

MMM

This Grave formerly occupied by: **ANGOTTI, Anthon** PVT 39705171  
 USMC St Avold, France  
 Plot J, Row 24, Grave 26  
 Date reburied: 21 June 48  
**DISINTERMENT DIRECTIVE**  
 Date disinterred: 21 June 49  
 M. R. SWART  
 H. R. SWART  
 CAPT QMC  
 DIRECTIVE NUMBER **3574 00000**  
 DATE **15 01 48**  
 DAY MONTH YEAR

**SECTION A - NAME AND BURIAL LOCATION OF DECEASED**  
 NAME **UNKNOWNX-000438** SERIAL NUMBER **000438** RANK **Q** ARM **Q** DATE OF DEATH  
 DAY MONTH YEAR  
**ST AVOLD - METZ** CEMETERY  
 DISPOSITION OF REMAINS  
**3503 80**  
 CODE DIST. PT.  
 PLOT **N 15 1903** COUNTRY **FRANCE** CAUSE OF DEATH **6**

**SECTION B - CONSIGNEE AND NEXT OF KIN**  
 NAME AND ADDRESS OF CONSIGNEE **ST. AVOLD, FRANCE**  
 (BY ADMINISTRATIVE ORDER)  
 NAME AND ADDRESS OF NEXT OF KIN

**SECTION C - DISINTERMENT AND IDENTIFICATION**  
 NAME **UNKNOWNX-000438** SERIAL NUMBER **000438** RANK **Q** DATE OF DEATH **9 Aug 48** DATE DISTINTERRED  
 IDENTIFICATION TAG ON  REMAINS  MARKER GRS ORGANIZATION **UNKNOWN** RELIGION **MELVIN W BLACKBURN, EMBALMER** IDENTIFICATION VERIFIED BY  
 NAME AND TITLE

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**  
 NATURE OF BURIAL **MATTRESS COVER** CONDITION OF REMAINS **MISSING R/RADIUS, ULNA, R/L/TI-BIA, FIBULA, SKELTON FORM. DISARTICULATED**  
 OTHER MEANS OF IDENTIFICATION **REPORT OF BURIAL FOUND WITH REMAINS**  
 MINOR DISCREPANCIES **REPORT OF BURIAL COMPLETELY DISINTEGRATED.**

REMAINS PREPARED AND PLACED IN CASKET  
 DATE **12 Aug 48** BY **MELVIN W BLACKBURN, EMBALMER**  
 CASKET SEALED BY **MELVIN W BLACKBURN, EMBALMER** EMBALMER (Signature) **Melvin W. Blackburn**  
 CASKET BOXED AND MARKED **ALL markings, plates and tags verified by** **JESSE C HARGRELL, 1st Lt. CAC**  
 DATE **12 Aug 48** BY **MELVIN W BLACKBURN, EMBALMER**

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 HARGRELL, 1st Lt CAC** SIGNATURE OF GRS INSPECTOR **JESSE C HARGRELL, 1st Lt CAC**  
**JESSE C HARGRELL, 1st Lt CAC 7857 - GRC ZONE 3 HQ**

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
**19 JUL 1949**  
 REPATRIATION BRANCH  
 MEM. DIV.

**NLN**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

8 June 1949

Date

438 (with Francis 438 Harold)  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 438, Plot N,  
Row 15, Grave 1908, 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. 2235, dated 17-3-47. No  
further information is available.

FOR THE COMMANDING GENERAL:

Case reviewed by undersigned Members of the Board of Review:

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

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

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

28 JUL 1949

Unavailable from  
information presently  
available

QQMG

File NAT  
28 July 49  
Available  
identifiers

Transmittal Letter  
# 3999 (Clements)

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

8 June 1949  
(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 438, Plot N  
Row 15, Grave 1903, 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. 2235, dated 17-3-47.

3. Remarks:

**28 JUL 1949 OQMG**  
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

CE

Personal Effects requested 7 July 49  
negative -  
Incl #13

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.2 sub (Misc) St. Louis X423, X424, X427, X437  
X426, X428, X438, X442

## SYNOPSIS AND DATES

*Misc filed*

NEW CLASSIFICATION 293.2 sub St. Louis X437

# RECLASSIFICATION SHEET

# CHECK LIST OF UNKNOWN

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

Unknown X - 438  
Cemetery St. Avold, France.  
Plot N Row 15 Grave 1903

1. Arrived at cemetery ~~Date processed:~~ 10 February 1947  
(Hour) (date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains ~~recovered~~ disinterred by Central Identification Point, Strasbourg, France.  
(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	Color	wear,	Indicate unusual markings tear, repairs, etc.
------	----------------------	-------	-------	-------	--

\*Headgear None  
(type)

Raincoat None

Overcoat None

Jacket, Field None Jacket, Combat \_\_\_\_\_

Mackinaw None

Sweater None

Jacket, HBT None

\*Shirt, Wool, OD None

Undershirt, Wool None

Undershirt, Cotton None

Trousers HBT None

\*Trousers, Wool OD Remnants of OD.

Belt, Web None  
 Drawers, Wool None  
 Drawers, Cotton None  
 Leggings, Wool None (Note unusual lacing)  
 Socks, Cotton None  
 \*Shoes (type) None

~~REMARKS~~ German swastika on buckle of belt. One (1) German pistol belt with 32 holster. Remnants of trench shelter-half; one dagger and case (6")  
 Web Equipment (type) trade mark "Gase"

(Other item) None  
 (Other item) None

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

6. Chevrons or Insignia None (type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch None

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

8. Description of Remains:  
 Age Utd Height 5' 9" Weight Est: 160 Lbs. Description of wounds Utd

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

Tattoos Utd  
 (Number, location — illustrate on sep. page)

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

Sunburn or tan, other than hands & face Utd

Complexion Utd  
 (light, med, dark, clear, pimples, 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** (color, setting, shape) Mustache **Utd** (color, size, shape) Beard or Goatee **Utd** (length, heavy, light, color, extent)

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

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

Mouth **Utd** (large, medium, small) Lips **Utd** (small, large, full)

Teeth **See Tooth Chart.** (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **Utd** (prominent, receding, pointed, dimple, double)

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

Neck **Utd** (size, length, short, normal, wrinkled) Larynx **Utd** (prominent, normal)

Shoulders **Utd** (broad, straight, small, rounded) Arms **Utd** (length, muscular, color)

(extent and quantity of hair)

Hands **Utd**

Fingers **Utd** (short, thick, long, slender, size of knuckles, missing fingers or joints)

(unusual characteristics of fingernails)

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

Back **Utd** (quantity & extent of hair) Waist **Utd** (size of navel, appendectomy, amount)

Circumcision **Utd** (yes-no) Pubic hair **None found.** (color)

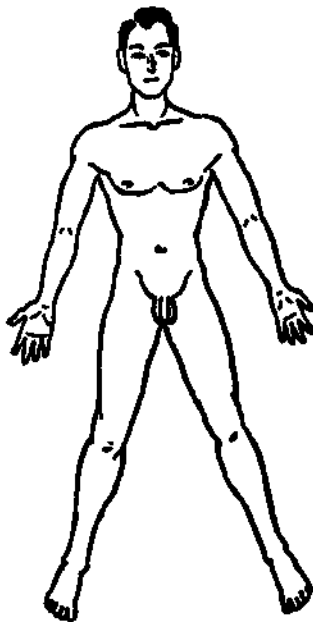
Hernioplasty **Utd** (yes/no, location)

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

Feet **Utd** (Size, corns, callouses, flat) Toes **Utd** (slender, straight, crooked, overlap)

Evidence of healed fractures (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery: **See chart.**



10. Have fingerprints been placed on Report of Internet **No**  
Yes-no

If not, explain **hands missing.**

11. Has tooth chart been prepared **Yes** If not, explain  
Yes-no

12. Remarks: **Remains recovered in skeleton form massed with debris. One (1) burial bottle found. Fluorescopic Examination: Negative. Few remnants of clothing found. Estimated weight of remains recovered: 25 lbs. Remains unidentified. Nothing found to warrant Chemical Laboratory Examination.**

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

One cross:

Unknown X- 438  
1909

*Ellsworth T. Mac Intyre*  
Officer's Name

Ellsworth T. Mac Intyre

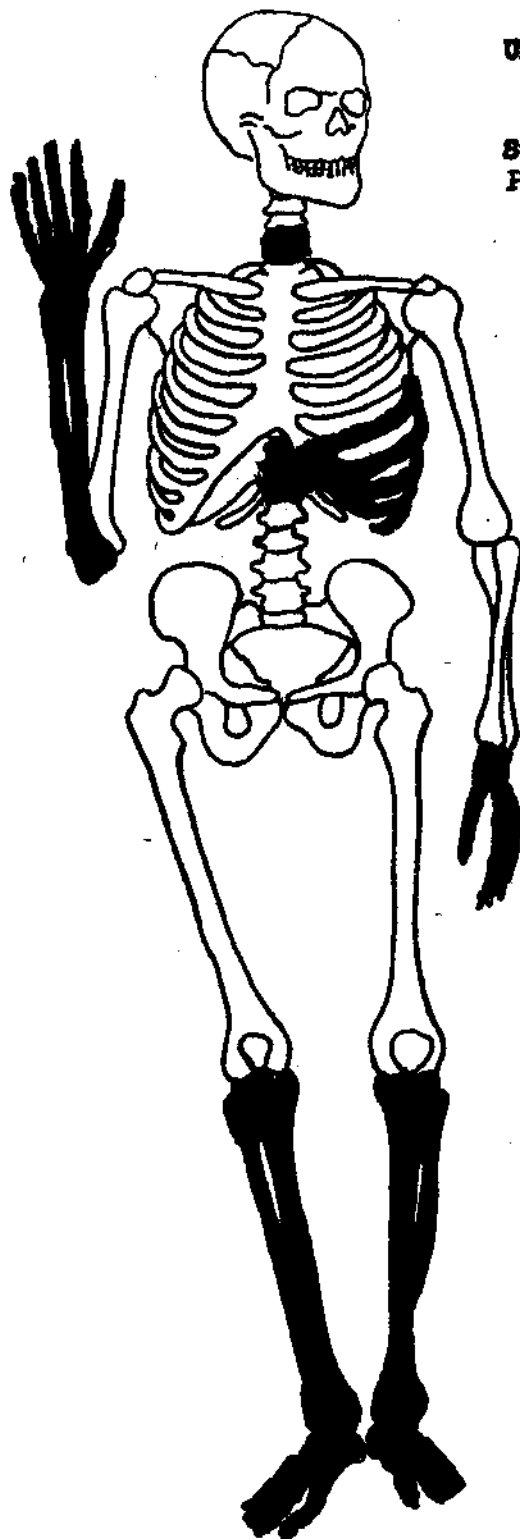
Captain **MC.**  
Rank Service

Central Identification Point.  
Organization



# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Unknown X- 438

St. Avoild, France.  
Plot N Row 15 Grave 1903

CHART "A"

# TOOTH CHART

10 February 1947

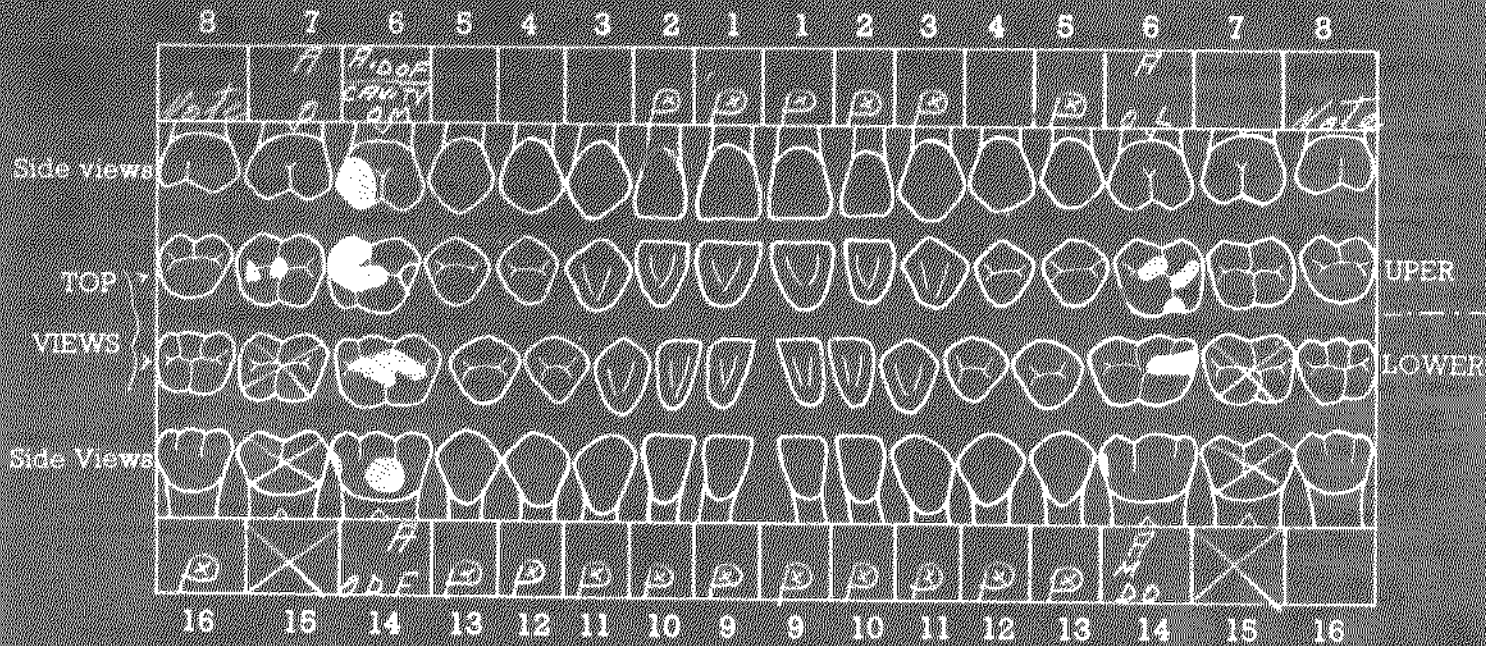
Date

Unknown X- 438

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_ Rank: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Unit: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Right

Left



See remarks:

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.

*Edward Sebastian*  
Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. Mac Intyre*  
Verified by G. A. R. Officer  
Ellsworth T. Mac Intyre  
Captain QMC. C.I.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 :



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



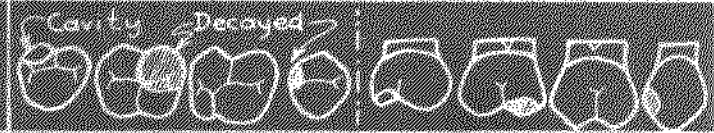
**BRIDGE WORK.** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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 :



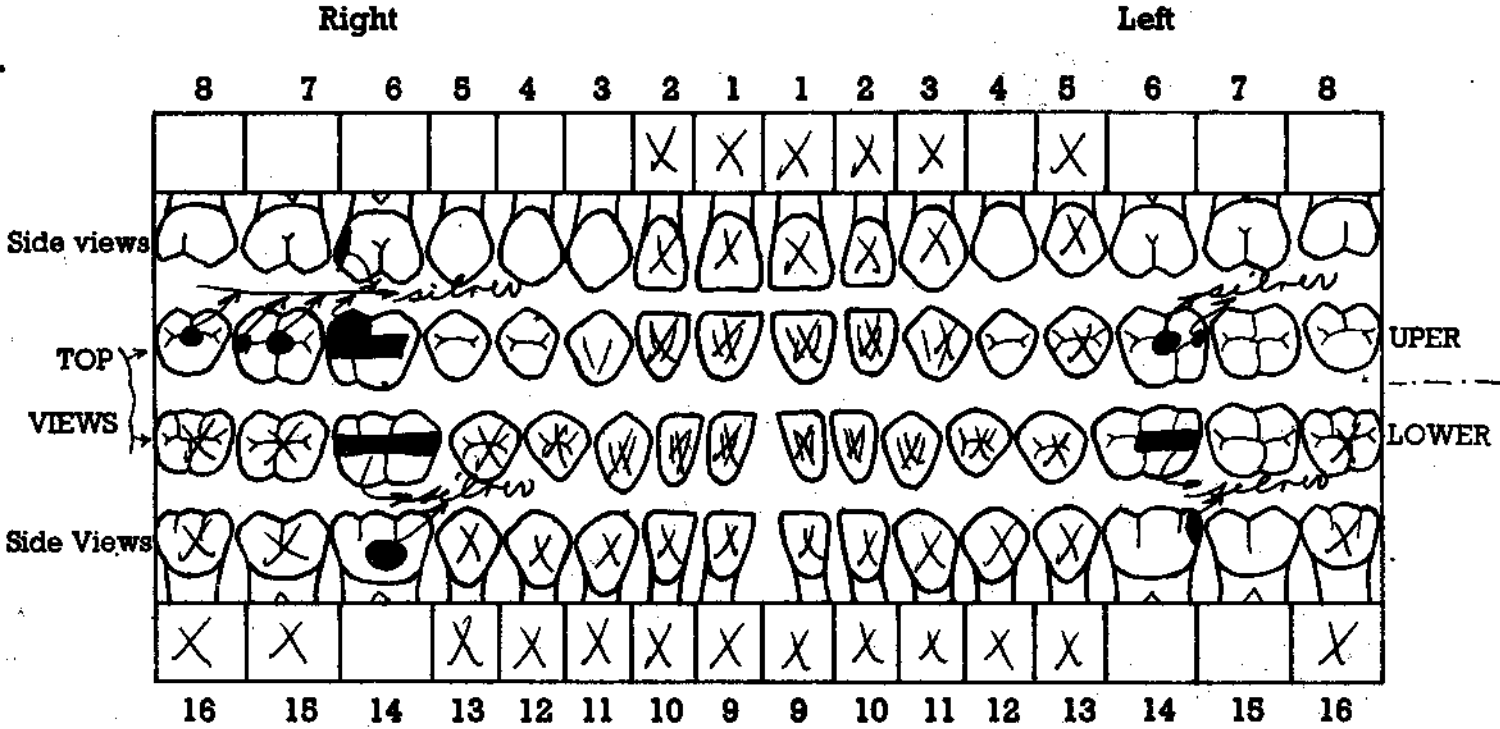
**DENTURES (PLATES).** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing R1,2,9,10,11,12,13,16 and L1,2,3,5,9,10,11,12,13.  
 Spaces: R 14,16: 5 mm. (est.); L14-16: 4 mm.;  
 Possibly unerupted before death, R8 and L8  
 Mesial version, L16.  
 Medium sized, ivory colored teeth in good alignment.

# TOOTH CHART

*St. Arnold*  
 UNKNOWN X - 438 Date  
 Last Name First Initial Rank Serial No.  
 Unk Unk  
 Pleinting, <sup>Unit</sup> Germany (Est) 1 Jan. 1945 Unk  
 Place of Death Date of Death Organisation Drowned  
Cause of Death



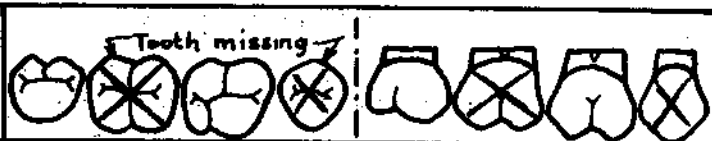
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Signature of Officer or other person who prepared Tooth chart

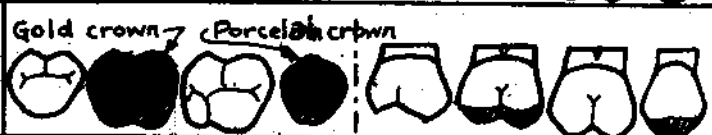
*Cole Rogers*

Verified by G. R. S. Officer  
 COLE ROGERS  
 Captain, Q. M. C.

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



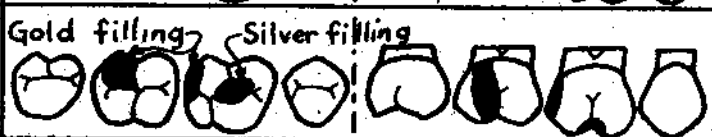
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

Nos. 16 lower left and right are natural missing teeth. All the other missing teeth appear to have fallen out after death.

**CH UK LIST FOR UNKNOWN**

**Sgt. George L. Wilcher**  
(name of soldier processing remains)

1. Unknown X U. S. Military Cemetery No.

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

3. Arrived at cemetery **0300** **13 July 45** From **102 Inf Div**  
(hour) (date) (collecting point)

4. Place of death **Pleinting Ger. Braunau Map- Sheet W-7**  
(name) (coordinates and landmarks)

5. **1:100,000 Coord: 96652095**

6. Remains recovered by **1st Lt. James E. Bauert, 102 Sig Co 102 Inf Div.**  
(name and organization)

7. Evacuated to cemetery by **3048 QM GR Co**  
(name and organization) **Not applicable**

8. Is load list attached **only body** Are names of deceased found in same area as this Unknown starred **Not applicable**  
(yes-no) (yes-no)

circumstances described which may indicate organization of the deceased **No** 11. If only part of a body was received, was  
(yes-no) (yes-no)

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. **Not applicable**

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

15. **Not applicable**

16. **Not applicable**

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

18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information

concerning vehicle or plane **Not applicable**  
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19. **Not applicable**

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

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

22. Detailed description of personal effects **None**  
(Indicate exact pocket or part of body where found)

23. **Not applicable**

24. **Not applicable**

25. **Not applicable**

26. **Not applicable**

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. * Headgear (type)	Est	6 7/8		
28. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				
35. * Shirt, Wool OD	Est	15-33		Absolute estimate taken from arm length
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD Piece	None Est	32-32	OD	
40. Belt, Web Piece	None Est	36	OD	
41. Drawers, Wool				
42. Drawers, Cotton				
43. Leggings				(Note unusual lacing)
44. Socks Wool Cotton				
45. * Shoes (type)		Feet Missing		
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 **None** Shoulder Patch **None**  
 Insignia **None** (type and location: shirt jacket coat helmet)

51. Description of Remains

52. Age **unk** Height **Est 5'9"** Weight **Est 165** Description of wounds **Drowned**  
 (years) (ft-in) (lbs)

53.



54. Bandages or dressings None Scars Fle. & skin decayed  
(length, width, location)

55. ....

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

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

58. ....

59. Sunburn or tan, other than hands and face Flesh & skin rotted

60. Tobacco stain on fingers or teeth No stain on teeth, hands missing  
(designate where extent)

61. Complexion Flesh & skin rotted Build Build  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

62. ....

63. Hair No hair - rotted away  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows, peek)

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

65. Sideburns Hair gone Mustache No flesh on face Beard or goatee No  
(color, setting, shape) (color, size, shape) Length

66. flesh on face  
heavy, light, color, extent)

67. Eyes Completely decayed Eyebrows No flesh on face  
(color, setting, shape) (color, bushiness, extend across nose)

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

69. Forehead wide-square Mouth No flesh on face Lips No flesh on face  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

70. Teeth medium size white straight even  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71. Chin small- rounded Cheekbones Normal  
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw Normal Circumference of head in inches 21 1/2"  
(large, small, normal) (hat band)

73. Neck Decayed Larynx Decayed Shoulders Shoulders  
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

74. Est 7" Cir. Arms 20" (bone structure) Flesh gone  
straight, small, rounded) (length) (muscular, color, extent and quantity of hair)

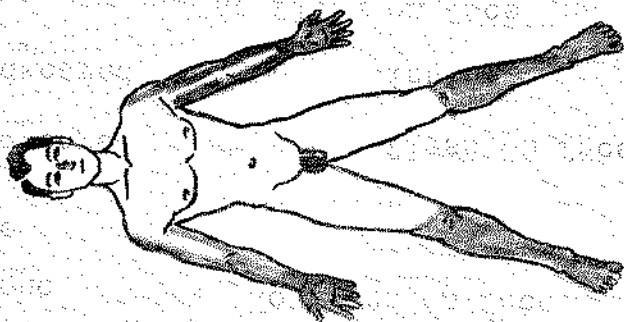
75. Missing Hands Missing  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

76. Missing  
(marks on fingers indicating that rings were worn)

77. ....



78. Fingers Missing  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. Missing  
(Unusual characteristics of fingernails)
80. Chest Est 36" Flesh decayed  
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back decayed Waist Est 32" Flesh decayed  
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. Circumcized decayed Pubic hair gone Hernioplasty Flesh decayed  
(yes-no) (color) (yes-no) (location)
83. Legs Est 32" inseam - flesh rotted- no hair  
(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 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 Remains do not warrant photographs.  
(yes-no)
88. Have fingerprints been placed on GRS No 1 No If not, explain Hands missing.  
(yes-no)
89. Has tooth, chart been prepared? Yes If not, explain  
(yes-no)
90. Remarks: The head is just a skeleton form with eyes, ears and nose
91. completely decayed. Arm length measured from the length of bone.
92. Missing teeth appear to have fallen out after death. Remainder
93. of body in advanced stage of decomposition.
94. Pieces of clothing are EM Clothes.
- 95.
- 96.

Name of Collecting Point .....  
 Date Delivered to Cemetery .....

Exact Location .....

NAME (Last Name First)	ASN	ORGANIZATIONS (If unknown, give all possible organizations) (Use more than one line if necessary)	PLACE OF DEATH (Give coordinates, land marks, name of closest town, country)	DATE AND HOUR of delivery to point
UNKNOWN X	Unk	<p>Unknown body was found about three feet from bank of river (south bank) in rather still current as dam from south bank to small island in middle of river.</p> <p>Lt. believes he is from the fifth division.</p>	<p>Fleinting, Germany            Map: Brauna            Sheet W-7            Coord 96652095            1:100,000</p>	<p>0300            13 July 1945</p>

**NOTE :** Whenever Unknown a processed, personnel operating the collecting point must furnish additional information to the cemetery covering the following points.

1. If evacuated from vehicle or plane, obtain the serial number of the plane or vehicle, organization if possible, type of plane or vehicle, position occupied by the deceased, and description of how vehicle or plane was destroyed.
2. Name of other deceased found in the same vicinity as the Unknown.
3. All possible organizations to which the deceased may have been assigned.
4. All other clues obtainable which may aid in establishing identity, including the exact location and position in which the remains were found.

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

NAME ..... RANK ..... ASN .....  
ORGANIZATION .....  
000

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

NAME ..... RANK ..... ASN .....  
James E. Bauert ..... 1st Lt. ..... 0-1633055

ORGANIZATION .....  
103 Signal Co ..... 103 Inf Div.

#285336

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

23 JULY 1945

Date

UNKNOWN X 438

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Organization

Pleinting, Germany

(Est) 1 Jan 45

Drowned

Place of Death

Date of Death

Cause of Death

1000 15 JULY 1945

U. S. Mil. Cem.

St. Avold, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

1903

15

Plot Number

CROSS

Type of Marker

Grave Number

Row Number

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

See attached sheets for additional information.

What means of identification were buried with the body?

GRS #1 in burial bottle and embossed plate.

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

Who is buried on:

Deceased's Right:

PICELY  
Name

35066860  
Serial No.

GPL Co A 133 Eng COMB BN  
Rank Organization

1904  
Grave No.

Deceased's Left:

UNKNOWN X-437  
Name

UNK  
Serial No.

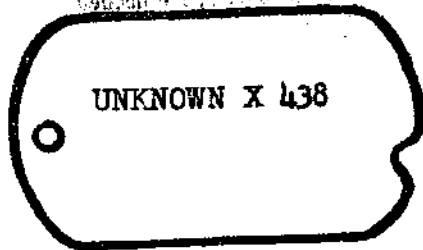
UNK  
Rank Organization

1902  
Grave No.

3048th QM GR CO

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

Unk

Name

Address

Religion

Unk

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

No Personal Effects.

*F. L. Phillips*

Signature of Officer or other person reporting burial

F. L. PHILLIPS, 2ND LT CMC  
HQ S OTS

Verified by G.R.S. Officer

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Vertical stamp: 10000 01510 01000

**IF DECEASED UNIDENTIFIED**

Take Fingerprints of **both hands** complete set of Fingerprints, state their number, and fill in the following:

Height **Est 5'9"** None  
 Weight **Est 165** Unk  
 Color of Eyes **Unk** Unk  
 Color of Hair **Unk** Yes  
 Race: \_\_\_\_\_

(If possible, have medical personnel or dentist, police or qualified personnel present, fill in a tooth chart, examine for scars, tattoos, and describe any scars, birthmarks, etc.)

Note: Indicate any identifying data found on the deceased, photographs, or other organization of deceased.

Left Hand

4

3

2

1

Thumb

**No fingerprints taken, hands missing.**

Right Hand

4

3

2

1

Thumb

**No fingerprints taken, hands missing.**

**TOOTH CHART**

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

Indicate: missing natural teeth by X; crowns by C; Bridges by B; Retainers by R; missing anchor teeth, replacements by artificial teeth by A

If this is an isolated plot, make a Sketch of the Location, oriented with North. If more space needed attach separate sheet.

Characteristics:

Other Data: