

7887 GRAVES DETACHMENT

APO 757

~~243 unk St. Avold X-7141 MB~~

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-7141 St Avold

(POC) ST AVOLD

Handwritten notes:
243 unk St. Avold
X-7141
MB

Handwritten notes:
File - New
18 Oct 51
M. Martin

REPORT OF INVESTIGATION AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

ST Arnold

16 Aug 1946

Date

NAME Unknown - X-7141. 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)
See sketch

a. Date of above burials _____ Common Graves? _____

X-7141

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 -----
- 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? Oct 1943
- a. Give basis Statement of Civilian

Vicinity Wiener Neustadt

15. Where was the place of death? _____ Coords _____
Give basis _____ Burial in Wiener 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? _____ 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

- 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 Feb 1946
48. Give full names, addresses, and information obtained from each person interviewed _____
 JOSEPH 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 R U S S I A N Zone; no p u b l i c i t y

Impossible to get more detailed information under circumstances.

(Use attached sheets, if necessary)

Signature of Interpreter

Rank ASN

Organization

Signature of Investigator
MICHHIKO HAYASHIDA
2nd Lt. O-1338230

Rank ASN

347 QM Bn

Organization

List of American flyers buried in the cemetery in Wiener

Neustadt

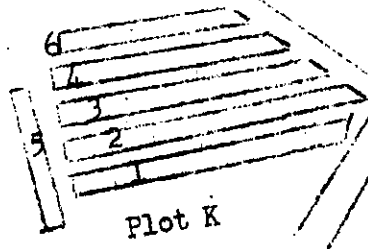
Number & Names of the flyers	Correct or .presumable date of death	Cause of death	Remarks
28 flyers of several grades	1 - 10 - 43	Plane crash	Found in several places and buried here in a mass grave
2	2 - 11 - 43		
1 flyer	1 - 10 - 43		Found after 1/10/43 in neighborhood Rax works
1 flyer	1 - 10 - 43	Came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

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



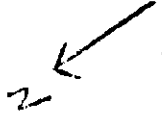
Plot K

Entrance

Wiener Neustadt 1/2 km

Route 108

Vienna 44 km



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293 unk. France (St. Avold) X-7141
RRE 293

4 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 7141, Plot JJJJ
Row 5, Grave 112, 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. 2649, dated 6-2-48.
3. Remarks:

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
E.D. Mulvanity

Major R. BERGER, O-251736 ORD
Roger Berger

Capt. Jack C. HAYES, O-1577297 QMC
Jack Hayes
1 Sept 49

Capt. E.F. PRICE, Jr. O-1588236 QMC

1/Lt. Edward E. STOUT, O-1594512 CE
Edward Stout
Received
Not identifiable from
information presently
available

Incl # 24

T. L. # 4188, 5 Aug 49

TDH

1

This Grave formerly occupied by: UNKNOWN X-006286
USMC ST AVOLD; FRANCE
Plot F, Row 2, Grave 28
Date reburied: 5 Oct 49 Date disinterred: 5 October 49

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
R. SWART
CPT QMC

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X-007141		UNKNOWN X-007141		J	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					0 3503 80
					CODE DIST. PT.
LOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
4J	5	112	FRANCE		6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-007141	SERIAL NUMBER	RANK Unk	DATE OF DEATH Est Oct 43	DATE DISTINTERRED 13 May 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION USAAF	RELIGION Unk	IDENTIFICATION VERIFIED BY Geo W Lowry, Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Skull and all main bones fractured - Mandible missing - Decomposition complete - Disarticulated -
------------------------------------	---

OTHER MEANS OF IDENTIFICATION
Report of Burial found with remains -

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 18 May 48 BY Geo W. Lowry, Embalmer

CASKET SEALED BY
Geo W. Lowry, Embalmer
EMBALMER (Signature)
Geo W. Lowry
Geo W. Lowry, Embalmer

CASKET BOXED AND MARKED
DATE 18 May 48 BY Geo W Lowry, Embalmer
SHELF ADDRESS VERIFIED BY 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.

FILE
22 DEC 1949
REPAIRATION

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
 NOV 2 3 31 PM '49
 FEDERAL BUREAU OF INVESTIGATION

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 (EX ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER S. J. VAUGHN, SERVICE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

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 - 7141

Cemetery St. Avold, France

Plot JJJJ Row 5 Grave 112

Date reprocessed:

1. ~~XXXXXXXXXX~~ 10 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	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

FEB 20 1948
L

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

(Other item) **50 cal. tracer, one link of belt attached**

(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: **No bone measurements.**

Age **UTD** Height **UTD** 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 **Missing**
 (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 **Missing**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Fractured-sections**
(Large, small, normal) (Hat band) **missing**

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? No If not, explain Head missing
(Yes-no)

9. Remarks Remains received in skeletal form, wrapped in a mattress cover
Burial bottle found . No GRS tags found. Estimated weight is 8 lbs.
Fluoroscopic Report negative. Bone measurements were not possible
because of the lack of bones and fragments.

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 **OMC**
Rank Service

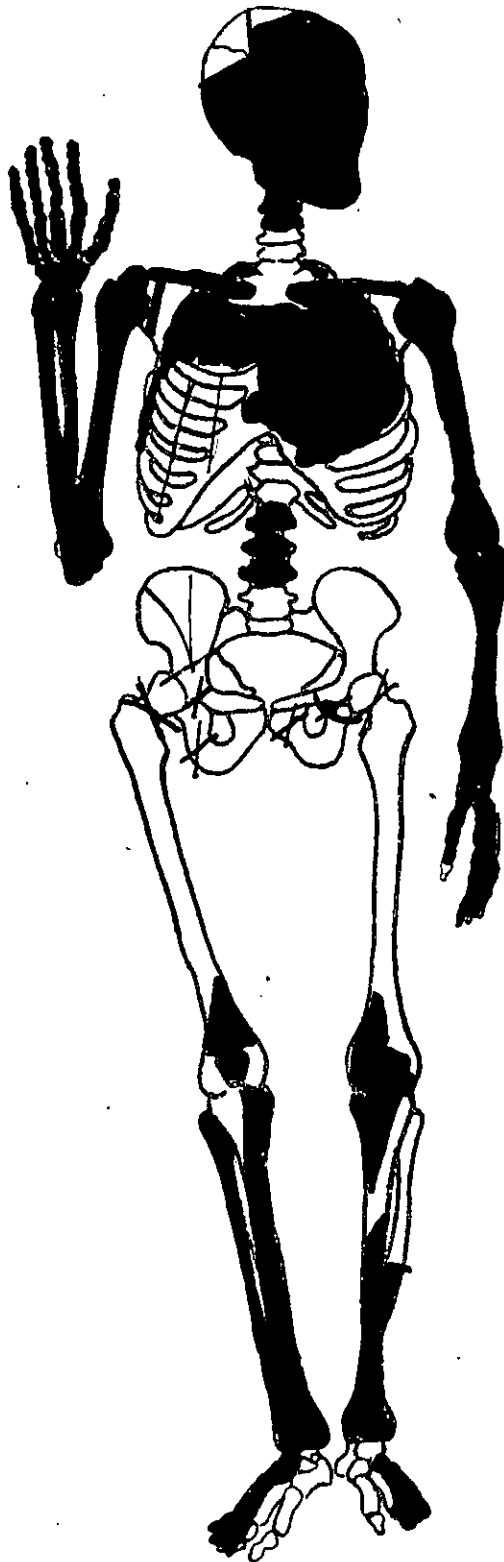
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



Est. Height : UTD

X-7141

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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-DMC Form 1012)

Unknown X - 7141.
Cemetery ST. AVOLD, FRANCE Q- 260-524
Plot JJJJ Row 5 Grave 112

1. Arrived at cemetery 0930 ^(hour) 21 August 1946 ^(date)
2. Place of death Presumed in vicinity of Wiener Neustadt, Austria. ^(name of closest town) ^(coordinates and letter Prefex. maps)
Map: 1:250,000 Sheet: Q-48 Coord: XY 35 48
3. Remains recovered or disinterred by 558 QM Group. ^(Sheet, scale and serials used.) ^(name and organization)
4. Evacuated to Cemetery by Central Identification Point. ^(name and organization)
5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

Clothing Markings Sizes Indicate unusual markings 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	small remnants of brown officer's pants.
Trousers, Wool OD	None

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X-7141

Belt, Web One (1)

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

*Shoes (type) None

Overshoes None

Web Equipment (Type) None

(Other item) Remnants parachute One (1) parachute harness.

(Other item) Pers.Eff.: One (1) nail clipper.

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 Air 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, spots, freckles)

Build UTD (large, fat, thin, muscular)

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

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

Sideburns UTD Mustache UTD Board 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 UTO
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

Jaw UTD Circumference of head in inches UTO
(large, small, normal) (that band)

Neck UTD Larynx UTD
(size, length, short, normal, wrinkled) (prominent, normal)

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

Hands UTD
(extent and quantity of hair)

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)

UTD

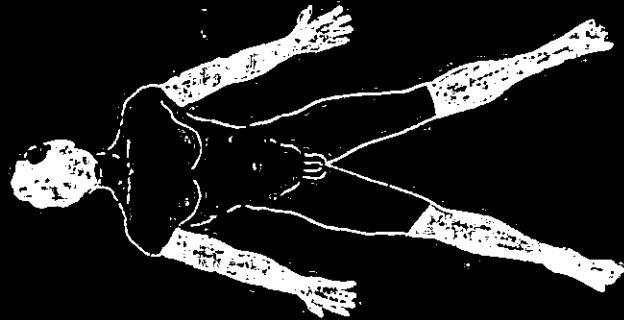
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Feet UTD
(size, corns, callouses, etc.)

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 :



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

If not, explain No hands

11. Has tooth chart been prepared No If not, explain only one small
(yes-no)

portion of skull recovered.

12. Remarks : Body badly decomposed. Shown evidence of fire, small remnants of underdrawers. No marks.
 Est. weight of remains: 10 Lbs.

2,50 cal. shells.
 1.45 cal. shell.

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. Owens

Robert L. Owens
Officer's Name

2nd Lt. Inf.

Rank Service

Central Identification Point.

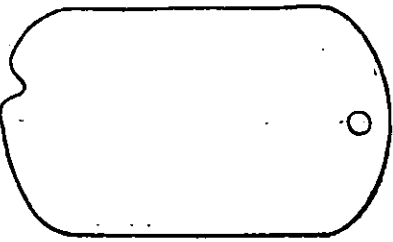
Organization

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RESTRICTED

#6598.

#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 21 August 1946	
Imprint Identification Tag If Possible. 'DO NOT TYPE' 		Section 1.—IDENTIFICATION.				SERIAL NO.	
		NAME (Last, first, middle initial) Unknown X-7141				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 BTB 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)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		None					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME One (1) Finger nail clipper and file combination. " 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 St. Avoird, France. (Q - 260. 584)							
DATE OF BURIAL 21 August 1946	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood. cross	PLOT No. JJJJ	ROW No. 5	GRAVE No. 112	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Div. Cem. Wiener Neustadt, Austria. Map: 1:250.000 Sht: 0-48 Coord: xX35 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- 7138			RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE No. 111	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X- 7142			RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE No. 113	
SIGNATURE OF PERSON PREPARING REPORT Robert L. Owens <i>Robert L. Owens</i> 2nd Lt. Inf. C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Samuel E. Proctor</i> SAMUEL E. PROCTOR J.				
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. INF.							

RESTRICTED

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	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	None	Wiener Neustadt, Austria.

OTHER IDENTIFICATION CLUES

None

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

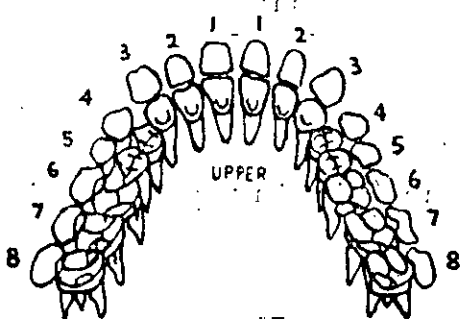
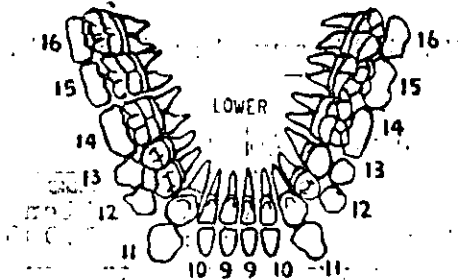
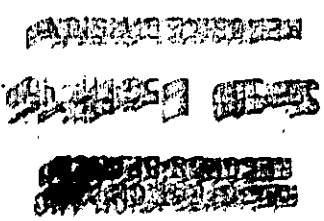


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Attached: Form 11 Check List of Unknowns. Impossible to obtain Tooth Chart or Fingerprints because of missing portions.
Est. weight of remains recovered: 10 Lbs.