

7887 GRAVES DETACHMENT

APC 757

243 unk St. Avold X-7039 *ms*

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-7039, ST AVOLD, FRANCE.

(IOC) DRAGUIGNAN

*file 2 mar 51  
Kirkland  
Ident.*

# REPORT OF INVESTIGATION

## AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

23 Aug 1946

Date

NAME Unknown X-7039 RANK Unk. ASN Unknown

ORGANIZATION AAF

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 facts as to whom you believe the deceased to be :

a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_

**See attached sketch** \_\_\_\_\_

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

a. Date of above burials **See sketch** Common Graves? \_\_\_\_\_

X

X-7039

5. Name and Type of Cemetery Wiener Neustadt Cemetery (Civilian)  
(Military or Civilian)
6. Map Coordinates of the Cemetery XX 3548; 0-48, 1:250,000
- a. Town Wr. Neustadt Country Austria
7. Give exact location in cemetery of the remains.
- a. Section K Row 6 Grave None
- b. Is 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 exact markings thereon None
- a. From what source was this information obtained? \_\_\_\_\_  
(Identification tags, personal effects)
- b. By Whom \_\_\_\_\_
11. Where are the cemetery records? Cemetery  
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? None
- b. Where was the information obtained? \_\_\_\_\_
- c. By Whom? \_\_\_\_\_
12. What is the date of death? Est. Oct. 1943
- a. Give basis Statement of Civilian
13. What is the cause of death? Unknown
- b. Give basis \_\_\_\_\_
14. What is the date of burial? October 1943
- a. Give basis Statement of Civilian

15. Where was the place of death? Vicinity Wr. Neustadt Coords \_\_\_\_\_  
 Give basis: Buried in Wr. Neustadt
16. Where were the remains found? Unknown Coords \_\_\_\_\_  
 a. By Whom? Unknown  
 b. Is sketch attached? No
17. Was a casket used? Yes Who furnished the casket? NAAM Town  
 Type of casket Wooden How marked? None
18. Who made the burial 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? 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). Wreckage removed by German Military  
 a. Type of Plane No information available  
 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? Unknown
23. Did plane burn in the air? Unknown On ground? Unknown
24. What was the direction of the flight? Unknown
25. What was the civilian opinion regarding destination of 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?  
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 Removed by German Military

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

X-7039

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? **No**

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?

**No**

(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? **Yes** By Whom? **GRO-USFA**

When? **Approx. February 1946**

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

**Josepf Strobl, Wiener Neustadt Cemetery,**

**Johann Schroener**

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

**Yes**

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

**Yes**

51. Was investigation preceded by advanced publicity? **No**

(If special investigation, give case number) **Unknown**


52. Give Brief Narrative **Case in Russian Zone; no publicity; impossible to get more detailed information under circumstances.**

(Use attached sheets, if necessary)

\_\_\_\_\_  
 Signature of Interpreter

\_\_\_\_\_  
 Rank                    ASN

\_\_\_\_\_  
 Organization

  
 Signature of Investigator

**Michihiko Hayashida**  
**2nd Lt. O-1338230**

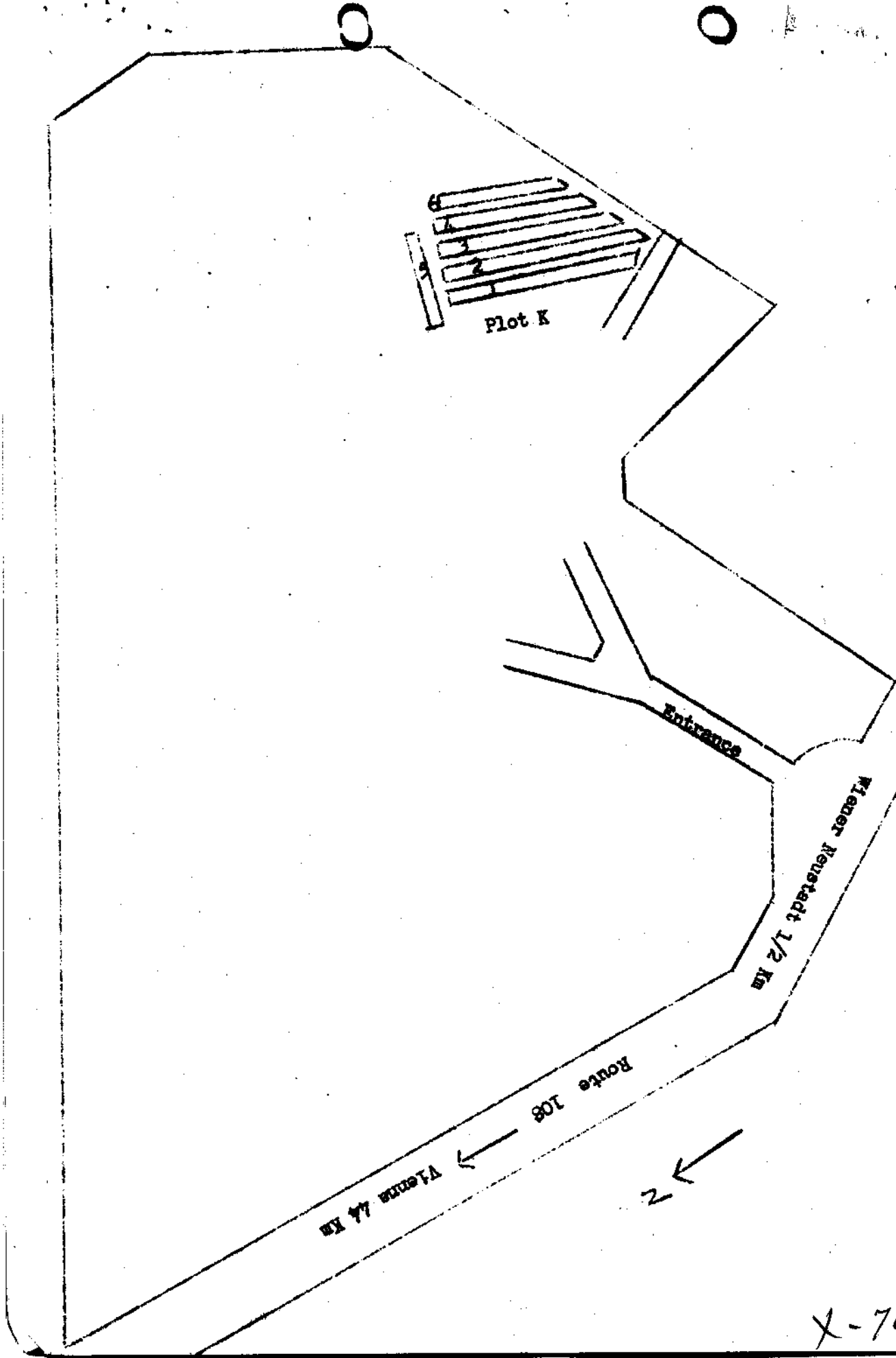
Rank                    ASN

**347 QM Bn**  
 Organization

X-7039



Cemetery plan of Wiener Neustadt, Cemetery, Wiener Neustadt, Austria  
Coords (TX 3548), Sheet 0-48; 1:250,000, Graz; Showing Location of American Graves



X-7039

List of American flyers buried in the cemetery in Wiener  
Neustadt

Number & Names of the flyers	Correct or .presumable date of death	Cause of death	Remarks
28 flyers of several grades	1 - 10 - 43	Plane crash	Found in several places and buried here in a mass grave
2	2 - 11 - 43		
1 flyer	1 - 10 - 43		Found after 1/10/43 in neighborhood Rax works
1 flyer	1 - 10 - 43	Came down by parachute found dead hanging in a tree	Was found in Burgenland and buried here in a mass grave
1 Latiner	May 1944	Plane crash	Found in several places & buried here in a mass grave
1	May 1944	" "	
1	May 1944	" "	
1	May 1944	" "	

This information is correct to the best of my knowledge but I cannot say that it is complete

Translation

S/Schoerner, Johann

36

X-7039

1 USMC DRAGUIGNAN  
 Plot: D Row: 5 Gr: 27  
 Date of Burial: 18 Jul 50 **DISINTERMENT DIRECTIVE**  
 Verified by GRS Officer:  
 R. J. GANSEL, 1/Lt., QMC  
*Russel*

APP  
7/2/50

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
 DIRECTIVE NUMBER 3574 00000  
 DATE 15 01 48  
 DAY MONTH YEAR

NAME *Yeunk Steward* SERIAL NUMBER UNKNOWN X-007039 RANK RANK ARM 1  
 DATE OF DEATH  
 DAY MONTH YEAR

CEMETERY ST AVOLD - METZ  
 DISPOSITION OF REMAINS  
~~BOX~~ 80  
 CODE DIST. PT.

PLOT 4J ROW 6 GRAVE 150 COUNTRY FRANCE  
 CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN  
 NAME AND ADDRESS OF CONSIGNEE  
~~XXXXXXXXXXXX~~ DRAGUIGNAN, FRANCE  
 (BY ADMINISTRATIVE ORDER)  
 NAME AND ADDRESS OF NEXT OF KIN  
 These remains are unidentifiable and are to be permanently interred. (HQ, AGRC -15 Dec 1949). *EV*

SECTION C - DISINTERMENT AND IDENTIFICATION  
 NAME UNKNOWN X-007039 SERIAL NUMBER SERIAL NUMBER RANK Unk DATE OF DEATH Est Oct 43 DATE DISTINTERRED 13 May 48

IDENTIFICATION TAG ON  
 REMAINS  EMB ORGANIZATION USAAF RELIGION Unk IDENTIFICATION VERIFIED BY  
 MARKER  GRS  
 Elijah H Fields, Embalmer  
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT  
 NATURE OF BURIAL Uniform & Mattress cover  
 CONDITION OF REMAINS Mandible fractured - Partially disarticulated - Final stage of decomposition

OTHER MEANS OF IDENTIFICATION  
 Report of Burial found with remains

MINOR DISCREPANCIES 1  
 None

REMAINS PREPARED AND PLACED IN CASKET.  
 DATE 18 May 48 BY Elijah H Fields, Embalmer

CASKET SEALED BY  
 Elijah H Fields, Embalmer  
 EMBALMER (Signature) *E.H. Fields*  
 Elijah H Fields

CASKET BOXED AND MARKED  
 DATE 18 May 48 BY Elijah H Fields,  
 All markings plates & tags verified by: *Henry F. Alzmann*  
 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.  
*Henry F. Alzmann*  
 HENRY F ALZMANN 1st Lt Inf 337 QM Bn.  
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
 Consignee corrected - Reg. Div. *97*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST AVOLD, FRANCE</b>	TO <b>OIG NEUVILLE, BELGIUM</b>
KIND OF CONVEYANCE <b>TRUCK</b>	NAME OF CONVOYER <b>OPL VINCENT P KATO RA 32707218</b>
SIGNATURE OF SHIPPER <i>Craig B. Callaghan</i> <b>CRAIG B GALLAGHAN 1st Lt USA 25 Oct 49</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>DATE</b>

## 2. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

## 3. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

## 4. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

## 5. SHIPPED

FROM	TO
KIND OF CONVEYANCE <b>(A MOTOR VEHICLE CLUB)</b>	NAME OF CONVOYER
SIGNATURE OF SHIPPER <b>LT VANDY H WOLF</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

## 6. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

## 7. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

**AIRMAIL**

293 unk France (misc) X-7039, X-7120, X-7140  
+ X-7464 Staveland  
Gm

CLASS 293  
CIS European

7 February 1950

**SUBJECT:** Identification of World War II Deceased

**TO:** Chief, Registration Division  
7887 Graves Registration Detachment  
APO 58, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal Letter #4522, dated 29 November 1949, forwarding Certificates of Unidentifiability.
2. This Office approves the classification of Unknowns X-7039, X-7120, X-7140 and X-7464, interred in USMC St.aveland, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Rice/ad  
Foy  
FEB  
Cy furnished: Adm Sect

T. H. MITE  
Lt. Colonel, GSG  
Memorial Division

293 unk France (misc) X-7039, X-7120, X-7140 + X-7464 Staveland

JM  
TE

**AIRMAIL**

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

RRE 293

25 November 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7039, Plot JJJJ, Row 6, Grave 150, USMC St. Avold, 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. 2649, dated 6-2-48.

3. Remarks:

**See Case History attached**

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589 JMC

*E. D. Mulvanity*  
Lt. Col. E. D. MULVANITY, O-359598 JMC

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWARTHOUT, Sr., O-267451 CE

*Edward F. Price, Jr.*  
Capt. Edward F. PRICE, Jr., O-1568236 JMC

*Frederick S. David*  
1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GEER, W-2102925

Capt. Jack C. HAYES, O-1577297 JMC

Received *Opal*  
Not identifiable from  
information presently  
available  
67450

Incl #5

1. # 4522, 2920049

UNKNOWN NO. X-7039

U.S. MILITARY CEMETERY

St Avold, France

(Location)

1. Unknown X-7039 was disinterred from a common grave in the civilian cemetery of Wiener-Neustadt, Austria, with the remains of thirty-three (33) other American casualties. A total of twenty-three (23) of subject casualties have been identified and interred as Knowns in USMC at St Avold.

2. Tooth chart obtained for X-7039 has been checked against tooth charts for known casualties in Austria, insofar as possible, with negative results. Insufficient dental information precludes direct association for this case.

3. It is recommended that X-7039 St Avold be made unidentifiable.

ARTHUR E. DAROIS

*AKD*



DISINTERMENT DIRECTIVE

6

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

CEMETERY

DISPOSITION OF REMAINS

PLOT

ROW

GRAVE

COUNTRY

CODE

DIST. FT.

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 DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

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 GRS INSPECTOR

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



ATLANTA AG REGIONAL RECORDS OFFICE  
ATLANTA GENERAL DISTRIBUTION DEPOT, U. S. ARMY  
ATLANTA, GEORGIA

17 July 1947

AGCM-M-J  
201:- HOOPS, Fred E. (Enl)  
ASN: 34103933 (15 July 47)

SUBJECT: Dental Record

TO: Office of The Quartermaster General, Washington 25, D. C.

All available dental registers from Fort Bragg, North Carolina pertaining to subject enlisted ~~man~~ inclosed herewith, dental Registers from other stations are not available this office.

FOR THE CHIEF, ATLANTA AG REGIONAL RECORDS OFFICE:

*Charles W. Tillison*  
CHARLES W. TILLISON,  
CIC, C&S Division

1 Incls:  
Form 79

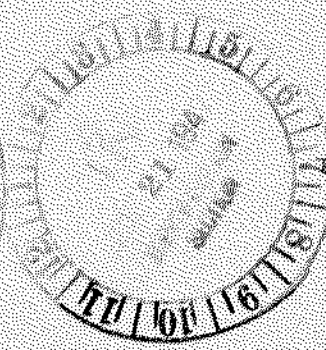
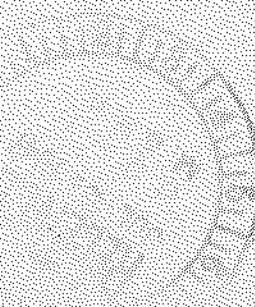
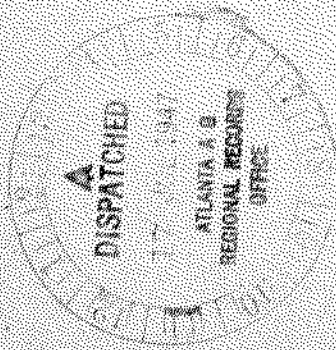
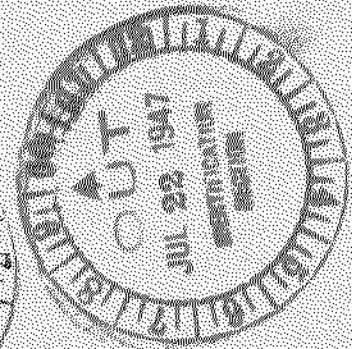
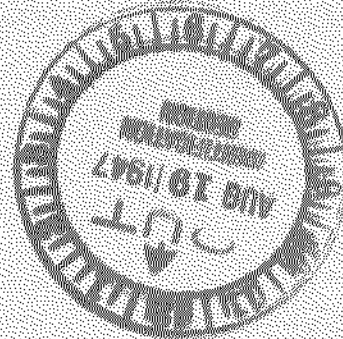
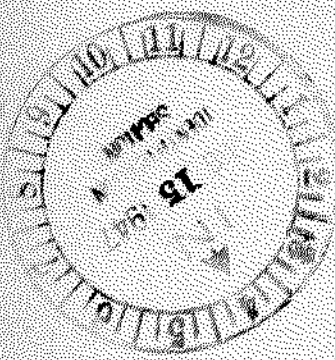
*w/d.*



*File*  
*8-19-47*  
*Pelatos*  
*File*  
*7-22-47*  
*MSA*

*34103933-1-1037*  
*(H. G. ...)*

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE



WAR DEPARTMENT  
XXXXXXXXXXXXXXXXXXXX

CGMGMU 293  
Unk. X-7039  
(St. Avold) France

15 July 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding Officer  
Atlanta General Depot, U.S. Army  
Atlanta A.G. Regional Records Office  
Atlanta, Georgia

1. In order to complete the records of this office and to assist in the identification of an unknown American serviceman, it is requested that the dental records of S/Sgt. Fred E. Hoops, 34103933, be searched to determine if additional dental work was performed for him, while on duty at the following:

Fort McPherson, Georgia	May 1941
AAB Birmingham, Alabama	March 1942
AAB Jackson, Florida	March 1942
Fort Bragg, North Carolina	July 1942

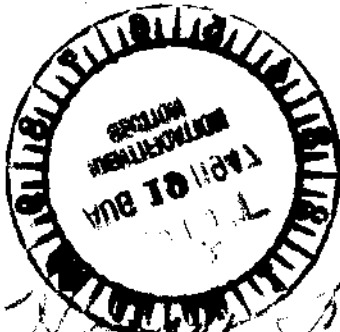
2. Request that copies of all records located be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, QMC  
Memorial Division

*mjs*  
RJS

hju  
Aug  
19



X 293 Hoops, Fred E. 34103933

# IDENTIFICATION CHECK LIST

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

D.D. # 570, dated 4 Nov 47.

Unknown X - 7039  
Cemetery St Avoild, France,  
Plot JJJJ Row 6 Grave 150

**Date reprocessed:**

1. ~~Autopsy~~ 11 Dec 47  
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred ~~by~~ and reprocessed by Mobile Team # 1, 1st Zone.  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____	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 _____	Remnants of.		
Trousers, HBT _____	None		
* Trousers, Wool OD _____	None		

FEB 20 1948  
L

Belt, web None

Drawers, wool Remnants of 00 (Heavy) size "24"

Drawers, cotton None

Leggings, wool None

Socks, cotton None

\* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) None

(Other item) None

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

Chevrons or Insignia None  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

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

6. Description of Remains: Ut. FIBULA - 39.1 Ut. FEMUR - 48.1  
Ut. HUMERUS - 35.6 Ut. ULNA - 27.5  
Ut. Tibia - 38.8 Ut. RADIUS - 26.3

Age UTD Height 5'10 3/4 Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hand and face UTD

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

Build UTD  
(Large, fat, thin, muscular)

Hair Light brown 2 1/2" long.  
(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, hushiness, 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 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. 20 3/4"**  
 (Large, small, normal) (Hat band)

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

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

.....

Hands ..... **UTD**

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

.....  
 (Unusual characteristics of fingernails)

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

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

Back ..... **UTD** ..... Circumcision ..... **UTD** ..... Pubic Hair **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 ..... **UTD**  
 (Nose, arms, legs, etc.)

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

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

If not, explain Too decomposed

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

9. Remarks Remains received in an advanced stage of decomposition, wrapped in a mattress cover, in a UK box. Clothing found in debris, no markings. Burial bottle found. No GPS tag. Est. weight: 40 Lbs. Fluoroscopic report negative.

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

*Woodrow W. Wolf*  
**WOODROW W. WOLF**  
(Officer's Name)

**CAPT**

Rank

**CMC**

Service

**OPERATIONS OFFICER, IS FIRST ZONE**

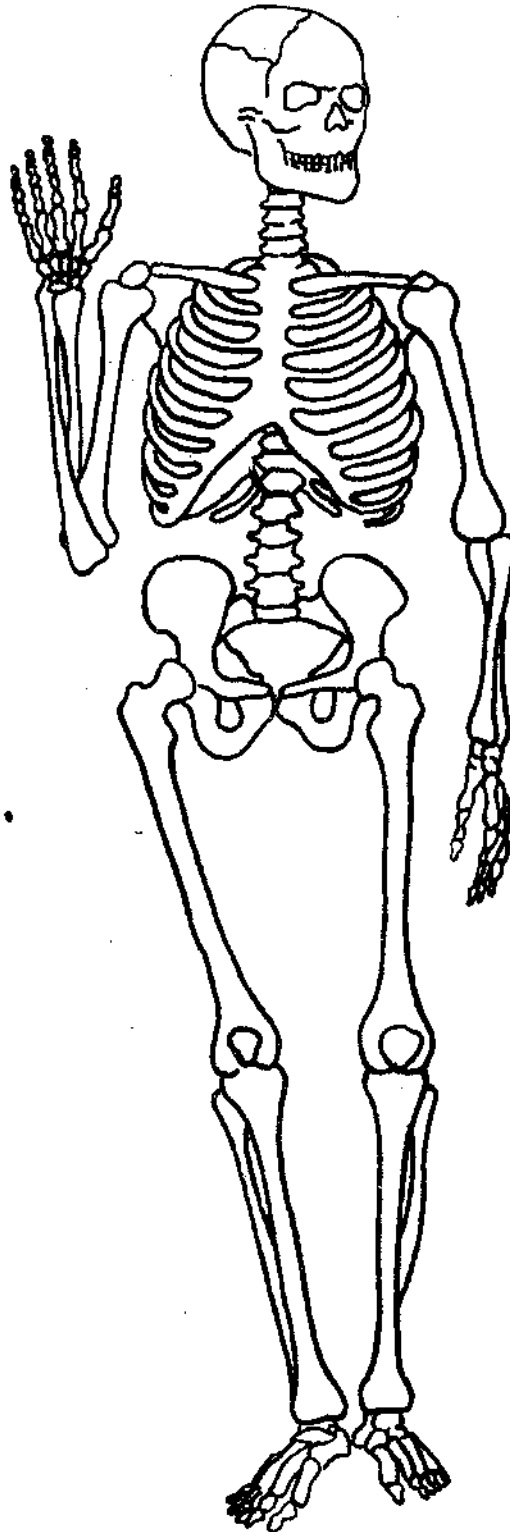
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS.....35.6.....cm

RADIUS.....26.3.....cm

ULNA .....27.5.....cm

FEMUR.....48.1.....cm

TIBIA.....38.8.....cm

FIBULA.....39.1.....cm

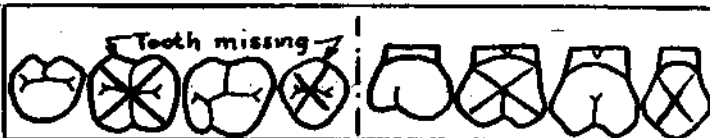
CHART "A"

Est. HEIGHT.....5'10.3/4".....

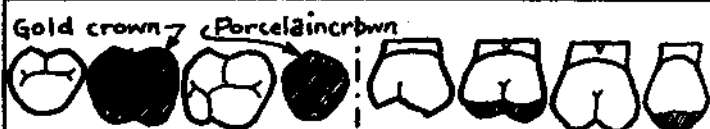




**MISSING TEETH . . .** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



**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**

**P** Posthumously missing  
 Spaces: R-16 -14 : No space  
 L-13 - 13 : 11mm

L-12 has rotated 1/16 of a turn mesially  
 R-12 has rotated 1/16 of a turn mesially  
 L-1 is abraded as shown by shading.  
 L-2 has rotated 1/8 of a turn distally.

Color : Dull Ivory  
 Size : Average  
 Alignment: Good

# CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment  
 WD QMC Form 1012)

Reference: X-7039  
 Cemetery: St. Avold, France. (C-  
 Plot: Row: BRQ 584)

1. Arrived at cemetery  
 2. Place of death: Presumed in vicinity of Wiener Neustadt, Austria.  
 Map: 1:250,000 Sht: 8-48 Coord: XX 55 48

3. Remains recovered or discovered by: 347 CM 8th Third Field Company AGFC  
 4. Examined in Cemetery by: Central Identification Point

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

Item	Clothing	Indicate unusual markings	
		Markings	Size Color wear, tear, repairs, etc.
Headgear	None		
Coat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Shirt	None		
Shirt, Wood	Est. 16-32		
Undershirt, Wood	Est. 34		white
Undershirt, Cotton	None		
Trousers (HI)	None		
Trousers, Wood (HI)	Est. 32-32		

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Belt, Web. None  
 Drawers, Wool Est. 32 white  
 Drawers, Cotton Est. 32 white  
 Leggins, Wool None (Not unusual being)  
 Socks, Cotton Est. 10 1/2  
 Shoes (Type) Est. 10  
 Overshoes None  
 Web Equipment Type None

Other item Socks, wool Est. 10 1/2 CD

Other item None

If body measurements of these items should be reported by measure, the number

D. Goggles or None  
 Goggles None  
 Shoulder Patch None

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

Description of Wounds  
 UED Weight Est. 510 lbs. UTD  
 UED Weight Est. 155 lbs. UTD

Bandage or dressing UTD  
 Scars UTD  
 Tattoos UTD

Outstanding marks, scars or birthmark UTD

Scars, if any, other than hands & feet UTD

Complexions UTD

Build HFR Muscular

Hair Dark-brown, 4", straight.



Hair **UTD** (thickness, volume, peak, distribution, curling or other characteristics)

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

Goggles **UTD** (light, color, amount)

Eyes **UTD** (color, setting, shape) Eyebrows **UTD** (color, thickness, effect, shape, size)

Nose **UTD** (size, shape, straight) Ears **UTD** (size, set back, in or set from face)

Mouth **XXX Medium** (large, medium, small) Lips **UTD** (usual large, full)

Teeth **See Tooth Chart** (shape, size, irregularities, spacing, noticeable brown, fangs, rotten)

Chin **Prominent** (prominent, receding, pointed, shape, smooth)

Jaw **Normal** (large, small, normal) Circumference of head in inches **23 7/8** (hat band)

Neck **UTD** (size, length, short, normal, rounded) Larynx **UTD** (prominent, normal)

Shoulders **Straight** (bowed, straight, round, rounded) Arms **Muscular** (length, muscular, under)

**UTD** (extent and quantity of hair)

Hands **UTD**

Fingers **UTD** (short, thick, long, slender, size of knuckle, normal, finger or joint)

**UTD** (usual characteristics of fingers)

Chest **XXX Normal** (shape of upper chest, normal, extent of hair, large, small, normal)

Back **UTD** (quantity & extent of hair) **UTD** (size of nails, approximately amount)

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

Hernioplasty **UTD** (type of, location)

Legs **Muscular** (muscle, normal size, back, normal, normal, normal, normal, color & extent of hair)

20

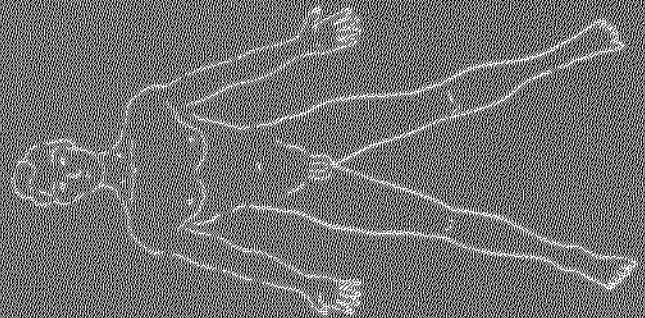


Feet DDD  
(toes, nails, calluses, etc.)

Teeth DDD  
(teeth, straight, crooked, missing)

Evidence of healed fractures DDD  
(bones, scars, 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 Skin decomposed

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

12. Remarks All of body received at processing point. Very badly decomposed. Net weight of remains recovered 28 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.

*Robert L. Owen*  
Officer's Name

Robert L. Owen

San Jo. Dist.

Name Service

Central Identification Point

Organization

265



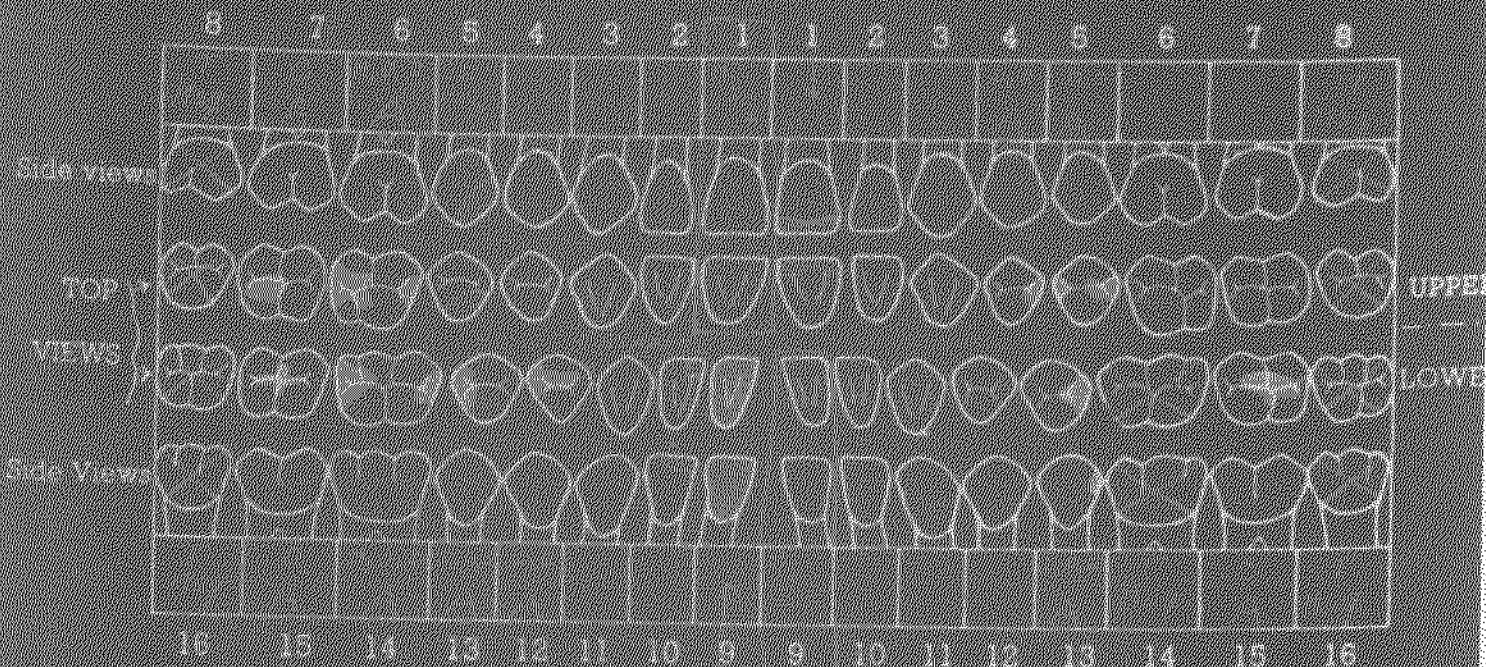
# TOOTH CHART

27 July 1948

Taken on \_\_\_\_\_  
 Location \_\_\_\_\_  
 Prepared in violation of Article \_\_\_\_\_,  
 Constitution of the United States.  
 Date of Exam. \_\_\_\_\_  
 Name of Examinor \_\_\_\_\_  
 Name of Patient \_\_\_\_\_

Right

Left



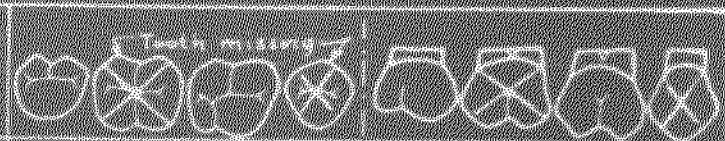
This dental chart is your property and should be filled in with great care. There are 16 teeth in a complete set of teeth, 8 on each side. The numbers on the chart, beginning at the middle line, are 1 through 16. The teeth are arranged symmetrically on either side and consist of incisors (cutting teeth), canines or cuspids (tearing teeth), bicuspids (chewing teeth), and molars (grinding or chewing teeth). An examination should be made and findings charted to cover the following items: conditions - lost teeth, crowned teeth, bridge work, fillings, caries (decay), dentures (plates), and any deformity of jaws found. See reverse side for instructions.

Signature of dentist or other person who prepared tooth chart

*[Signature]*  
Dentist



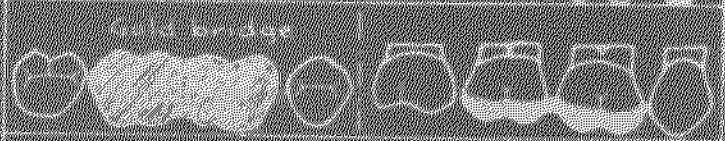
**MISSING TEETH** . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled thus:



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



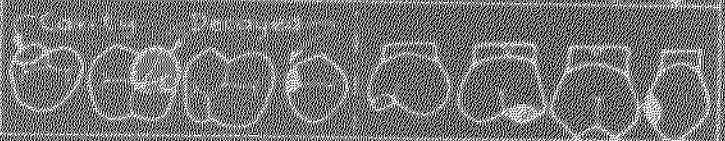
**BRIDGE WORK** . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:



**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 made in tooth:



**DENTURES (PLATES)** . . . Draw diagram of denture size and shape of plate. Block in teeth attached and indicate retaining clasp on natural teeth with the denture plate.

**ADDITIONAL SPACE FOR FURTHER REMARKS**


Teeth showing before dental work: 1-10, 11-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100.  
 Teeth showing after dental work: 1-10, 11-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100.  
 Teeth showing before dental work: 1-10, 11-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100.  
 Teeth showing after dental work: 1-10, 11-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100.  
 Porcelain, block in P-5.



RESTRICTED


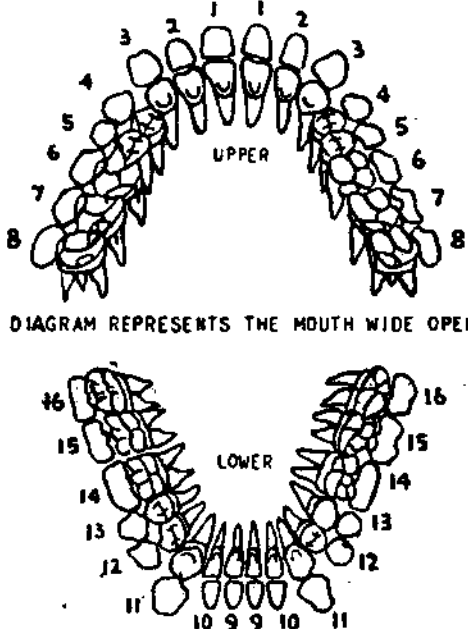




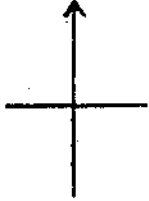
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11/

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 27 August 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) Unknown X-7039				SERIAL NO. Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE AAF	
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Presumed in vicinity of Wiener Neustadt, Austria.		CAUSE OF DEATH Plane Crash			DATE OF DEATH Est. Oct 1943		
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							
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 St. Avold, France. ( Q. - 260. 584 )							
DATE OF BURIAL 27 August 1946	HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood. cross	PLOT No. JJJJ	ROW No. 6	GRAVE No. 150	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civ. Cem. of Wiener Neustadt, Austria. Map: 1:250,000 Sht: O-48 Coord: xX 35 48			PLOT No. K	ROW No. 6	GRAVE No. -	
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 WD 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) UNKNOWN X- 7077	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 149			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) END OF ROW	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
SIGNATURE OF PERSON PREPARING REPORT Robert L. Owens <i>Robert L. Owens</i> 2nd Lt. Inf. G.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Samuel E. Proctor Jr.</i> SAMUEL E. PROCTOR Jr. 2nd Lt. 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.							

RESTRICTED

**RESTRICTED**

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>			
	<b>INSTRUCTIONS:</b> (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.			
LEFT RING FINGER	HEIGHT Est. 5'9"	WEIGHT Est. 155 Lbs.	COLOR OF EYES UTD	COLOR OF HAIR Dark-brown Straight 4" long.
	WEAPON AND SERIAL NO.  None		LAUNDRY MARKS  None	BIRTHMARKS, SCARS, OR TATTOOS  UTD
LEFT MIDDLE FINGER	WHERE BODY WAS BURIED OR FOUND Wiener Neustadt, Austria.			
	OTHER IDENTIFICATION CLUES  None			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  <div style="text-align:center;">  </div>			
	<b>REMARKS:</b> Form 11 Check List of Unknowns and Form 1A Tooth Chart accomplished. Too decomposed for Fingerprints. Est. weight of remains recovered: 50 Lbs.			