

7887 GRAVES DETACHMENT

AFO 757

943unk St. Avold X-3369

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 - 3369 St Avold

(POC) ST AVOID

*File
W. J. Flors
J. B. W.
26 Feb 51*

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)

St-Avoid

2. UNKNOWN - X - 3369 Unknown Unknown Unknown
(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.

(No identification found)

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map-sheet, scale and series used; also name of nearest town: Hollnich, Ger. (WP-9576)
Map Ref. Ger. 1/250,000 Namur-Lux. Sheet No. 6

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):
Isolated grave (WP-9475)

6. Approximate or established date of death (state which and give basis for date selected):
Sept. 1944 - Given by Michael Schwalm,
Bürgermeister of Hollnich, Ger.

7. Approximate or established date of burial (give basis for date established):
15 April 1945 - Buried by French at that time.

8. Manner in which grave was marked, show information contained on the marker:
(Helmet)

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): The deceased was killed in a mine field in the vicinity of Hollnich, Ger. The deceased was not buried until April 1945. Buried after mine field was cleared by German Soldiers under French supervision.

Information obtained from Town Hall Records of Hollnich, Ger. and Michael Schwalm, Bürgermeister of Hollnich, Ger.

11. Give name and address of person who can guide disintering team to burial location:
Michael Schwalm, House No. 11, Hollnich, Ger.

12. Is this atrocity case: No Is there evidence that it may be: No *St. Avold 1-3969*
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.

d. Engine serial number: Type:

William H. Barnett

Signature of Investigating Officer
WILLIAM H. BARNETT
2nd. Lt. O-2018275
6890 Q.M.G.R.Co.

Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation): C.O. 6890 G.R.Co.

Disinterment and *reburial/burial made by:

Date of *burial/reburial: 13 February 1946

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

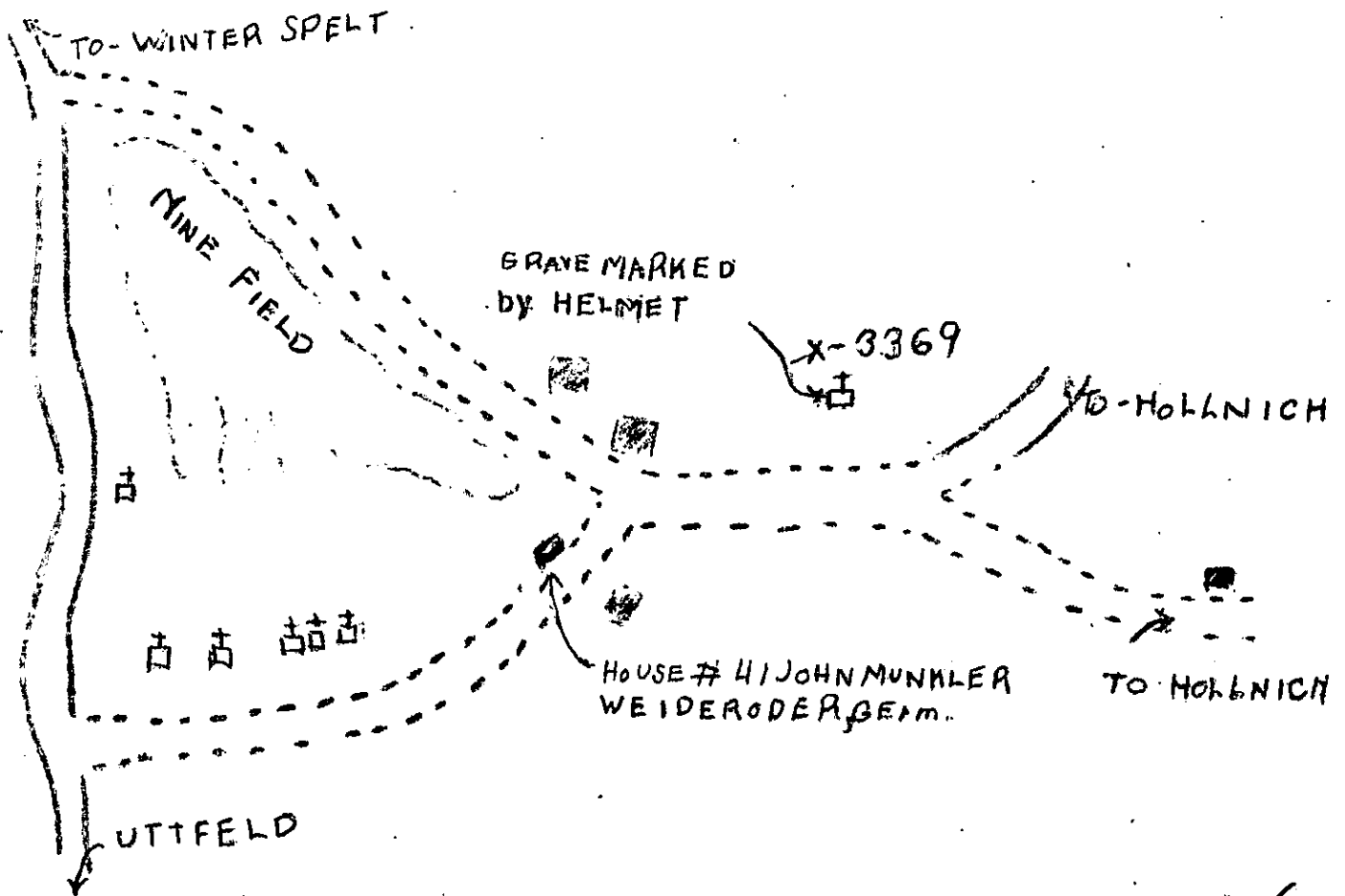
Plot ZZZ Row 8 Grave 95

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

* Cross out word not applicable.

SKETCHES SHOWING GRAVES OF ROBERT SAGULE, EDWARD J. ZAUGHA
X-3369, WILLIAM X. [unclear], JOE E. SUPPLEE, JOHN R. K. [unclear]
THOMAS L. HUTCHINGS JR. HOLLNICH, GERMANY

Map Germany 1/250,000
Sheet Nazur, Lux. No 6
Coord: wP (9576)
Location: Hollnich, Germany
Sketched By Pfc. G. Armento
6890 Q.M.G.R.CO.
Date 11 Feb. 1946



X

CHECK LIST FOR UNKNOWNNS

St-Avoid

Pvt. Elmore
(name of soldier processing remains)

1. Unknown **3369** ~~U.S. Military Company No. 6~~ **Coll Point Mandersheid Germany**

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

3. Arrived **Collpt** at cemetery **1500 Feb 7, 1946** from **Hollnich Germany**
(hour) (date) (collecting point)

4. Place of death **Hollnich, Germany (WP 946-753) = Map Ref. Ger,**
1/250,000 Namur, Lux. Sheet No 6
(name) (coordinates and landmarks)

5.

6. Remains recovered by **PFC Craft 6890 QMGR Co.**
Collpt (name and organization)

7. Evacuated to cemetery by **PFC Craft 6890 QMGR Co.**
(name and organization)

8. Is load list attached **no**
(yes-no)

9. Are names of deceased found in same area as this Unknown starred **no**
(yes-no)

10. Are circumstances described which may indicate organization of the deceased **no**
(yes-no)

11. If only part of body was received, was a careful search made for other parts of Unknown **yes**
(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 **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 **none**
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19.

20. **field**
(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 **none**
(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)				
28. Reincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				Due to condition of body no clothing sizes could be estimated. Body nude.
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 1 service (type)	none	none	none	
46. Overshoes				
47. Web Equipment (type)				
48. (other item)				
49. (other item)				

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

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

Insignia none

51. Description of Remains

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

53.

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

55.

56. Tattoos flesh decayed
(number, location — illustrate on sep. page)

57. Outstanding moles, warts or birthmarks' flesh 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 decayed and no head
(designate where extent)

61. Complexion no head Build unknown
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

62.

63. Hair no head
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak)

64.
(distinctive cutting or other characteristics)

65. Sideburns no head Mustache no head Beard or goatee no head
(color, setting, shape) (color, size, shape) Length.

66.
(heavy, light, color, extent)

67. Eyes no head Eyebrows no head
(color, setting, shape) (color, bushiness, extent across nose)

68. Nose no head Ears no head
(size, shape, straight) (size set, close to or far from head)

69. Forehead no head Mouth no head Lips no head
(high, wide, wrinkled) (large, medium, small) (small, large, full)

70. Teeth no head
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71. Chin no head Cheekbones no head
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw no head Circumference of head in inches no head
(large, small, normal) (hat band)

73. Neck none Larynx flesh decayed Adipos. missing
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

74. missing Arms arms decayed
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)

75. missing Hands hands missing
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

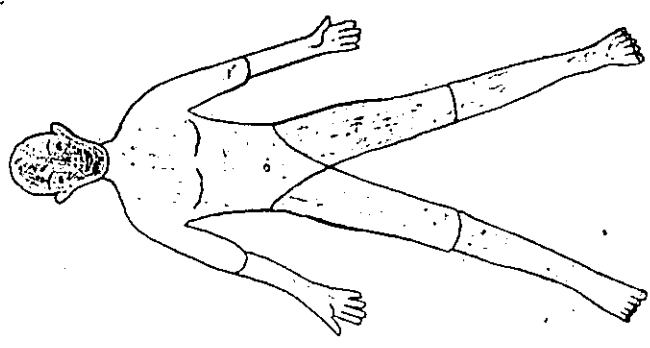
76.

76. no fingers
(marks on fingers indicating that rings were worn)

77.

X

78. Fingers **missing**
(short, thick, long, slender, size of knuckles) (missing fingers or joints)
79. **fingers missing**
(Unusual characteristics of fingernails)
80. Chest **missing**
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **missing** Waist **missing**
(quantity and extent of hair) (size at navel, appendectomy, amount and color of hair)
82. Circumcized **missing** Pubic hair **missing** Hernioplasty **missing**
(yes-no) (color) (yes-no) (location)
83. Legs **dismembered and decayed**
(Inseam) (muscular, knock kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **no feet** Toes **missing**
(size; corns; callouses : flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures **none**
(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
(yes-no)
88. Have fingerprints been placed on GRS No I **no** If not, explain **fingers missing**
(yes-no)
89. Has tooth, chart been prepared? **no** If not, explain **head missing**
(yes-no)
90. Remarks: **remains consist of part of leg bones and part of arm**
91. **bones and approximately 2 lbs. of decayed flesh. body nude.**
92.
93.
94.
95.
96.

William H. Barnett
 Signature of GRO and Organization
WILLIAM H. BARNETT
 2nd. Lt. O-02018275
 6890 QMGR.CC.

IDENTIFICATION CHECK LIST

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

REPROC. BY—

E.O. 660

T. TURNER
 R. MILLER

Unknown X 3369

CLERR. L. FEINDT

Cemetery St. AVOUD, FRANCE

Plot 222 Row 8 Grave 95

DATE REPROCESSED 2 APRIL 1948

1. Arrived at cemetery 2 APRIL 1948
 (Hour) (Date)
2. Place of death _____
 (Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by REPROCESSED MOBILE TEAM No. 1, I.S.
 (Name and organization)
4. Evacuated to Cemetery by _____
 (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____	(Type)		
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

NONE

X

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____

NONE

* Shoes ONE PAIR 9-A (type) Service

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

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

Chevrons or Insignia _____
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

NONE

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

6. Description of Remains: ALL MAJOR BONES FRACTURED AND/OR MISSING

Age UTD Height UTD ^{EST.} Weight UTD Description of wounds UTD

Bandages or dressings No Scars UTD
 (Length, width, location)

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

Outstanding moles, warts or birthmarks _____
 (Yes/no; description, location)

Sunburn or tan, other than hand and face _____

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

Build _____
 (Large, fat, thin, muscular)

Hair MISSING
 (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)

X

Goatee (Light, color, extent)

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

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

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

Teeth *MISSING* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches *MISSING* (Hat band)

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

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

Hands *MISSING*

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

..... (Unusual characteristics of fingernails)

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

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

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

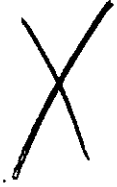
Hernioplasty (Yes-no; location)

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

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

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

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



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

If not, explain MISSING FINGERS

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

9. Remarks REMAINS RECEIVED IN SKELETAL FORM WITH NO FLESH
SHOES FOUND IN DEBRIS. NO CLOTHING MARKS
FOUND. BURIAL REPORT FOUND. NO GRS TAG FOUND
NO TEETH FOUND. ESTIMATED WEIGHT OF REPROCESSED
REMAINS 3LBS. NO TEETH FOUND. NO EVIDENCE OF

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.

HEALED FRACTURES NOR
AMPUTATIONS. ESTIMATED
WEIGHT CANNOT BE
DETERMINED BECAUSE OF
MISSING AND FRACTURED
MAJOR BONES AND
FRAGMENTS.

Thomas W. Turner
THOMAS TURNER
(Officer's Name)

AGRC
Rank Service
MOBILE TEAM #1, I.S.
(Organization)



SKELETAL CHART

X-3369

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

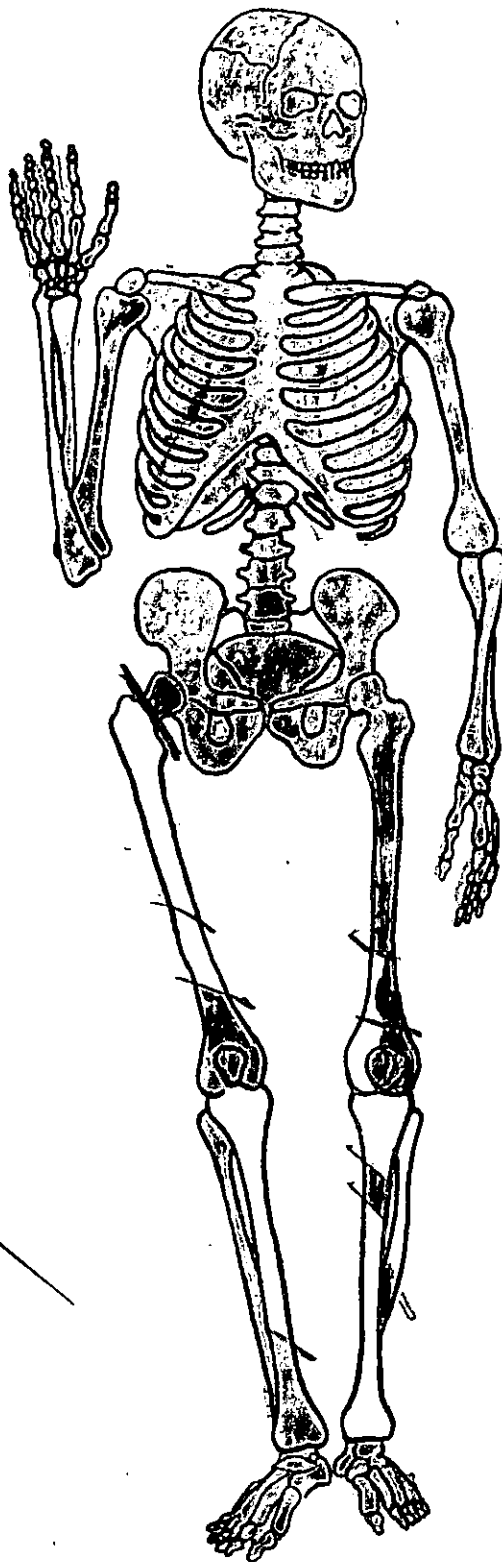


CHART "A"

EST. HEIGHT - UTD

X

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

22 Dec 1948

Date

293
unk France X-3369 (St. Avold)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 3369, Plot 222,
Row 8, Grave 95, 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. _____, dated _____, No
No record this Hq.
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

14 MAR 1949

received _____
not identifiable from
information presently
available

File
14 MAR 1949
Adj Gen
gls: [unclear]

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

RRE 293

22 DEC 1949
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 3369, Plot ZZZ
Row 8, Grave 95, USMC St-Avoid, 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. No record this HQ, dated _____.
No further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman
GEORGE L. FREEMAN
1st Lt OMC
Actg Asst Adj Gen

14 MAR 1949

Received _____ OQMG
Not identifiable from
information presently
available

ms Hudson

Incl #31

MAY 13 1948

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 4 MAY 1948

SUBJECT: Reprocessing of Remains

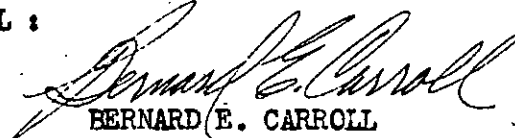
TO: The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of X-3369
interred in Plot ZZZ, Row 8, Grave 95, USMC
St-Avold, France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Shoes : One Pair 9-A (Type) Service

FOR THE COMMANDING GENERAL :

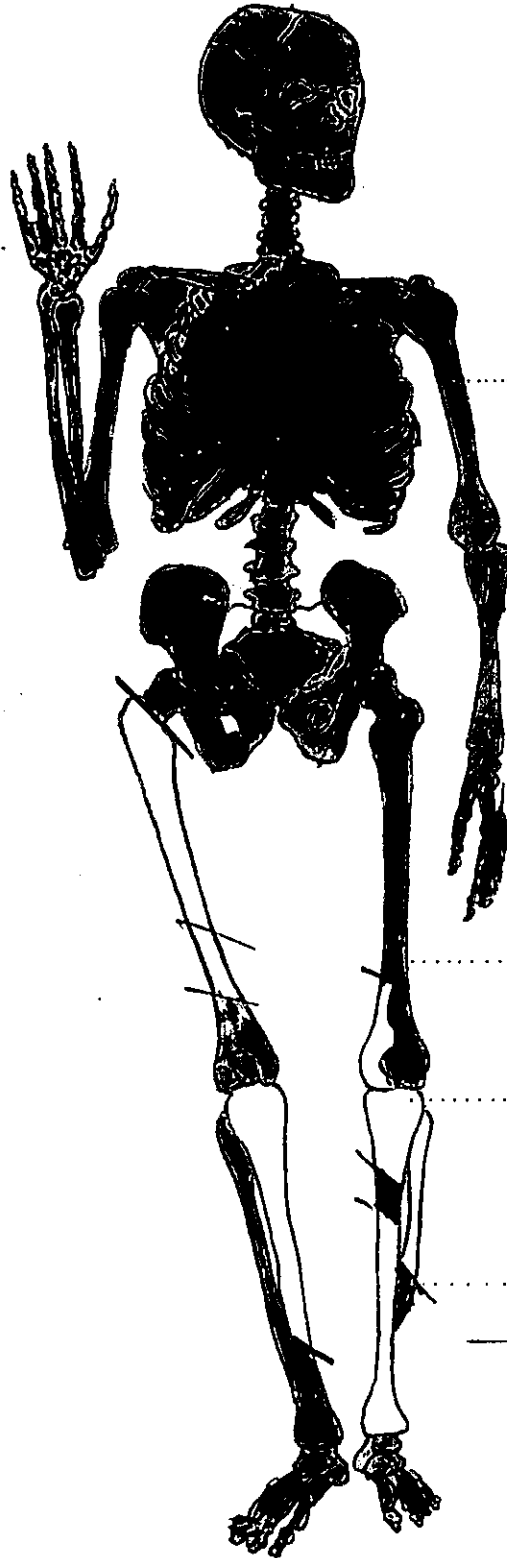
1 Incl : 1. Skeletal Chart


BERNARD E. CARROLL
WOJG AUS
Actg Asst Adj Gen.

SKELETAL CHART

X-3369
ST. AUGUSTINE

(BLACK OUT PARTS OF BODY NOT RECEIVED)



.....CM. HUMERUS

.....CM. RADIUS

.....CM. ULNA

.....CM. FEMUR

.....CM. TIBIA

.....CM. FIBULA

.....
UTD ESTIMATED HEIGHT

PROCESSED BY:

1

USMC, ST. AVOLD, FRANCE
Plot F, Row 12, Grave 38
Date reburied: 20 Jan 49

Buried at deceased: HACKETT EDWARD J
O-1692285. CAPT
Right: HEBBERT BLAIR L.
18208331 S SG

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DEWEY H. BELL
1st Lt. CAV

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-003369		0	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					3503 80
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
ZZZ	8	95	FRANCE	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-003369		Unk	Sep 45	29 Apr 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS EMB <input checked="" type="checkbox"/> MARKER EMB	UNKNOWN	Unk	Eldo J Henry Embalmer	
NAME AND TITLE				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Mattress cover	Consist of: Proximal 1/3 of R/Femur - Extremehead missing - Extreme distal head of R/Femur fractured
OTHER MEANS OF IDENTIFICATION	
Report of Burial reads: "X-3369"	Proximal 2/3 of R/Tibia - L/Tibia fractured - Proximal 3/4 pf L/Fihula

FILE
18 MAY 1949
REPATRIATION
BRANCH
MET. DIV.

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET	DATE	BY
	5 May 48	Eldo J Henry Embalmer

CASKET SEALED BY	EMBALMER (Signature)
Eldo J Henry Embalmer	Eldo J Henry

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 5 May 48 BY Eldo J Henry	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, 1st Lt QMC, 337 QM Bn.

SIGNATURE OF GRS INSPECTOR

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		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

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)

St-Avoid
2. **UNKNOWN - X - 3369** **Unknown** **Unknown** **Unknown**
(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.

(No identification found)

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: **Hollnich, Ger. (UP-9576)**
Map Ref. Ger. 1/250,000 Namur/Lux. Sheet No. 6

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):
Isolated grave (UP-9475)

6. Approximate or established date of death (state which and give basis for date selected):
Sept. 1944 Given by Michael Schwalm,
Bürgermeister of Hollnich, Ger.

7. Approximate or established date of burial (give basis for date established):
15 April 1945 - Buried by French at that time

8. Manner in which grave was marked, show information contained on the marker:
(Helmet)

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): **The deceased was killed in mine field in the vicinity of Hollnich, Ger. The deceased was not buried until 15 April 1945. Buried after mine field was cleared by German Soldiers under French supervision. Information obtained from Town Hall Records of Hollnich, Ger. and Michael Schwalm, Bürgermeister of Hollnich, Ger.**

11. Give name and address of person who can guide disinterring team to burial location:
Michael Schwalm, House No. 11, Hollnich, Ger.

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:

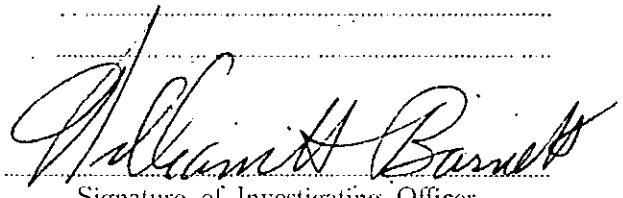
a. Crew position in plane or vehicle:

b. Plane or vehicle serial number: Type:

c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
.....
.....
.....

d. Engine serial number: Type:



Signature of Investigating Officer
WILL A. H. BARNETT
2nd. Lt. - O-2018275
6890 U.M.G.R.Co.

Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation): **O. 6890 G.R.Co.**

Disinterment and *reburial/burial made by:

Date of *burial/reburial: **13 February 1948**

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

Plot **222** Row **8** Grave **95**

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

* Cross out word not applicable.

CHECK LIST FOR UNKNOWNNS

Pot. Elmore
(name of soldier processing remains)

St-Avoid

1. Unknown X 3369 ~~UKS Military Cemetery No~~ Coll Point Mandersheid Germany

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

3. Arrived at cemetery Collpt 1500 Feb. 7, 1946 from Hollnich Germany
(hour) (date) (collecting point)

4. Place of death Hollnich, Germany (WP 946-753) Map Ref. Ger.
(name) (coordinates and landmarks)

5. 1/250,000 Namur, Lux. Sheet No 6

6. Remains recovered by Collpt PFC Craft 6890 QMGR Co.
(name and organization)

7. Evacuated to cemetery by PFC Craft 6890 QMGR Co.
(name and organization)

8. Is load list attached no
(yes-no)

9. Are names of deceased found in same area as this Unknown starred no
(yes-no)

10. Are circumstances described which may indicate organization of the deceased no
(yes-no)

11. If only part of body was received, was a careful search made for other parts of Unknown yes
(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 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 none
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19.

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

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

22. Detailed description of personal effects none
(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)				
28. Reincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				Due to condition of body no clothing sizes could be estimated. Body nude.
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 1 service (type)	none	none	none	
46. Overshoes				
47. Web Equipment (type)				
48. (other item)				
49. (other item)				

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

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

Insignia **none**

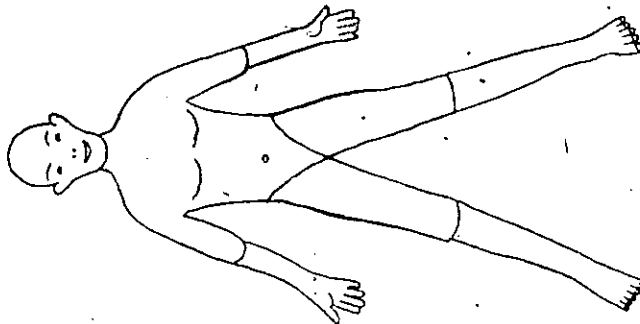
51. Description of Remains

52. Age **unk** Height **unk** Weight **unk** Description of wounds **impossible to determine**
(years) (ft-in) (lbs)

53.

54. Bandages or dressings **none** Scars **flesh decayed**
(length, width, location)
55.
56. Tattoos **flesh decayed**
(number, location — illustrate on sep. page)
57. Outstanding moles, warts or birthmarks **flesh 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 decayed and no head**
(designate where extent)
61. Complexion **no head** Build **unknown**
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
62.
63. Hair **no head**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek)
64.
(distinctive cutting or other characteristics)
65. Sideburns **no head** Mustache **no head** Beard or goatee **no head**
(color, setting, shape) (color, size, shape) Length.
66.
(heavy, light, color, extent)
67. Eyes **no head** Eyebrows **no head**
(color, setting, shape) (color, bushiness, extent across nose)
68. Nose **no head** Ears **no head**
(size, shape, straight) (size set, close to or far from head)
69. Forehead **no head** Mouth **no head** Lips **no head**
(high, wide, wrinkled) (large, medium, small) (small, large, full)
70. Teeth **no head**
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
71. Chin **no head** Cheekbones **no head**
(prominent, receding, pointed, dimple, double) (high, normal)
72. Jaw **no head** Circumference of head in inches **no head**
(large, small, normal) (hat band)
73. Neck **none** Larynx **flesh decayed** Shoulders **missing**
(size, long, short, normal, wrinkled) (prominent, normal) (broad)
74. **missing** Arms **arms decayed**
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)
75. **missing** Hands **hands missing**
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
76.
76. **no fingers**
(marks on fingers indicating that rings were worn)
77.

78. Fingers **4 fingers missing**
(Short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. **fingers missing**
(Unusual characteristics of fingernails)
80. Chest **missing**
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **missing** Waist **missing**
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. Circumcized **missing** Pubic hair **missing** Gniaplasty **missing**
(yes-no) (color) (yes-no) (location)
83. Legs **dismembered and decayed**
(Inseam) (muscular; knock kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **no feet** Toes **missing**
(size; corns; callouses : flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures **none**
(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
(yes-no)
88. Have fingerprints been placed on GRS No I **no** If not, explain **fingers missing**
(yes-no)
89. Has tooth, chart been prepared? **no** If not, explain **head missing**
(yes-no)
90. Remarks : **Remains consist of part of leg bones and part of arm**
91. **bones and approximatly 2 lbs of decayed flesh. body nude.**
92.
93.
94.
95.
96.

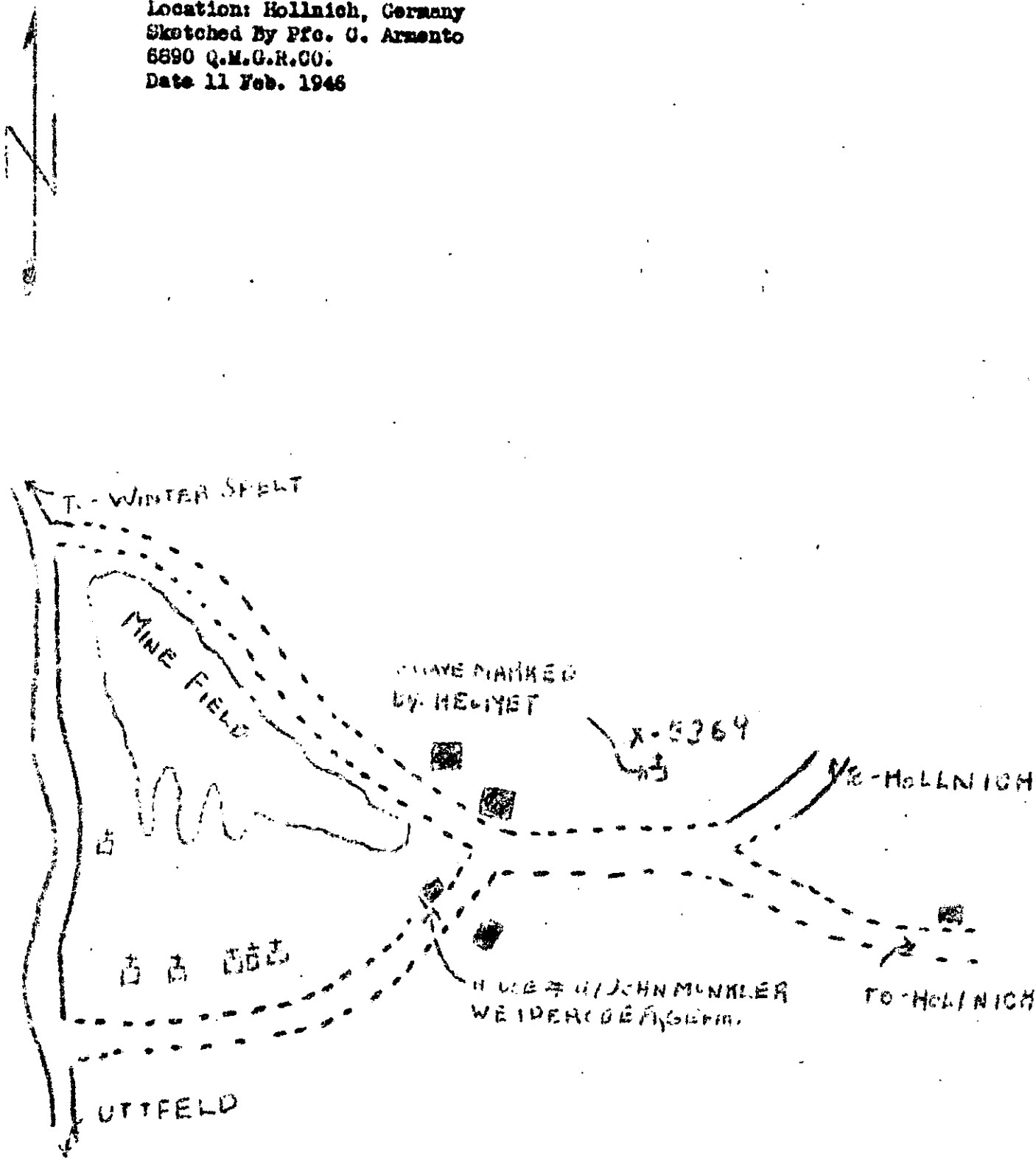
William H. Barnett

Signature of GRO and Organization

WILLIAM H. BARNETT
 2nd. Lt. O--2018275
 6890-QMGR.CO

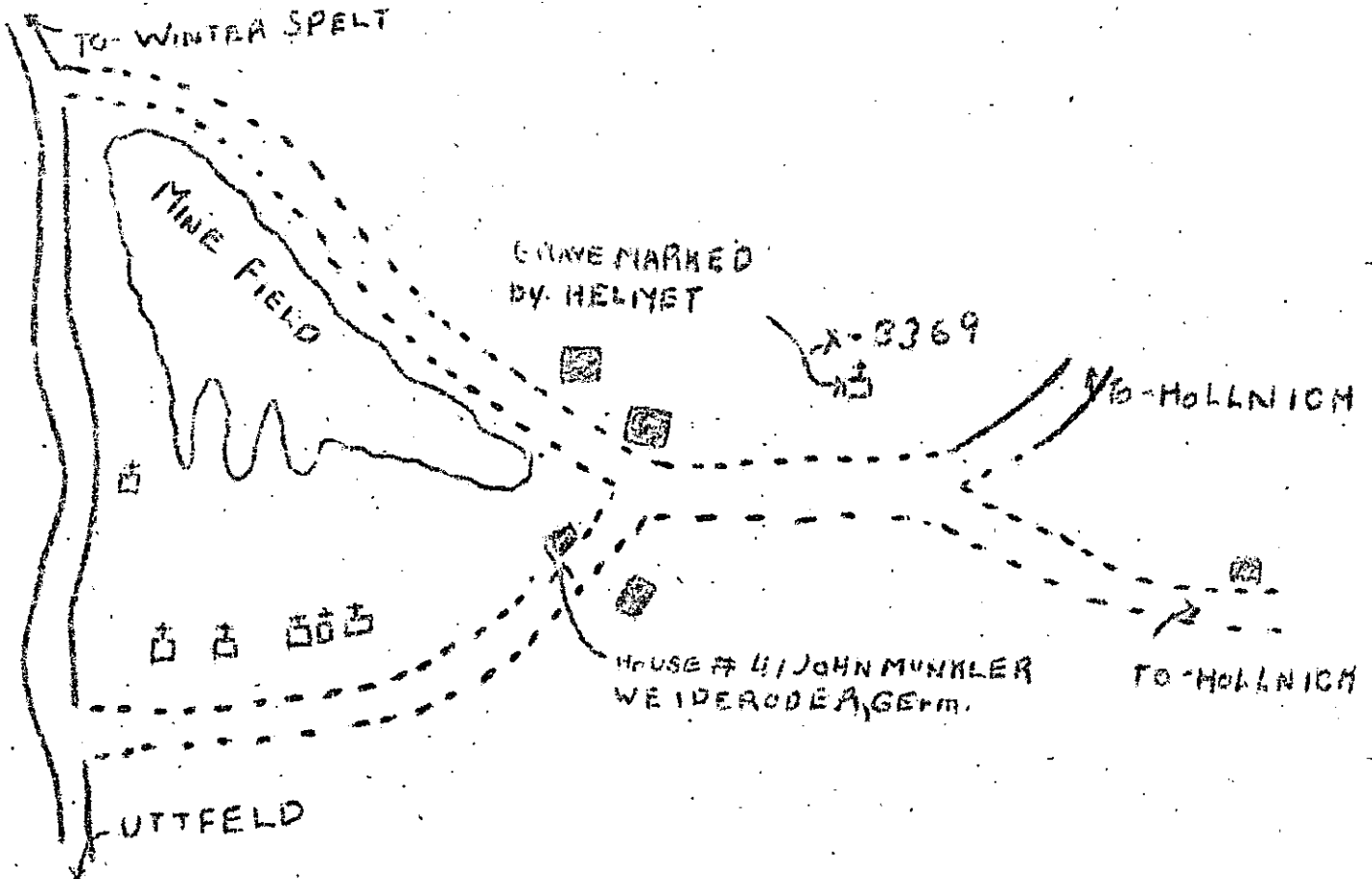
SKETCHES SHOWING GRAVES OF ROBERT BAULS, EDWARD ZAUCHA
X-3569, WILLCOX, JOE E. SUPPLE, JOHN R. KA
THOMAS L. HUTCHINGS JR. HOLLNICH, GERMANY

Map Germany 1/250,000
Sheet Namur, Lux. No 6
Coord: WP (9576)
Location: Hollnich, Germany
Sketched By Pfc. U. Armento
6890 Q.M.G.R.CO.
Date 11 Feb. 1946



SKETCHES SHOWING GRAVES OF ROBERT SANDLS, EDWARD ZAUCHA
X-3369, WILLCOX MS, JOE E. SUPPLEE, JOHN R. KE
THOMAS L. HUTCHINGS JR. HOLLNICH, GERMANY

Map Germany 1/250,000
Sheet Namur, Lux. No 6
Coord: WP (9876)
Location: Hollnich, Germany
Sketched By Pfc. C. Armento
6890 Q.M.G.R.CO.
Date 11 Feb. 1946



IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

107

REBURIAL REPORT OF BURIAL

Feb. 7, 1946
Date

Restricted TM 10-630 AND AR 30-1815

UNKNOWN X-3369

St. Avold

Unknown

Unknown

Last Name First Initial Rank Serial No.

Unknown
Unit

---Inf. UNKNOWN
Organization

Hollnich, Germany (WP-9576) Sept. 1945
Place of Death Date of Death

Unknown
Cause of Death

1430 13 February 1946 U.S. Mil Cem St. Avold, Fr.
Time and Date of Burial Name of Cemetery

Q-260584
Name or Coordinates of Location

96 8 222
Grave Number Row Number Plot Number Type of Marker

Temp. 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?

REBURIAL

See reverse

What means of identification were buried with the body?
G.R.S. in Bottle
Previously buried in isolated grave
Hollnich, Germany (WP-9576) Map. Ref.
Gen. B/250,000 Namur-Lux. Sheet No. 6
located at

To determine Right or Left use Deceased's Right and Left. Isolated Grave. (WP-9415)

Who is buried on:

Deceased's Right:	SUPLEE	39622014			96
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	KEMP	34972116			94
	Name	Serial No.	Rank	Organization	Grave No.

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

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



Emergency Address Unknown
Name

Unknown
Address

Religion Unknown

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

None.

Disinterring Officer *William H. Barnett* WILLIAM H. BARNETT
2nd. Lt. O-2018275
6890 Q.M.G.R.Co.
Signature of Officer or other person reporting burial

Reinterring Officer *Charles F. Barney*
Verified by G.R.S. Officer
CHARLES F. BARNEY, 2nd Lt. Inf. 6800th 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: **unk.** Laundry Marks: **None**
 Weight: **unk.** Number of Rifle: **unk.**
 Color of Eyes: **unk.** Wear Glasses? **unk.**
 Color of Hair: **unk.** Is Tooth Chart Attached? **No.**
 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.

Impossible to determine, body badly decomposed.

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

None.

Thumb			
Left Hand	1	2	3
Fingers Decayed			

Thumb			
Right Hand	1	2	3
Fingers Decayed			

TOOTH CHART

Deceased's Right	Deceased's Left
NO, Chart Taken	NO, Chart Taken
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1
Upper	Lower

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

Characteristics:

Other Date:

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.

SEE ATTACHED SKETCH