

Ident.
RRE Form #43
29 Sep 48

293 Hick St. Ardoy, X-6780

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 6780

(Temp.: ST AVOLD)

(Last Name)

(First Name)

(Initial)

(Rank)

(ASN)

Subject remains have been permanently interred overseas in the United States. Military Cemetery USMC NEUVILLE_en-CONDROZ, Belgium

Incl #

STAT

- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? **EST OCT 1944**
- a. Give basis **BODIES BURIED AROUND THAT TIME**
13. What is the cause of death? **UNKNOWN**
- b. Give basis _____
14. What is the date of burial? **EST OCT 1944**
- a. Give basis **CARPENTERS RECORD**
15. What was the place of death? **UNKNOWN** Coords _____
- b. Give basis _____
16. Where were the remains found? _____ Coords _____
- a. By whom? _____
- b. Is sketch attached? _____
17. Was a casket used? **NO** Who furnished the casket? _____
- Type of casket _____ How marked? _____
18. Who made the burial **GERMAN SOLDIERS** (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? **UNKNOWN**

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? **UNKNOWN**
- 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 **NO WRECKAGE LOCATED**
- b. Markings and/or name on 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 ground? _____
23. Did plane burn in the air? **UNKNOWN** On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? **NO**

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? **UNKNOWN**
28. Number of planes in formation prior to crash **UNKNOWN**
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 must 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 in all cases)

41. Were personal effects recovered by the investigating team? **NO**
 If not, state reason **ALL PERSONAL EFFECTS REMOVED BY GERMAN PERSONNEL**
 a. Were identification tags found at the time of death? **UNKNOWN**
 Where? By whom?
 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? **UNKNOWN**

Where? By whom?

Present disposition **UNKNOWN**

c. Was deceased identified by living members of the crew at the time of death? **UNKNOWN**

d. Did Cemetery Register or cross indicate the immunization shot? **UNKNOWN**

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 civilian hospital? **UNKNOWN**

Where? Names of people concerned

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 investigation to obtain from civilian sources the condition of the remains?

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? **NO**

a. If so, give basis for positive assumption

b. If so, has higher headquarters been notified?

47. Was case previously investigated? By whom?

When?

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

49. Are all positive statements regarding identification and particulars surrounding death attached?

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)

52. Give Brief Narrative **NO INFORMATION COULD BE FOUND AS WHERE THESE BODIES CAME FROM OR WHERE THEY DIED**
(Use attached, sheets if necessary)

Loast Wagner
LOAST WAGNER
Signature of Interpreter

INTERPRETER

Rank ASN

606 QM GR CO

Organization

Lt David A. Burris Jr
David A. BURRIS JR
Signature of Investigator

Sgt 3870525

Rank ASN

606 QM GR CO

Organization

UNKNOWN X-6780
RETIRED U.S. MIL. CEM.
ST. AVOLD, COCC-6-71

STATEMENT

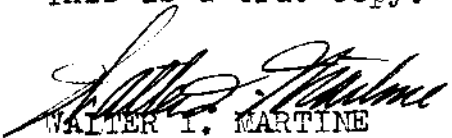
I. The undersigned certify that I have given all information on my records of deceased. I do not know of any one who would know of any other information.

Der Oberbuergermeister

I.A.
gez. Wachter
(Wachter)
Staedt.Verw.Insp.

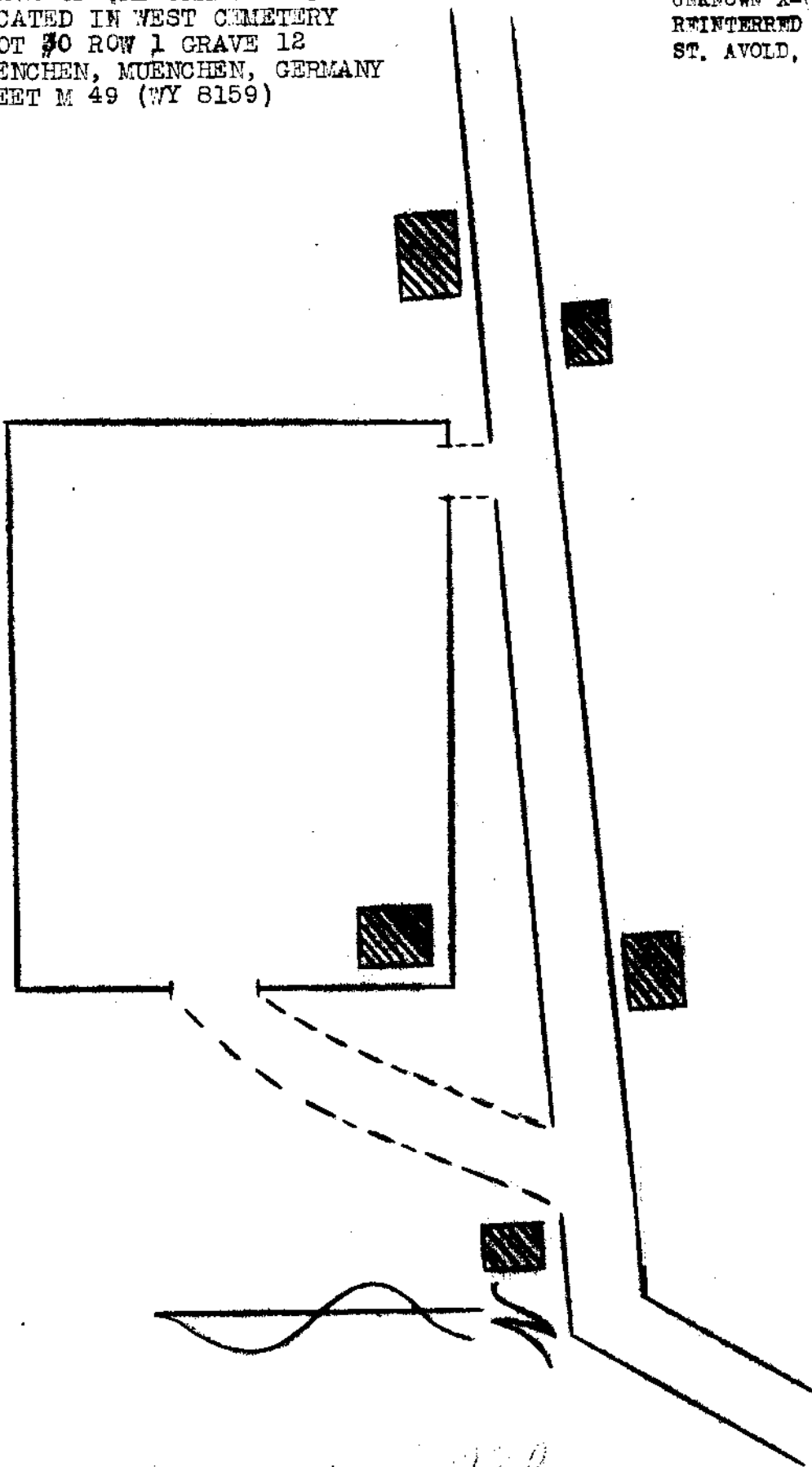
Kath. Bestattungsdienst Muenchen.

This is a true copy.


WALTER I. MARTINE
2nd Lt. Inf.
606 QM GR CO.
Commanding

GRAVE OF ONE UNKNOWN FLIER
LOCATED IN WEST CEMETERY
PLOT 30 ROW 1 GRAVE 12
MUENCHEN, MUENCHEN, GERMANY
SHEET M 49 (WY 8159)

UNKNOWN X-6780
REINTERRED U.S. MIL. CEM.
ST. AVOLD, CCCC-6-71



X-6780

1 USMC Neuville en Condroz
 Plot: D Row: 3E Jr: 5
 Date of Burial: 15 May 50
 Verified by GRS Officer
 M.R. Swart, Capt. OMC

DISINTERMENT DIRECTIVE

SECTION A
 NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER 3574 00000
 DATE 15 01 50
 DAY MONTH YEAR

NAME UNKNOWN
 SERIAL NUMBER X-006780
 GRADE
 ARM J
 RACE 0
 RELIGION 6

CEMETERY ST AVOLD FRANCE
 PLOT 40
 ROW 6
 GRAVE 71
 DISPOSITION OF REMAINS 1202 80
 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE
 NEUVILLE-EN-CONDROZ, BELGIUM
 NAME AND ADDRESS OF NEXT OF KIN
 (BY ADMINISTRATIVE DECISION)
 These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-18 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
 IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
 OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 1194a for major discrepancies.)
 SEE ATTACHED SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
 CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
 DATE BY

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

REMARKS AND SPECIAL INSTRUCTIONS
 REMAINS UNIDENTIFIABLE
 NAT FILE (NS)
 RECORDS ANNOTATED
 DATE 10 July '50
 NAME R. J. John
 BR. MEM. DIV.

(1 of 2) x y

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE				
NAME				SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
UNKNOWN X-006780				UNKNOWN X-006780			J			
CEMETERY								DISPOSITION OF REMAINS		
MOD C				ROW	GRAVE	COUNTRY			CODE	
4C	6	71	ST AVOLD			FRANCE			DIST. PT.	
								CAUSE OF DEATH		

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-006780					18 June 48
IDENTIFICATION TAG ON	ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS				CHARLES W. FREDRICKS, EMBALMER	
<input checked="" type="checkbox"/> MARKER	GRS			NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
LOW MATTRESS COVER	SKULL MANDIBLE FRACTURED. ALL LOWER EXTREMITIES MISSING. ALL UPPER EXTREMITIES FRACTURED EXCEPT R/EL/CLAVICLE, R/SCAPULA.
OTHER MEANS OF IDENTIFICATION	SKELETAL FORM
REPORT OF BURIAL DATED 31 July 46 FOUND WITH REMAINS	

MINOR DISCREPANCIES
NONE

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
28 July 48	CHARLES W. FREDRICKS, EMBALMER
CASKET SEALED BY	EMBALMER (Signature)
CHARLES W. FREDRICKS, EMBALMER	<i>Charles W. Fredricks</i>
CASKET BOXED AND MARKED	NAME OF CO
28 July 48	CHARLES W. FREDRICKS, EMBALMER
DATE	BY
	HENRY F. ALZMANN, 1st Lt INF
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	SIGNATURE OF GRS INSPECTOR
<i>Henry F. Alzmann</i>	<i>Henry F. Alzmann</i>
HENRY F. ALZMANN, 1st Lt INF	HENRY F. ALZMANN, 1st Lt INF, 7857 AGRC ZONE 3 HQ

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

SECOND OF DISINTERMENT DIRECTIVE

1194 45

12061

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC ST AVOLD, FRANCE		TO OIC NEUVILLE, BELGIUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL JOHN A MOUNTFORD 59107628	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 28 Oct 49	SIGNATURE OF RECEIVER <i>[Signature]</i>	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 USMC ST AVOLD, FRANCE		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

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3374 00000	DATE 15 01 50		
NAME	SERIAL NUMBER UNKNOWN - 005720	GRADE	ARM	RACE	RELIGION
CEMETERY ST AVOLD FRANCE	PLOT 40	ROW K	GRAVE 71	DISPOSITION OF REMAINS CODE 1202 DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-COING, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

SIGNATURE OF AGRS INSPECTOR

13 JAN 1950 SENT

1. FILE UNDER NO. 293 Unk. France X-6780 (St. Avoird)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind. 3. DATE: 12/30/49
4. FROM: OQMG
5. TO: CG, AQHC, Eur. Area, APO 58, N.Y.
6. SUBJECT: Certificates of Unidentifiability of Remains
Transmittal #Letter #4583

7. DOCUMENT FILED UNDER NO. 314.6 QRS European (T/L 4583)

cr

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

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

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

RRE 293

8 December 1949
 (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6780, Plot CCCC, Row 6, Grave 71, USMC ST.AVOID, 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. 3064, dated 14-9-48.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRI, O-12589 JMC Lt. Col. E. D. MULVANITY, O-359598 JMC

Maj. Charles REYNOLDS, O-182639 TC Maj. Gerald SWARTHOUT, Sr., O-267451 CE

Capt. Edward F. PRICE, Jr., O-1588236 JMC 1st Lt. Frederick S. DAVID, O-1826041 CAV

Received *Edw Price* OQMG

Not identifiable from *29 Dec 49*
 information presently

CWO Frank GERR, W-2102925 USA Capt. Jack C. HAYES, O-1577297 JMC

Leodore Goudreau
 CWO Leodore GOUDREAU W-2113434, USA

T.P. 4583, 12 Dec 49
 Incl #8

CASE HISTORY

Unknown X-6780

United States Military Cemetery St Avold (France)

1. The remains of Unknown X-6780, USMC St Avold, were recovered from the west Cemetery at MUNICH, Germany. All efforts to associate this case with any of the unresolved casualties within the Germany M-49 area have been unsuccessful.

2. The tooth chart contained in this case was compared with all available dental data on unresolved casualties within the M-49 area with negative results. The markings "BECKER, D. E. (P) 0-69062" as shown on the Report of Burial for Unknown X-6780 do not appear in the AG Casualty Listings.

3. In view of the foregoing and due to a lack of any conclusive identifying data, it is recommended that Unknown X-6780 be declared UNIDENTIFI-
ABLE.

YLB
hcb

YLB

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 4 SEP. 1948


SUBJECT: Reprocessing of Remains

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

The remains of X-6780
interred in Plot CCCC, Row 6, Grave 71, USMC St. Avoird
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

JACKET, B-10 : Flying
PARACHUTE HARNESS
LEATHER FLYING HELMET
MAE WEST, Preserver : Remnants
HEIGHT : Est. 5' 6 7/8
TEETH : Not recovered
SKULL : Fractured
HAIR : Dark Brown 2" Long, Straight
No evidence of old or healed fractures or amputations

FOR THE COMMANDING GENERAL :


GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

1 Incl. :
Skeletal Chart

Incl #6

SKELETAL CHART

X-6780

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CELESTRY)

St. Avoild Cem.
CCCC : 6 : 71
26 July, 1948

R. HUMERUS 33.4
Smooth fractures

R. ULNA 26.4
Smooth fractures



Est. Height 5' 6 7/8"

MEMORANDUM

3 August 1946

Body of Casual originally buried in Plot OCCC, Row 6, Grave 71,
was removed for shipment to the United States, on order from AGRO.
Burial of Unknown-X-6789 therein is correct.

Ralph W. Sreater

RALPH W. SLEATOR,
MAJOR., INF
Reintering Officer
3rd Field Command

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, ETOUSA

TOOTH CHART

U. S. ARMY, COM.
PROTCCCCONT 6 71

X6780

JUNE 11, 1946.
Date

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

Unknown

A.A.F.

Unit

Organization

Munachen, Munachen, Germany, Est. Oct. 1944

(B.F.B.) Plane Crash

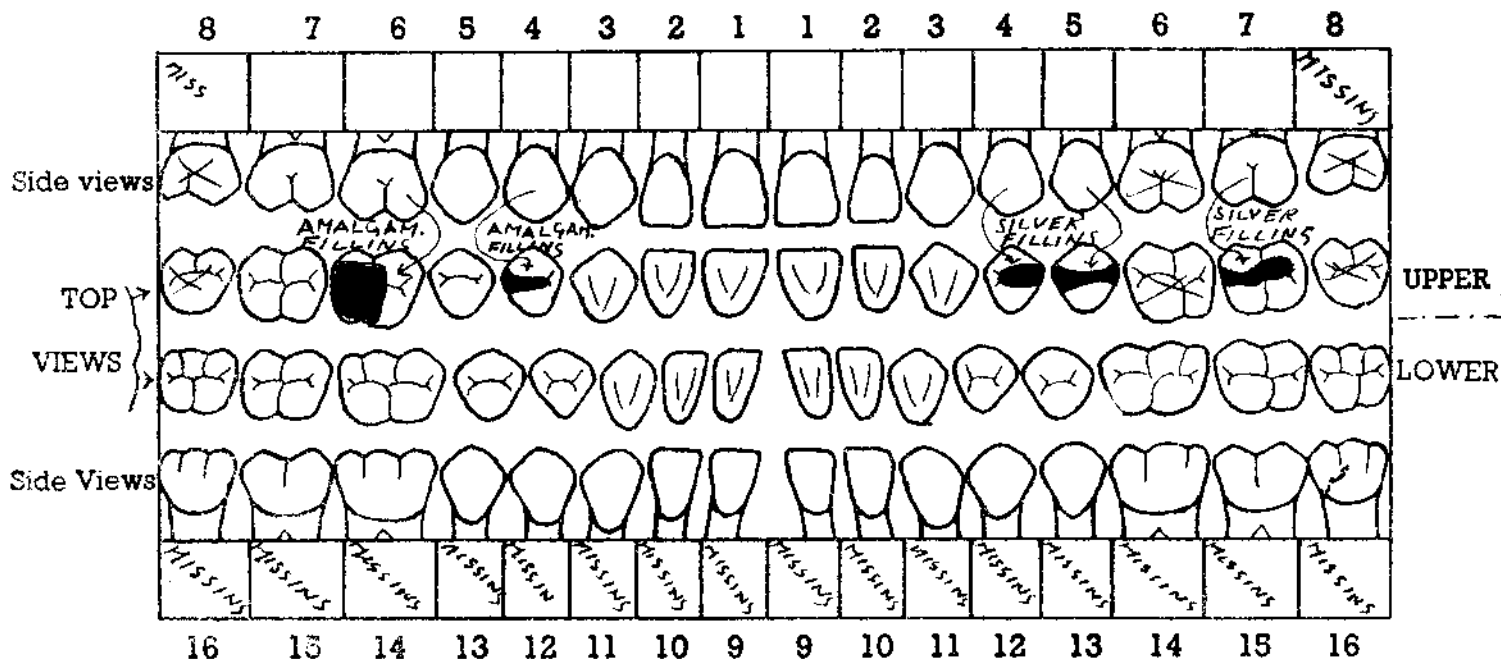
Place of Death

Date of Death

Cause of Death

Right

Left



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), bicuspid (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 C. Turner

Signature of Officer or other person who prepared Tooth chart

Paul W. Reed
Sergeant R. K. [unclear]

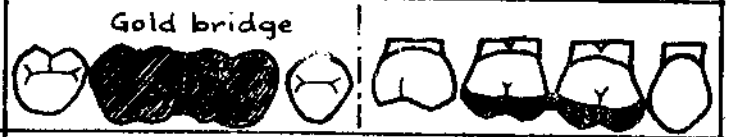
MISSING TEETH .. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



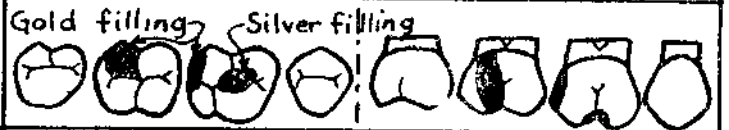
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

One tooth right of the upper maxillary was missing before death, also 6 and 8 left were missing. There were no lower teeth with the body.

CHECK LIST OF UNKNOWNNS

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

Unknown X 6780
Cemetery Q-260584 St Avoild
Plot 0000 Row 6 Grave 71

1. Arrived at cemetery 0900 31 July 1946
(hour) (date)
2. Place of death Munster, Germany Sheet M-49 1/250,000 (WY 8159)
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by 595th Q.M. Group
(name and organization)
4. Evacuated to Cemetery by Major Wm. J. PELTON, HQ. Third Field Command AGFC.
(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 **fleece lined**

Drawers, Cotton **None**

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

Socks, Cotton **None**

*Shoes (type) **None**

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **Remnants of flying suit, signed: Type B 10-Size 40, remnants of para-**

(Other item) **chute harness, remnants of flying Jacket name "BESKIN" DTIC. O-69862**

*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 **UTD** 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, pocks, freckles)

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

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

Hair **UTD**
 (baldness, widow's peak, distinctive cutting or other characteristics).

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

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

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

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

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

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

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

Jaw **UTD** Circumference of head in inches **UTD**
 (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)

UTD
 (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 & extent of hair, large, small normal)

Back **UTD** Navel **UTD**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

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

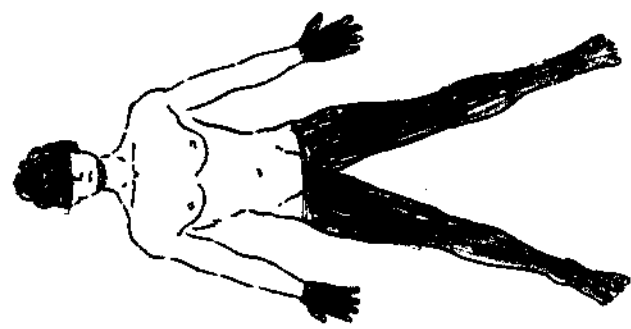
Legs **UTD**
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

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

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

Teeth Chart taken



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

If not, explain Impossible to obtain Fingerprints, no hands.

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

12. Remarks : Body burnt, broken up, processed Weight of Remains: 20 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. Felton (ms)

Wm. J. FELTON

Officer's Name

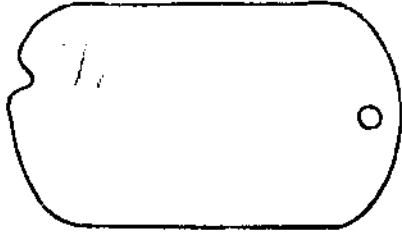
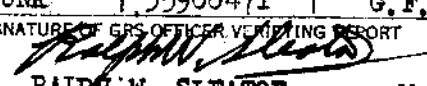
Major QMG.

Rank Service

HQ. Third Field Command APO.

Organization

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 31 July 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unknown X6780					
		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 Germany Muenchen, Muenchen,		CAUSE OF DEATH (B.T.B.) Plane Crash		DATE OF DEATH Est. Oct. 1944			
EMERGENCY ADDRESSES (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)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		None					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME One pencil, metal handled "Forwarded to Effects Depot"							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US. Military Cemetery (Q-260584) St. Avold, France							
DATE OF BURIAL 31 July 1946	HOUR 0930	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Wooden Cross	PLOT No. 0000	ROW No. 6	GRAVE No. 71
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Muenchen, Muenchen, Germany Sheet M-49 1/250.000 (WY 8159)				PLOT No. 30	ROW No. 1	GRAVE No. 12
TYPE OF RELIGIOUS CEREMONY General service	PERSON CONDUCTING BURIAL RITES Ch. H. A. LEE, 1st Lt		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of W.D. QMC. 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) METROUANT, THEODORE J.			RANK 2nd Lt	SERIAL No. 0-723135	ORGANIZATION 435 Bn Gp. 15 AF	GRAVE No. 70	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) WAKER, JESSE T.			RANK UNK	SERIAL No. 35900471	ORGANIZATION G.F.	GRAVE No. 72	
SIGNATURE OF PERSON PREPARING REPORT Max M. SCHIFF HQ. Third Field Command AGRC.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.							

REVISION AND RECORD BRANCH
 OCT 1 3 01 PM '46
 MEMORIAL DEPT

RESTRICTED

RESTRICTED

Section 3. 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.


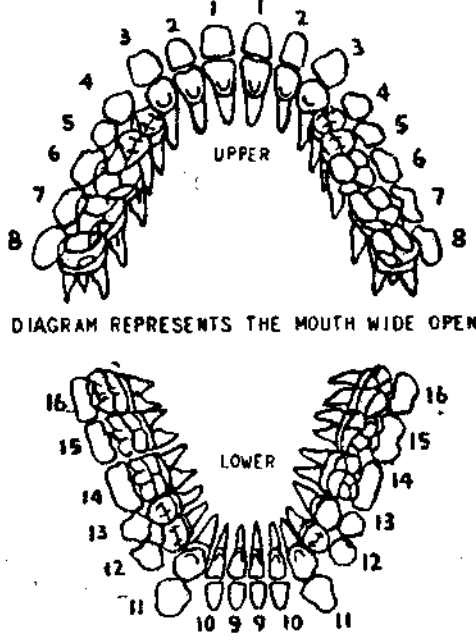




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	UTD	UTD

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
None	Yes	Muenchen, Germany

OTHER IDENTIFICATION CLUES

One portion (Remains of) of flying Jacket
 Marked: "BECKER" DC (?) 0-69062
 One Label, Manufacturers, Marked Order No. 130-053D 44-1047
 Stock No. "8300-47D716"

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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



REMARKS: Attached: Form 11 Check List of Unknowns and Form IA
 Tooth Chart. Impossible to obtain Fingerprints because of missing
 Portions.

Est. Weight of Remains recovered: 20 Lbs.