

Hadley H. Krathley  
Interred 18 November 1948  
D-4-28 Draguignan  
HADLEY H. KRATHLEY,  
Cemetery Superintendent

Right: X-007301

DISINTERMENT DIRECTIVE

Left: Open

DAVIS

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 01 48  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-003412

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

(ST AVOLD) - METZ

0

3506  
~~3503~~ 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

RRR 9 102 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)  
DRAGUIGNAN, FRANCE

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN X-003412

13 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

UNKNOWN

Melvin W Blackburn

MARKER EMB

Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS Missing skull, Maxilla,  
Mandible - Body disarticulated -  
Final stage of decomposition

Uniform & Mattress cover

OTHER MEANS OF IDENTIFICATION

Report of Burial found with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 July 48

BY

Melvin W Blackburn, Embalmer

CASKET SEALED BY

EMBALMER (Signature)

Melvin W Blackburn, Embalmer

Melvin W Blackburn

CASKET BOXED AND MARKED

~~XXXXXXXXXXXX~~ All markings, tags,  
plates verified by:

DATE 19 July 48 BY Melvin W Blackburn

JESSE C HARRELL, 1st Lt CAC

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,

1st Lt CAC

Zone 3 Hq. SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Consignee change per authority  
Hq. AGRC

Remains interred in US Military Cemetery Draguignan,  
France in order to complete symmetrical layout

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St. Avold, France</b>		TO <b>OIC, Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Vincent P. Matozzo, RA-32707218</b>	
SIGNATURE OF SHIPPER <i>1st Lt Frank B. Callaghan</i>	DATE <b>2 Nov 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

FROM <b>USMC St Avold</b>		TO <b>Superintendent, Draguignan, France</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>P. J. Andre, 1st Lt Inf</b>	
SIGNATURE OF SHIPPER <i>R. V. Hubbard</i>	DATE <b>8 Nov 49</b>	SIGNATURE OF RECEIVER <i>Hadley &amp; Keathley</i>	DATE <b>10 Nov 49</b>

## 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 <i>(Signature)</i>	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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 Dec 1948  
Date

293  
r unk France X-3412 (St. Avold)  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 3412, Plot RRR, Row 9, Grave 102, 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. 2654, dated 9/2/48. No further information is available.

FOR THE COMMANDING GENERAL:

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

Received 14 MAR 1949 OQMG  
Not identifiable from  
information presently  
available

File MAT  
14 Mar 49  
Haskell  
Admiral Br

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RRE 293

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FOR THE COMMANDING GENERAL:

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

Received 14 MAR 1949 OQMG  
Not identifiable from  
information presently  
available

*msb Haden*

*Incl #32*

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)  
 DD # 567, dated 4 November 1947

Unknown X-3412  
 Cemetery St. Avold, France  
 Plot RRR Row 9 Grave 102

1. Date reprocessed: 4 December 1947  
~~Arrived at cemetery~~ (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 and reprocessed by I.S. First 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>		
	(Type)		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

FEB 20 1948  
 L

Belt, web NONE

Drawers, wool Remnants of O.D. (long)

Drawers, cotton NONE

Leggings, wool NONE

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

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 33.0 R. RADIUS 25.0 R. FIBULA 36.7  
R. ULNA 26.9 R. TIBIA 36.2 R. FEMUR 45.7

Age UTD Height Est. 5' 6 7/8" Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hand and face UTD

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

Build UTD  
(Large, fat, thin, muscular)

Hair No Head  
(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 NO TE FOUND  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches Head Missing  
 (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 Too decomposed

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

9. Remarks Remains received in mattress cover in a skeletal form, No U.K. box.  
Clothing found in debris.. No clothing marks. No GRS tags. No burial bottle.  
Fluoroscopic Report: negative. Est. wgt. of remains: 20 pounds.

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)

R I G H T

L E F T

HUMERUS 33.0 cm

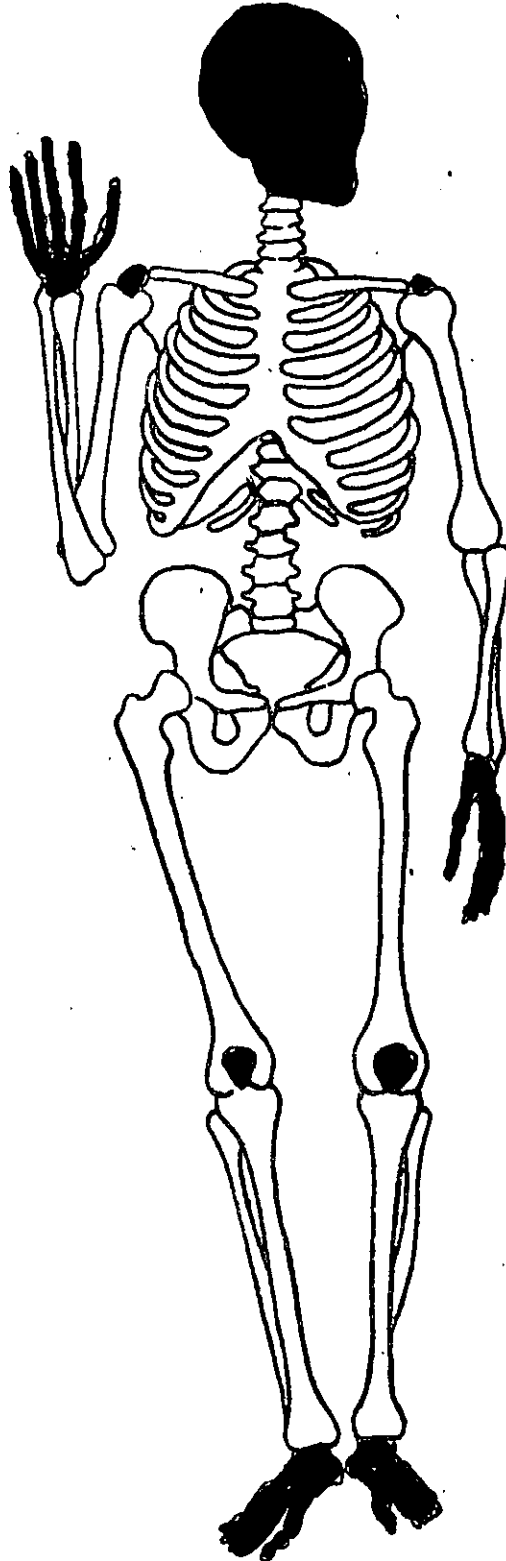
RADIUS 25.0 cm

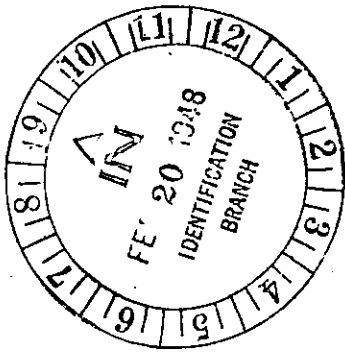
ULNA 26.9 cm

FEMUR 45.7 cm

FIBIA 36.2 cm

FIBULA 36.7 cm



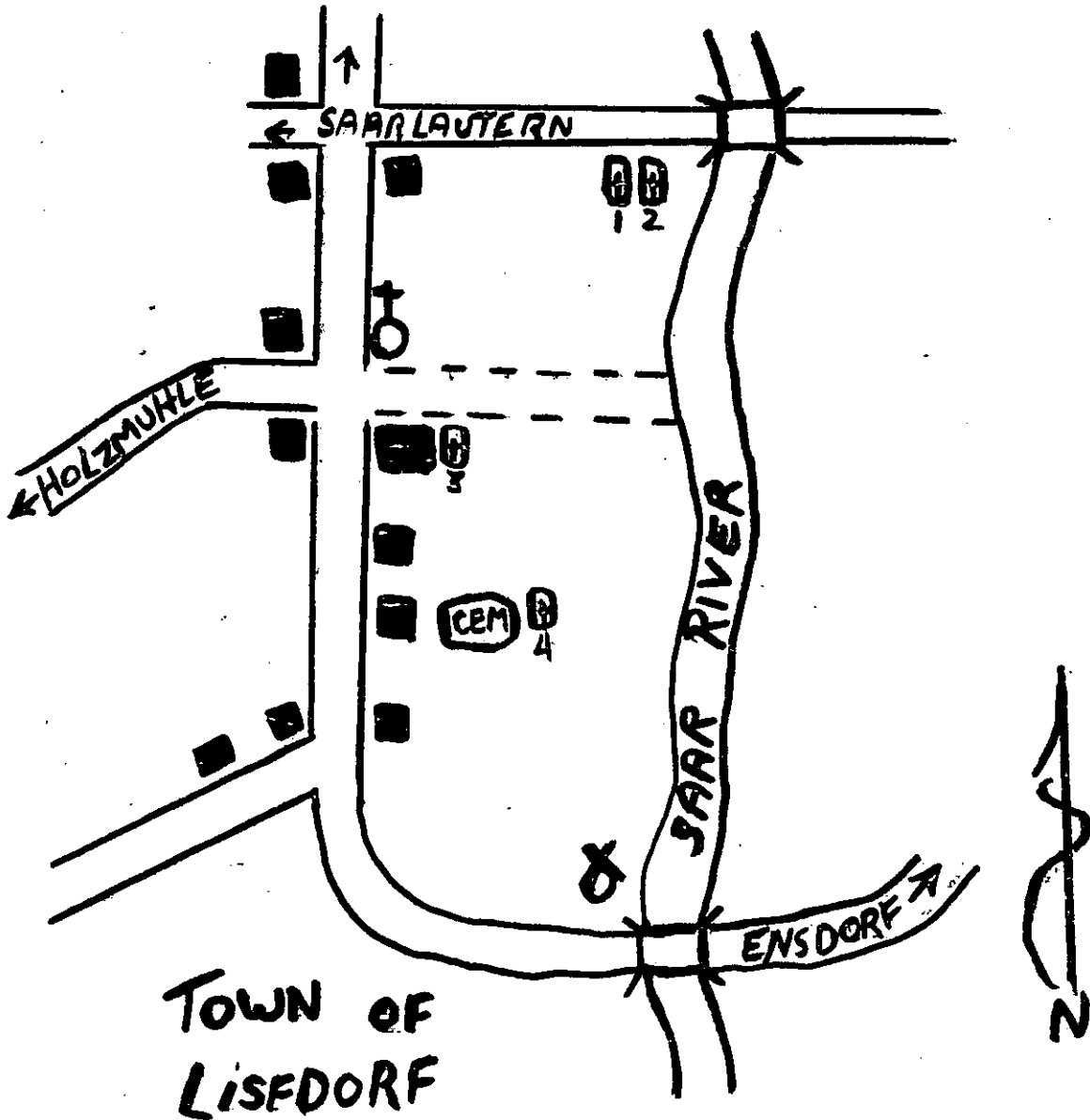


Graves of four Americans found in the town of Liefdorf, Germany.

Liefdorf, Germany  
Map 1:250,000 sheet K-50  
Trier Coord. WQ 2979  
Location, Liefdorf, Germany  
Sketched by: T/5 Berry  
606 QM G.R. Co.  
Date: 22 Feb. 1946

- (1) Russel L. West
- (2) X-3412
- (3) L.F. Brousseau
- (4) William H. Weaver Jr.

Not to scale



# CHECK LIST FOR UNKNOWN

T/5 Blair

(name of soldier processing remains)

St. Avold, France

1. Unknown X - 3412 ~~U.S. Military Cemetery No.~~ Coll. Pt. Homburg, Germany

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

3. Arrived at cemetery 1500, 19 Feb. 1946 From 606 QM.G.R.Co. Homburg, Germany  
hour date collecting point

4. Place of death LISDORF, Germany Map: 1:250,000 Sheet: K-50, Trier, Gerl  
name coordinates and landmarks

5. coords.: WQ 1198.

6. Remains recovered by Pfc. Stroup, 606 QM.G.R.Co.  
name and organization

7. Evacuated to cemetery by Pfc. Stroup, 606 QM.G.R.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 yes  
yes-no

10. Are circumstances described which may indicate organization of the deceased yes  
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: 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				
28. Raincoat				
29. Overcoat				
30. Jacket, Field	none est.	36	green	
31. Jacket, Combat				
32. Mackinaw				
33. Sweater	none est,	med.	O.D.	
34. Jacket, HBT				
35. *Shirt Wool OD	none		O.D.	small piece
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT				
39. *Trousers, Wool OD	none		O.D.	small piece
40. Belt, Web				
41. Drawers, Wool	none		O.D.	small piece
42. Drawers, Cotton	none		O.D.	small piece
43. Leggings				Note unusual lacing
44. Socks Wool Cotton				
45. *Shoes ..... type				
46. Oveshoes				
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 none multiple wounds  
years ft.-in lbs

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 hands missing - teeth missing  
designate where extant

61. Complexion flesh and skin decayed Build not est.  
light, med, dark, clear, pimples, pocks, freckles large, fat, thin, muscular

62. ....

63. Hair missing  
color, length, quantity, curly, wavy, straight, or definite parting, baldness, widows peek

64. ....  
distinctive cutting or other characteristics

65. Sideburns head missing Mustache head missing Beard or goatee head missing  
color, setting, shape color, size, shape Length

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

67. Eyes missing Eyebrows head missing  
color, setting, shape color, bushiness, extent across nose

68. Nose head missing Ears head missing  
size, shape, height size set, close to or far from head

69. Forehead head missing Mouth head missing Lips head missing  
high, wide, wrinkled large, medium, small small, large, full

70. Teeth missing  
white, size, unevenness, spacing, noticeable crowns, fillings, extractions

71. Chin head missing Cheekbones head missing  
prominent, receding, pointed, dimple double high, normal

72. Jaw head missing Circumference of head in inches head missing  
large, small, normal hat band

73. Neck decayed Larynx decayed Shoulders not est.  
size, long, short, normal wrinkled prominent, normal broad

74. decayed Arms not test dismembered and decayed  
straight, small, rounded length muscular, color, extent and quantity of hair

75. flesh decayed Hands missing  
vaccination scar, size of wrists large, small, normal, calloused noticeably

76. ....

76. fingers missing  
marks on fingers indicating that rings were worn

77. ....

78. Fingers fingers missing  
short, thick, long, slender; size of knuckles missing fingers or joints
79. fingers missing  
Unusual characteristics of fingernails
80. Chest not est. flesh and skin decayed  
size at nipples; color, quantity and extent of hair; large, small, normal
81. Back flesh decayed quantity and extent of hair Waist not est. flesh decayed  
size, at naval, appendectomy, amount and color of hair
82. decayed Circumcized missing yes-no Pubic hair missing color Hernioplasty flesh and skin decayed  
yes-no location
83. Legs not test. dismembered and skin decayed  
Inseam muscular; knock kneed, bowed, normal quantity, color and extent of hair
84. Feet missing size; corns; callouses; flat Toes missing  
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 1 no If not, explain fingers missing  
yes-no
89. Has tooth, chart been prepared? no If not, explain teeth missing  
yes-no
90. Remarks: Body in advance stage of decomposition. Both hands and both  
feet missing missing. Head missing, body badly dismembered  
and decayed.
91. \_\_\_\_\_
92. \_\_\_\_\_
93. - Remains weigh approx. 90 pounds.
94. Body returned in U.S. Military Cemetery, St. Avois, France.
95. \_\_\_\_\_
96. \_\_\_\_\_

WILLIAM H. ZERHAN  
 2nd Lt. Inf.  
 606 Q.M.G.R.Co.

*William H. Zerhan*  
 Signature of GPO and Organization

# 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)
2. Unk. X-3412 (St. Avoild, France) unk. unk. Inf.  
(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 I.D. tags found, no tooth chart 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: LISDORF, Germany, Map: 1:250,000, sheet K-50, Trier, Ger., coord. WQ 2979.  
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 near Lisdorf, Germany.
6. Approximate or established date of death (state which and give basis for date selected):  
unknown.
7. Approximate or established date of burial (give basis for date established):  
April 1945 from Burgermeister's report.
8. Manner in which grave was marked, show information contained on the marker:  
Wooden cross.
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): This man was killed while crossing the Saar river. He was later buried where he fell by civilians.
11. Give name and address of person who can guide disintering team to burial location:  
Heinrich Port, Lisdorf, Germany, Provincialstrasse 61.  
Karl Trockler, Lisdorf, Germany, Deickestrasse 9.



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.
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Not applicable.**

d. Engine serial number: ..... Type: .....

*William H. Zerhan*

Signature of Investigating Officer

**WILLIAM H. ZERHAN**

2nd Lt. Inf. O-1336585

606 QM. Graves Registration Co.

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation): C.O. 606 QM. G.R. Co.

Disinterment and \*reburial/burial made by: .....

Date of \*burial/reburial: .....

Place of \*burial/reburial U. S. Military Cemetery: .....

Plot..... Row..... Grave.....

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

\* Cross out word not applicable.

REBURIAL

Restricted REPORT OF BURIAL

22 February 1946

TM 10-630 AND AR 30-1815

Date

Unk. X-3412 (St. Avoild, France)

Unk.

unk.

Last Name

First

Initial

Rank

Serial No.

unk.

unk.

Inf.

Unit

unk.

Organization

LISDORF, Ber., WQ 2979

unknown

multiple wounds

Place of Death

Date of Death

Cause of Death

1400-23 Feb/46

U.S. Mil. Cem. St. Avoild, France

Q 260 584

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

102

9

RRR

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?

"See reverse"

What means of identification were buried with the body?

CROSS # 1 in bottle.

Originally buried in isolated grave

located at LISDORF, Germany  
Map 1:250,000, sheet K-50, Trier,  
Ger., coord. WQ 2979.

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

Who is buried on:

Deceased's Right:

Unk.

X-3413

103

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Unk.

X-3411

101

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.

Disintering Officer

William H. Zerhan

Signature of Officer or other person reporting burial

Reintering Officer

Charles F. Barney

Verified by C.R.S. Officer

CHARLES F. BARNEY, 2nd Lt, Inf, 6800 QM GR Co

WILLIAM H. ZERHAN  
2nd Lt. Inf.  
606. QM. G.R. Co

REBURIAL

Restricted REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22 February 1946  
Date

Unk. X-3412 (St. Avold, France)  
Last Name First

unk.  
Rank

unk.  
Serial No.

unk.  
Unit

Inf.  
Organization

LISDORF, Ber., WQ 2979  
Place of Death

unknown  
Date of Death

multiple wounds  
Cause of Death

1400-23 Feb/46  
Time and Date of Burial

U.S. Mil. Cem. St. Avold, France  
Name of Cemetery

Q 260 584  
Name or Coordinates of Location

102 9  
Grave Number Row Number

RPE  
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?

"See reverse"

What means of identification were buried with the body?

GR S # 1 in bottle.

LISDORF, Germany

Map 1:250,000, sheet K-50, Trier, Ger., coord. WQ 2979.

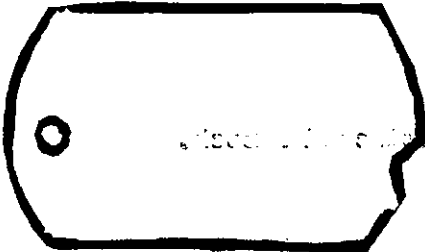
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	Unk	X-3413			102
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	Unk	X-3411			101

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

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



Emergency Addressee: unknown  
Name

unknown  
Address

Religion: unknown

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

None.

Disinterring Officer: *William H. Zerhan*  
Signature of Officer or other person reporting burial

WILLIAM H. ZERHAN  
2nd Lt. Inf.  
606 QM. G.R. Co

Reinterring Officer: *Charles F. Barney*  
Verified by G.R.S. Officer

CHARLES F. BARNEY, 2nd Lt, Inf, 6800 QM GR 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: **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.**

Left Hand  
2  
1  
Thumb  
**Impossible to take, missing.**

Right Hand  
2  
1  
Thumb  
**Impossible to take, missing.**

### TOOTH CHART

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

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

**Impossible to take, missing.**

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.

Remarks:

1. See attached sketch.