

Thomas

REPORT OF INVESTIGATION AREA SEARCH

U.S. AIR FORCE
CG
7
83

713 Corp H. Arnold N-6-19

8 July 1946
DATE

Name Unknown X6619 RANK Unknown ASN Unknown

ORGANIZATION A.A.F.

MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point)

SECTION A GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No if so, state the following information:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? No. If so, state the fact as to whom you believe the deceased to be:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY:

Lawless, Valentine B.

S-AC: 46-2-17 (x6628)

(Use reverse side for listing of crew members from IACR)

NAT
File
11 JUN 1952
Common Graves? No

A. Date of above burials Oct. 17, 1944

4. Deleted _____

5. Name and type of cemetery Eisenerz, Austrian Civilian
(Military or Civilian)

Identification Branch
Cemetery

6. Map Coordinates of the Cemetery Graz O-48, 1: 250,000 W 3808

a. Town Eisenerz Country Austria

[Handwritten signatures and initials]

7. Give exact location in cemetery of the remains.

a. Section _____ Row X Grave 264

b. In sketch attached? Yes

8. If remains are not located in a cemetery, give exact location.

a. Town _____ Coordinates _____

b. Is sketch attached? _____

c. Is area mined? _____

9. How is the grave marked? Wooden Cross

10. If grave is marked with cross, give the exact marking thereon _____

Karl Mitchell A.S AF 26/3/1945

a. From what source was this information obtained? Identification Tags
(Identification tags, personal effects)

b. By Whom? Unknown

11. Where are the cemetery records? Burgemeisters Office
(Town Hall, cemetery, burgermeister's office)

a. What information was contained thereon? Mitchell Karl 26/3/1945
Birth 21/9/1925, Lived in Cincinnati, Ohio

b. Where was the information obtained? Town Hospital

c. By whom? Hospital Doctor - Now in Jail

12. What is the date of death? March 25, 1945 5:30 a.m.

a. Give basis Burgemeisters Office Records

13. What is the cause of death? believed to be G.S.W.

b. Give basis Burgemeisters Office Records

14. What is the date of burial? March 26, 1945 14:00 p.m.

a. Give basis Burgemeisters Office Records

15. What was the place of death? Town Hospital Eisenerz Coords Graz 0-48 1;250.000
W 3808

Give basis Burgemeisters Office Records

16. Where were the remains found? _____ Coords _____

a. By Whom? _____

b. Is sketch attached? _____

17. Was a casket used? Yes Who furnished the casket? Town

Type of casket Wooden Box How marked? No Markings

18. Who made the burial? Civilian Catholic Priest- Name Unknown
 (Civilian, American Mil. or German Mil.)

a. What are the names and addresses? Unknown

b. Are certificates and statements attached? No

SECTION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? No

a. Give location in plane from which the bodies were removed _____
 (Tail gunner, pilot, radio turret, etc., or front, side, of plane).

b. Near wreckage? _____

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

a. Type of plane Unknown

b. Markings and/ or name of plane _____

c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? Unknown Anti-aircraft

Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? Unknown On the ground? _____

23. Did plane burn in the air? Unknown On the ground? _____

24. What was the direction of the flight? Unknown

25. What was the civilian opinion regarding the destination of the plane?
Unknown

26. Had bombs been released prior to the crash? Unknown

27. Does specific time and date of crash correspond with date of death of above named deceased? No

28. Number of planes in formation prior to crash No
29. State precise time and date of plane crash Unknown
(Night? Day?)
30. Were parachutists seen Unknown How many? Escaped?
Prisoners?

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank?
- a. Give specific position in tank from which deceased was removed.

(Radio man, driver, assistant driver or.... Front, side, or back)
- b. Near wreckage?
32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank
- b. Markings and/ or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc.
33. What was the type of enemy action that resulted in the tank's disablement?
34. Did tank explode? Burn?
35. Number of tanks in immediate vicinity at time of disablement
36. Does specific time and date of disablement correspond with date of death of above named deceased?
37. Precise time and date of destruction of tank
(Night? Day?)
38. Did any of the crew members escape? Prisoners?
- SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire)
- If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached?
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased.

SECTION E - GENERAL (to be completed by investigation of all cases)

41. Were personal effects recovered by the investigating team No

If not, state reason No Personal effects

a. Were identification tags found at the time of death? Yes

Where? On Body By Whom? Unknown

Present disposition Unknown

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? Yes

Where? Town Hospital Eisenerz By Whom? Hospital attendants

Present disposition Unknown

c. Was deceased identified by living members of the crew at the time of death? No

d. Did Cemetery register or cross indicate the immunization shot? Yes T/44

42. Was deceased given first aid? Unknown If so, where?

By Whom? Are statements from the medical people attached?

43. Was deceased evacuated to a German hospital? Yes

Where? Eisenerz Names of the people concerned Prim. Dr. Bresnig

now in custody jail

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No

45. Is it possible on surface of investigation to obtain from civilian sources the condition of the remainders? No
(Burnt? Disputed? etc.)

46. Do facts surrounding death show any evidence that it might be an atrocity case? Yes

a. If so, give basis for positive assumption Arrest of civilian doctor by British
Atrocity Investigation

b. If so, has higher headquarters been notified? Yes

47. Was case previously investigated? Yes By Whom? Unknown American Officer

When? May 1946

48. Give full names, addresses, and information obtained from each person interviewed. Burgmeister Michael Hauss

49. Are all positive statements regarding identification and particulars surrounding death attached? No

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) 6434

52. Give brief narrative All witnesses and all statements have been taken by British Atrocity Investigators. The doctor involved is in Wolfsberg Civilian Prison.

(Use attached, sheets, if necessary)

Paul J. Langrnfeld
Signature of interpreter

Paul J. Langrnfeld
Civilian Employee

Rank ASN

610 QM GR Co.

Organization

Charles Gurget
Signature of investigator

Charles Gurget
Sgt 33892914

Rank ASN

610 QM GR Co.

Organization

314.6

~~CMGHT 293~~
GRS European

1st Ind

~~SUBJECT: Certificates of Unidentifiability~~
Transmittal Letter #4189

Dept of the Army, OAGB, Washington, D.C., 26 October 1949

TO: Commanding General, American Graves Registration Command, European Area,
APO 58, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknowns listed on
basic communication as Unidentifiable with the following exceptions:

US Military Cemetery, ST. AVOLD, France

| | | | |
|----------------|-----------|-------|-----------|
| Unknown I-6434 | Plot KKEE | Row 1 | Grave 11 |
| Unknown I-6548 | Plot FFFF | Row 9 | Grave 102 |
| Unknown I-6619 | Plot 0000 | Row 7 | Grave 83 |

2. Unknowns listed above will be the subject of separate
communications.

FOR THE QUARTERMASTER GENERAL:

25 Incls:
w/d

T. H. MITZ
Lt Colonel, GSC
Memorial Division

Holdens cdt
Clements
REB

REB

TEC

XPO's locate France
X-6619 / St. Avold

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

4 August 1949
(Date)

293 unk France X-6619 (St Avoild)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6619, Plot GGGG,
Row 7, Grave 83, USMC St. Avoild, France,
have been reviewed and it is the opinion of the Board of Review, this
headquarters, that sufficient evidence is not available to establish
the identity of the deceased concerned, therefore, these remains should
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office
of The Quartermaster General by Transmittal Letter No. 2619, dated
13-1-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Major R. Berger O-251736 ORD
Lt. Col E.D. Mulvanity O-359598 QMC
1/lt Edward E. Stout, O-1594512 CE

Received 27 Oct 49 QMC
Not identifiable from
information presently
available

File
27 Oct 49
74T
B. Shuler
Ed Par

JLJ *[Signature]*

1

This Grave formerly occupied by: UNKNOWN -008082-A
USMC ST AVOLD, FRANCE
Plot D, Row 42, Grave 27
Date reburied: 5 Oct 49 Date disinterred: 5 October 49

DISINTERMENT DIRECTIVE

| | | | |
|--|---------------------|--|------------------------------------|
| SECTION A - NAME AND BURIAL LOCATION OF DECEASED <i>[Signature]</i> R. SWART CAPT QMC | | DIRECTIVE NUMBER 3574 00000 | DATE 15 01 48 DAY MONTH YEAR |
| NAME UNKNOWNX-006619 | | SERIAL NUMBER UNKNOWNX-006619 | RANK J |
| CEMETERY ST AVOLD - METZ | | DATE OF DEATH 3503 80 DAY MONTH YEAR | |
| DISPOSITION OF REMAINS 0 | CAUSE OF DEATH 6 | | |
| PLOT 4G | ROW 7 | GRAVE 83 | COUNTRY FRANCE |

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-006619 | SERIAL NUMBER | RANK Unk | DATE OF DEATH | DATE DISTINTERRED 24 June 48 |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS GRS <input checked="" type="checkbox"/> MARKER GRS | ORGANIZATION USAAF | 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 No Fractures - Complete - Small amount of decomposed flesh - Disarticulated |
| OTHER MEANS OF IDENTIFICATION Report of Burial dtd 15 July 46 with remains, unsigned. Embossed plate with remains | |

MINOR DISCREPANCIES /
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 June 48 BY Charles W Fredricks Embalmer

| | |
|---|---|
| CASKET SEALED BY Charles W Fredricks, Embalmer | EMBALMER (Signature) <i>[Signature]</i> Charles W Fredricks |
|---|---|

| | |
|---|--|
| CASKET BOXED AND MARKED DATE 28 June 48 BY Charles W Fredricks | SHIPPING ADDRESS VERIFIED BY call markings, plates & tags verified by: H MEAD, Capt CWS <i>[Signature]</i> |
|---|--|

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

[Signature]
H MEAD, Capt CWS, 7857 AGRC, Zone 3 Hq.
SIGNATURE OF GRS INSPECTOR

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

FILE
22 DEC 1948

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 |

REPAIRATION RECORDS BRANCH
 MAY 2 3 32 PM '49
 MEMORIAL DIVISION

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 |

(BY ADMINISTRATIVE ORDER)
 CIVIL WARDS' EVANCE

6. SHIPPED

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

40 1 03 EVANCE
 D - WELS

7. SHIPPED

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

00000 12 01 49

15

X-6619

TOOTH CHART

U.S.M.C. ST. AVOLD
 Plot GGGG, Row 7, Grave 83

20 November 1947
 Date

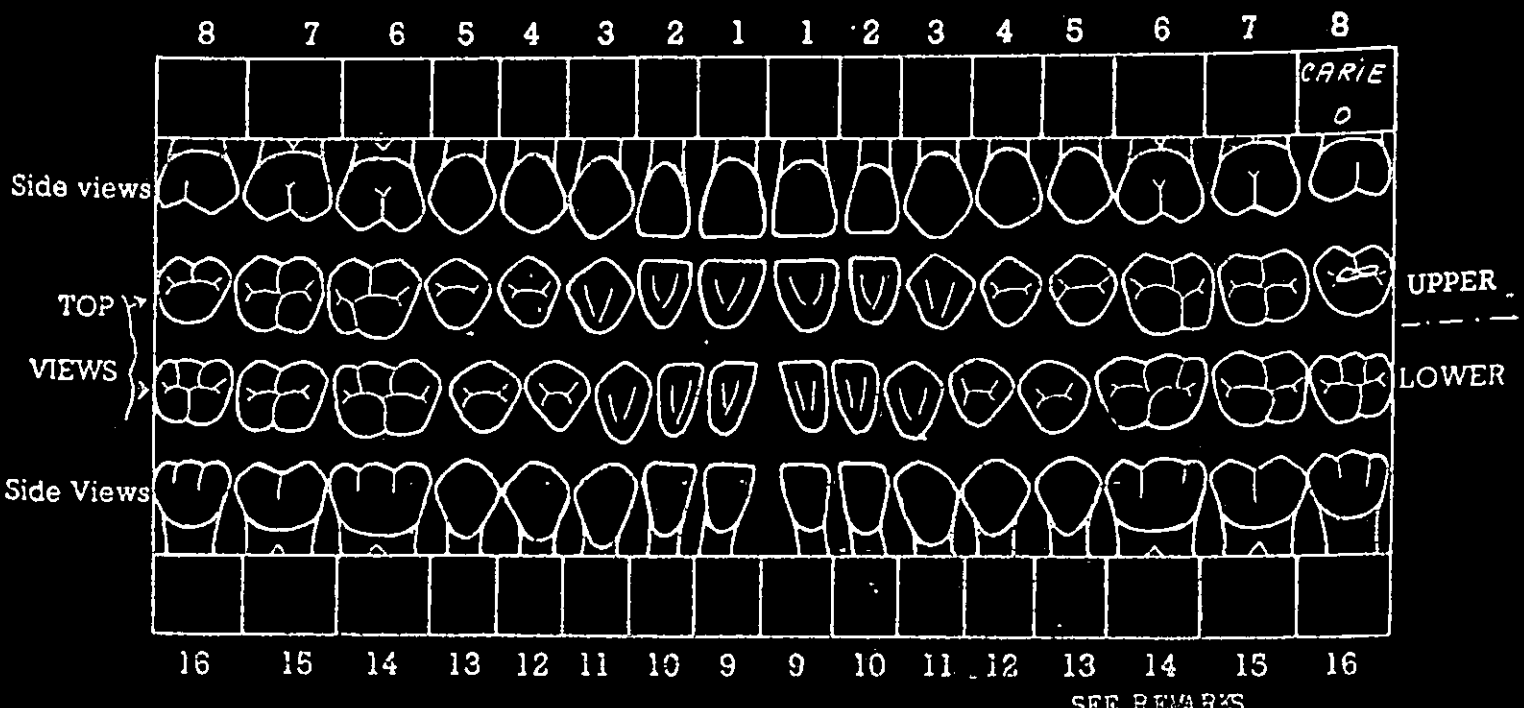
UNKNOWN X-6619

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

Loor J. Fosms *M. D.*
 Signature of Dtn or other person who prepared Tooth chart

Ralph V. Sientor
 Verified by C. F. S. Officer

RALPH V. SIENTOR
 MAJOR INF
 CENTRAL IDENTIFICATION POINT

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



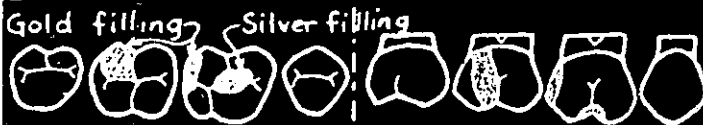
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Teeth have no fillings L-3 has a cavity as shown on chart

SPACES: L-1-2 - 1/2 mm.
L-2-3 - 1 mm.
No rotations or versions

Color ivory
Size average
Alignment excellent for maxilla
Excellent for mandible

91

IDENTIFICATION CHECK LIST

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

Unknown X-6619

Cemetery ST. AVOLD, FRANCE

Plot 6666 Row 7 Grave 83

Date reprocessed: **20 November 1947**

1. 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 MOBILE TEAM C.I.P. A.G.R.C. BA.
 (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 | NONE | | |
| | (Type) | | |
| Raincoat | NONE | | |
| Overcoat | NONE | | |
| Jacket, Field | NONE | | |
| Jacket, Combat | NONE | | |
| Mackinaw | NONE | | |
| Sweater | NONE | | |
| Jacket, HBT | NONE | | |
| * Shirt, Wool OD | NONE | | |
| Undershirt, Wool | NONE | | |
| Undershirt, Cotton | NONE | | |
| Trousers, HBT | NONE | | |
| * Trousers, Wool OD | NONE | | |

Belt, web NONE
 Drawers, wool NONE
 Drawers, cotton NONE
 Leggings, wool NONE
 Socks, cotton NONE
 * Shoes NONE (type)
 Overshoes NONE
 Web Equipment (type) NONE
 (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?

6. Description of Remains: **FEMUR 43,5 TIBIA 37,2 FIBULA 35,8**
HUMERUS 31,8 ULNA 25,8 RADIUS 24,1

Age UTD ^{Est.} Height 5'4 1/2" 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 **UTD** **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. 21"**
(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)

UTD
(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 **Light brown**
(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 **NONE FOUND**
(Nose, arms, legs, etc.)

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

SEE ATTACHED CHART

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

If not, explain Too decomposed

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

9. Remarks Remains received in a skeletal form wrapped in a mattress cover.
No clothing found. Burial report found. No GPS tag.
Estimated weight of remains: 25 lbs.
Fluoroscopic Examination negative.
There are no indications how the deceased met death. All bones
were intact. Two small indentations the size of pencil lines were found
above each eye socket running longitudinally about 1 inch long.
These may be natural indentational lines.
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.

Case remains UNKNOWN.

Ralph W. Sleator

(Officer's Name)

RALPH W. SLEATOR
MAJOR INF

Rank

Service

CENTRAL IDENTIFICATION POINT

(Organization)

SKELETAL CHART

X-6619

U.S.M.C. ST. AVOLD

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot GGGG, Row 7, Grave 83

RIGHT

21" Circumference of Head

HUMERUS 31,8

RADIUS 24,1

ULNA 25,8

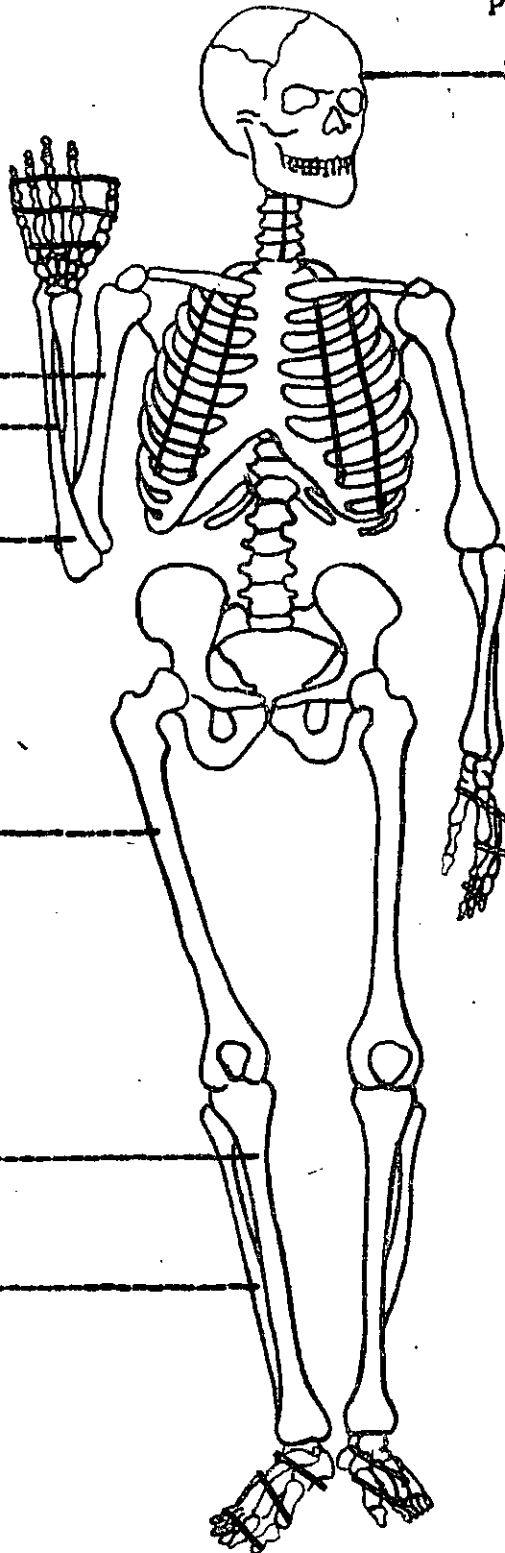
FEMUR 49,5

TIBIA 37,2

FIBULA 35,8

ESTIMATED HEIGHT: 5' 4 1/2"

CHART "A"



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

4 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 6619, Plot GGGG
Row 7, Grave 83, 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. 2619, dated 13-1-48.

3. Remarks:

Received **FILE** 27-06-1949
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

Incl #2

RESTRICTED

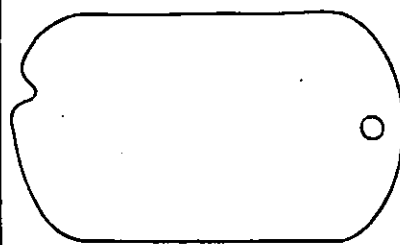
#1

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
15 July 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|--|--------------------------------|--|
| NAME (Last, first, middle initial) Unknown X6619 | | SERIAL No. Unknown |
| GRADE Unknown | ORGANIZATION Unknown | BRANCH OF SERVICE A.A.F. |
| RACE Unknown | RELIGION Unknown | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

| | | |
|--|--|--|
| PLACE OF DEATH Eisenerz, Austria | CAUSE OF DEATH B.T.B. Gun shot wound | DATE OF DEATH Est. 25 March 1945 |
|--|--|--|

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

| | |
|--|---|
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

REGISTRATION AND RECORDS BRANCH
 AUG 26 3 09 PM '46
 MEMORIAL DIVISION

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
U.S. Military Cemetery (Q-260584) St. Avold, France

| | | | | | | |
|---------------------------------------|---------------------|--|--|-------------------------|---------------------|------------------------|
| DATE OF BURIAL 15 July 1946 | HOUR 1600 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER Temp Wooden Cross | PLOT No. GGGG | ROW No. 7 | GRAVE No. 83 |
|---------------------------------------|---------------------|--|--|-------------------------|---------------------|------------------------|

| | | | | |
|--|--|----------------------|---------------------|-------------------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civilian Cemetery Eisenerz, Austria Sheet Graz 0-48 Map 1/250,000 (W-3808) | PLOT No. X | ROW No. X | GRAVE No. 264 |
|--|--|----------------------|---------------------|-------------------------|

| | | |
|--|---|---|
| TYPE OF RELIGIOUS CEREMONY General Service | PERSON CONDUCTING BURIAL RITES Ch. J.B. JOHNSON, 1st Lt | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One Copy W.D. Q.M.C. Form 1042 * Report of Interment * Placed in burial bottle and buried with remains. |
|--|---|---|

| | |
|--|--|
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes-Embossed Plate |
|--|--|

| | | | | |
|---|--------------------|--------------------------|----------------------------|------------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-6625 | RANK UNK | SERIAL No. UNK | ORGANIZATION AAF | GRAVE No. 82 |
|---|--------------------|--------------------------|----------------------------|------------------------|

| | | | | |
|--|--------------------|--------------------------|----------------------------|------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-6617 | RANK UNK | SERIAL No. UNK | ORGANIZATION AAF | GRAVE No. 84 |
|--|--------------------|--------------------------|----------------------------|------------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT <i>Dorothea G. Verbeek</i> Dorothea G. Verbeek HQ, Third Field Command AG.R.C. (X) | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Ralph W. Sleator</i> RALPH W. SLEATOR Major, Inf. |
|---|--|

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


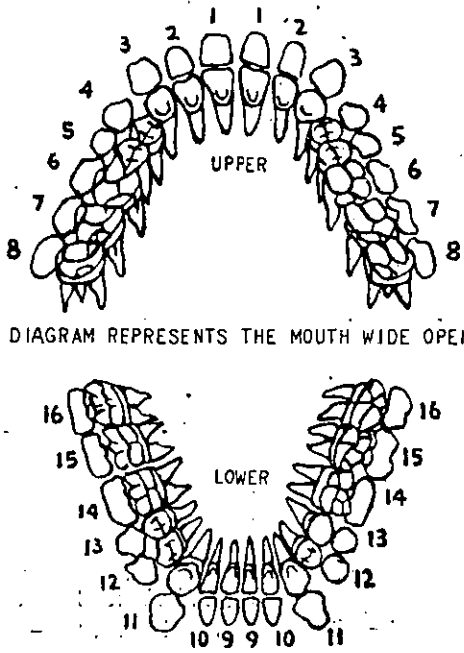




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

| | | | | |
|-------------------------|---------------|----------------------|----------------------|--------------------------------------|
| HEIGHT Est. 5'10" | WEIGHT UTD | COLOR OF EYES UTD | COLOR OF HAIR UTD | BIRTHMARKS, SCARS, OR TATTOOS UTD |
|-------------------------|---------------|----------------------|----------------------|--------------------------------------|

| | | |
|-------------------------------|-----------------------|---|
| WEAPON AND SERIAL NO. None | LAUNDRY MARKS None | WHERE BODY WAS BURIED OR FOUND Eisenerz, Austria |
|-------------------------------|-----------------------|---|

OTHER IDENTIFICATION CLUES

None

| | | |
|---------------|---|--|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

None



REMARKS:

Attached: Form 11 Check List of Unknowns and Form 1A Tooth Chart.
Impossible to obtain finger prints because of missing portions.
Est. weight of remains 100 Lbs.

64311

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X 6619
Cemetery Q-260584 St Avold
Plot 6609 Row 7 Grave 83

- 1. Arrived at cemetery 1530 15 July 1946
(hour) (date)
- 2. Place of death Eiseners, Austria Sheet Q-48 Map 1/250,000 (W-3808)
(name of closest town) (coordinates and letter Prefex, maps)

- 3. Remains recovered or disinterred by 595th QM. Group
(Sheet, scale and serials used) (name and organization)
- 4. Evacuated to Cemetery by HQ. Third Field Command A.G.R.C. Major Wm. J. Pelton
(name and organization)

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

| | |
|----------|--|
| Clothing | Indicate unusual markings |
| Markings | Sizes. Color wear, tear, repairs, etc. |

- Item _____
- *Headgear None
(type)
- Raincoat None
- Overcoat None
- Jacket, Field None
- Jacket, Combat None
- Mackinaw None
- Sweater None
- Jacket, HBT None
- *Shirt, Wool OD None
- Undershirt, Wool None
- Undershirt, Cotton None
- Trousers HBT None
- *Trousers, Wool OD None

6454

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

Leggins, Wool **None** (Note unusual lacing)

Socks, Cotton **None**

*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **None**

(Other item)

*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.

8. Description of Remains :

Age **UTD** Height **Est. 5'10"** Weight **UTD** Description of wounds **UTD**

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

Tattoos **UTD**
(Number, location — illustrate on sep, page)

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

Sunburn or tan, other than hands & face **UTD**

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

Build **UTD**
(large, fat, thin, muscular)

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

6484

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

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

Goatee UTD (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) Circumference of head in inches UTD (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) aist UTD (size of navel, appendectomy, amount)

(quantity & color of hair) Circumcision UTD (yes-no) Pubic hair UTD (color)

Hernioplasty UTD (yes-no; location)

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

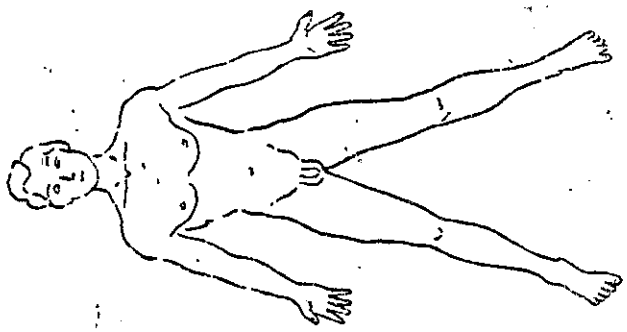
6404

Feet **UTO**
(size, corns, callouses, flat)

Toes **UTO**
(slender, straight, crooked, overlap)

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

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



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

If not, explain **UTO**

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

12. Remarks : **Remains in final stage of decomposition. Est. weight of remains 100 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.

Wm. J. Pelton (sk)
Wm. J. Pelton
Officer's Name

Major **Q.M.C.**
Rank Service

HQ. Third Field Command A.G.R.C.
Organization

64 Ref

U. S. MIL. CEM. 70
 PLO 6666 ROW 7 GRAVE 83

TOOTH CHART

8 July 1946

Date

Unknown

Unknown

Unknown

Unknown

Unknown

X6619 Name

First

Initial

Rank

Serial No.

Unknown

A.A.F.Z

Bleaners Austria

Unit

Est. 25 March 1945

Organization

E.T.B. Gun shot wound

Place of Death

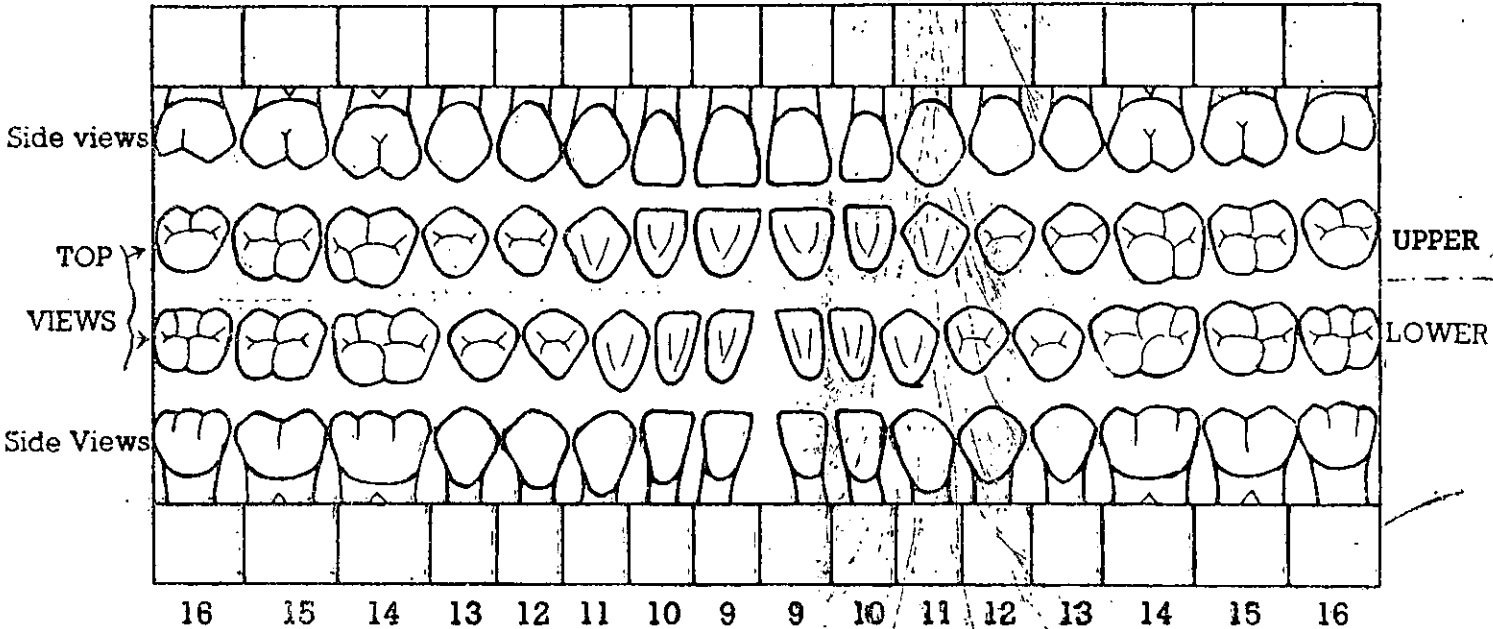
Date of Death

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.

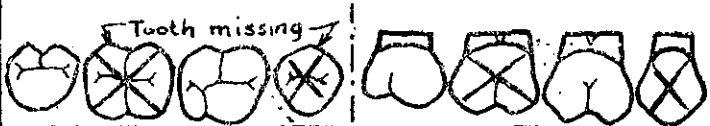
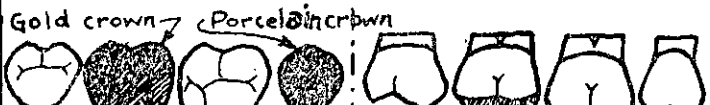

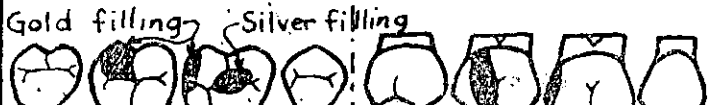

Thomas S. Turner

Signature of Officer or other person who prepared Tooth chart

Wm. J. Pelton (sk)

Verified by G. R. S. Officer

Major Wm. J. Pelton Q.M.C.

| | |
|---|--|
| <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 .

**The maxillary has all good teeth and were all in line
The mandible has all good teeth
There were no fillings in the mandible or maxillary.**