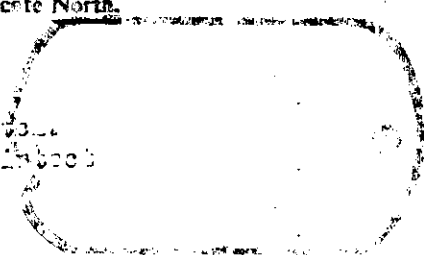
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Upper	Deceased's Right														Deceased's Left															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Lower	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

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 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: unk. Laundry Marks: none.
 Weight: unk. Number of Rife: unk.
 Color of Eyes: unk. Wear Glasses? unk.
 Color of Hair: unk. Is Tooth Chart Attached? unk.
 Race: unk.

(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.

Body in advanced stage of decomposition.
 Remains weigh approx. 121 pounds.

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

Name on cross was (Richard Murday)
 Serial number from cemetery records:
 51782055

Date	30 Jan 1946
Serial No.	
Initial	
First	
Last	
Unit	
Grade	
Place of Birth	
Time and Date of Burial	
Grave Number	
Disposition of Identification Tags	
How were remains identified?	
Who is buried on:	
Deceased's Right:	
Deceased's Left:	

Deceased's Right	Deceased's Left
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1
See tooth chart.	

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

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.

Remains: 1. See attached sketch. 2. Body nude, body intact.

Emergency Address: _____

Address: _____

Religion: _____

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

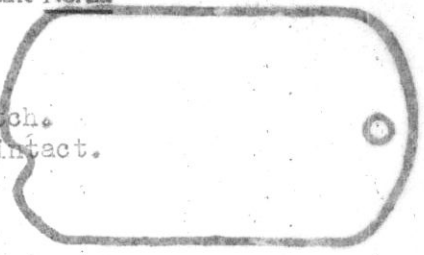
None.

Dairying Officer: _____

Signature of Inspector or other reporting official: _____

Other Data: _____

Characteristics: _____



Upper Lower

CLAUDE J. DAVIS, Snd Lt., Inf., 6800 OM PR Det.