

7387 GRAVES DETACHMENT

APO 757

943 unk St. Avold X-7154 *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-7154 St Avold

(POC) ST AVOLD

*not on list
add file
27.*

*File - nan
18 Oct 51
m. martin
ad ad*

REPORT OF INVESTIGATION # 14112 A

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

ST Arnold

19 August 1946
Date

NAME Unknown X - 7154 RANK Unknown ASN Unknown

ORGANIZATION Unknown

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 _____

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

a. Date of above burials _____ Common Graves? _____

5. Name and Type of Cemetery Civilian cemetery of Wels
(Military or Civilian)
6. Map Coordinates of the Cemetery German Austria, Sheet: N-49 1/250,000 X 690/700
- a. Town WELS Country Austria
7. Give exact location in cemetery of the remains.
- a. Section B Row _____ Grave 125
- 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? Monument
10. If grave is marked with cross, give exact markings thereon Ludwig Dimans 5.1.1921 - 8.6.1945
Rest in peace Comrade, Tepapini Gulmieriol Milars Draungs, Can. II Opos.
- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By Whom _____
11. Where are the cemetery records? Cemetery Office
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? Date of death and date of burial
- b. Where was the information obtained? from Hospital
- c. By Whom? Unknown
12. What is the date of death? June 6, 1945
- a. Give basis Roels stated
13. What is the cause of death? Head smashed
- b. Give basis Roels stated
14. What is the date of burial? June 8, 1945
- a. Give basis Roels stated

15. Where was the place of death? Hospital of Wels Coords German Austria
Give basis Roelz stated Sheet: N-49 1250,000
X 690/700

16. Where were the remains found? Hospital of Wels Coords see above
a. By Whom? Unknown
b. Is sketch attached? No

17. Was a casket used? yes Who furnished the casket? Burgermeister
Type of casket wood How marked? _____

18. Who made the burial Civilian names and
(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? _____
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 _____
b. Markings and/or name on plane _____
c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? Anti-aircraft
Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased?

28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash: _____
(Night? Day?)
30. Were parachutists seen? _____ 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) Head smashed
It so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased Mr. Roelz's statements of Name, Cause of death and date of death.

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 N.A.

a. Were identification tags found at the time of death? No

Where? _____ By Whom? _____

Present disposition _____

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? No

Where? _____ By Whom? _____

Present disposition _____

- 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? yes If so, where? Hospital
By whom? Unknown Are statements from the medical people attached? No
43. Was deceased evacuated to a German civilian hospital? yes
WHERE? Hospital of Wels Names of people concerned Unknown
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?
Head smashed
(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? No By Whom?
When?
48. Give full names, addresses, and information obtained from each person interviewed
Roelz Bauer, Wels Austria, Name, date and cause of death.
date of burial.
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?

No

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number)

52. Give Brief Narrative No

(Use attached sheets, if necessary)

Laurence Baalman
Signature of Interpreter

Sign. Richard WELSCH
Signature of Investigator

Rank ASN

Pvt. 46037744
Rank ASN

Organization

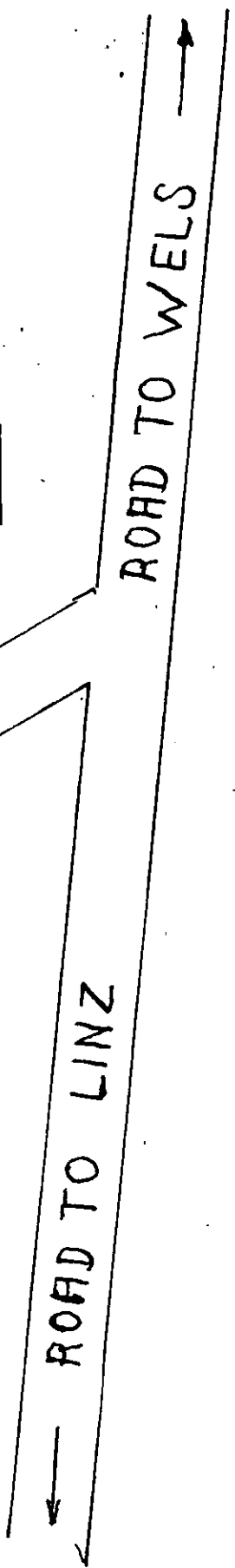
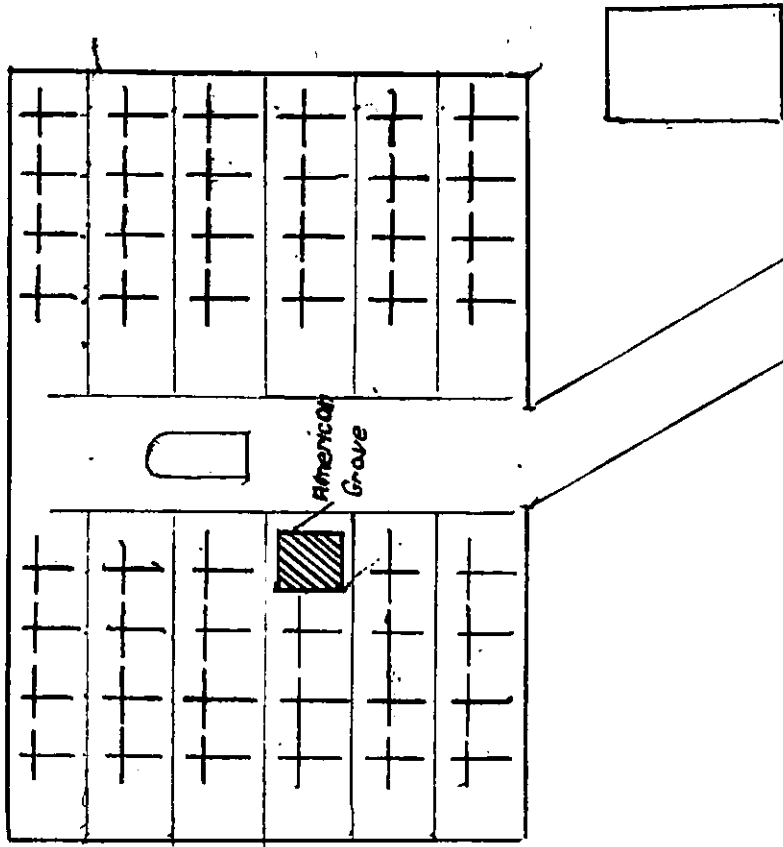
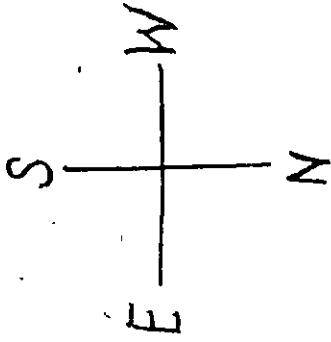
3049 QM. GR.
Organization

While investigating the town of Wels. I interviewed a Mr. Roelz who is the caretaker of the Cemetery of Wels and he said that Ludwig Dimans is buried in the Wels Cemetery. He died in the Hospital in Wels on June 6.1945. He was buried on June 8.1945. The monument on the grave was supposed to be furnished by an american soldier. He is buried in civilian clothes as no others were available.

A certified true copy:


ROBERT, L. OWENS 2nd. Lt. Inf.
Central Identification Point.

German Austria, Sheet No 49
1:250,000 (1690700)



~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

Erklärung

Wels, des 21. Juni 1946.

Der Soldat Ludwig D i m a n t s , geb. am 5.1.21 in Livanau-Pagaste starb am 6 Juni 1945 im Krankenhaus Wels and den Folgen seiner erlittenen Verwundungen.

Dimants wurde am 8 Juni 1945 auf Nr.B/125 am Friedhof in Wels begraben.

Auf der Leichenanmeldung ist "Amerikanischer Soldat" vermerkt. Das Grabdenkmal wurde von amerikanischen Soldaten bestellt. Der Grund dass Dimants sich nach der Exhumierung in Zivilkleider befand, mussu darauf zurueckzufuehren sein, dass, in derselben Zeit seiner Beerdigung Hunderte von K.Z.Haeftlinge starben und begraven wurden, und zu der Zeit die Verhaeltnisse sehr ungeordnet waren.

Ausserdem war der Friedhofsverwalter krank.

Man hat hier die Ansicht, dass es sich beim Beerdigten um einen Lettlaender handelt, der in amerikanischen Diensten stand. Das Grabmal war auch in englischer und russischer Sprache beschriftet.

Statement

The soldier Ludwig D i m a n t s , born on 5th January 1921 in Livan u-Pagaste, died heavily injured on 6 June 1945 in the hospital of Wels.

Dimants was buried on 8 June 1945 on the cemetery of Wels in grave No B/125. On his certificate of Burial was written " American Soldier." The tombstone was ordered by American soldiers.

The reason why Dimants had civilian clothes after the exhumation must be that, at the time of his burial, some hundreds of Concentrationcamp-prisoners died and were buried and at the time there was hardly any organization by absence of the caretaker, who was ill. The opinion in this town is that the buried soldier must have been of foreign nation lity , who served in the US ARMY.

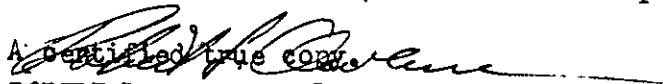
The text of the tombstone was written in English and Russian.

True Copy

Signed Mayor :Illegable
 Caretaker: Bauer

/s/ Frederick C. Kochendorfer
 2nd Lt. INF

Stamp.

A Certified True Copy

 ROBERT, L. OWENS 2nd. Lt. Inf.
 Central Identification Point.

C o p y

Gemeindeamt der Stadt Wels
Friedhofamt

Wels, den 15 Juni 1946.

B e s t a e t i g u n g .

Es wird hiermit bestaetigt, dass sich auf dem neuen Teil des staedischen Friedhofes Wels keine Leichen von amerikanischen Soldaten befinden.


Im alten Teil des staedischen Friedhofes wurden 5 Leichen amerikanischer Soldaten exhumiert und ist jetzt nur noch die Leiche des Soldaten Ludwig D i m a n s, gest. am 6.6.1945 im Lazarett, beerdigt.

Der Buergermeister

Franz Gruettner

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

A true certified copy.


ROBERT, L. OWENS 2nd.Lt.Inf.
Central Identification Point.

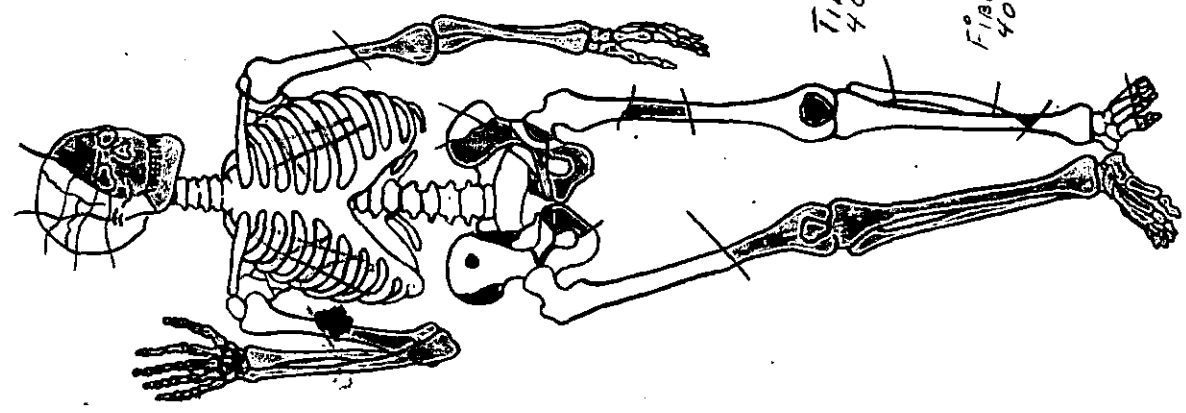
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>X-7154</i>						2. DATE OF REPORT <i>11 August 1949</i>	
3. NAME OF CEMETERY <i>U.S.M.C. SAINT AVOLD</i>				4. PLOT <i>43</i>	5. ROW <i>5</i>	6. GRAVE <i>125</i>	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT <i>AGE</i> <i>25 - 30</i>		9. ESTIMATED HEIGHT <i>5' 10 1/4"</i>		10. COLOR OF HAIR <i>"AUBURN" - 5 INCH.</i>		11. RACE <i>U. T. O.</i>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>3 - MORTUARY PLATES</i>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <i>NONE</i>							
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? <i>LEFT PELVIS, LEFT PROXIMAL FEMUR (ARTICULATION) CHANGED.</i>					
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? <i>SEE ITEM #19</i>					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <i>"NONE NOTED"</i>							
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) <i>"NONE FOUND"</i>							

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-7154 ST. AVOLD: 4J-5-1237

22 VERTEBRAE PRESENT



TIBIA 40.0

FIBULA 40.1

EST. HEIGHT: 5' - 10 1/4"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF "NONE" DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

CASE PREVIOUSLY PROCESSED BY REPAT TEAM.
ABUNDANT AMOUNT OF AUBURN HAIR, SLIGHTLY CURLY, 5" IN LENGTH. FOUND WITH REMAINS.

REPROCESSED REMAINS CONSISTS OF TEN (10) POUNDS OF DIS-ARTICULATED SKELETAL PARTS.

NO TEETH RECOVERED

NO CLOTHING

NO HEALED FRACTURES.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE
C. J. Missigman
PUS DA CIV.
UNGRADED

314.6 GRS European
Dis. Dir

CGIC DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GRPEG DET LIEGE BELGIUM

DEFERRED

X

FROM CGICR

WEL 42336

RQST STATUS OR DUP NR 1 COPIES DISINTDIRS FOR APPROVED UNIDENTIFIABLE XRAYS.

1114 CMA 7154 CMA 6434 ST AVOLD AND 279 ST JAMES PD NOT LISTED ON QZ OR QZ 10 ROSTERS
PD CEMRQST

FOR RECORD ONLY:

EMR
files

Duplicate #1 copy of Disinterment Directives requested to complete
on the approved unidentifiable Unknowns

FJH
CM
LVA

UNCLASSIFIED

GRAVES

CGICR CAPT ODEWALDER X73836
293 GRS EUROPEAN

071815Z
SEPT 1950

D. A. RENNER
CAPT., CMC, MEM. DIV.

293 Under X-7154 ST AVOLD, FRANCE-

1
L/B

This Grave formerly occupied by: **IVY, Slaytor L**
USMC ST AVOLD, FRANCE
Plot C, Row 22, Grave 23 **DISINTERMENT DIRECTIVE** 34475105 PFC
Date reburied: 18 Aug 49

s/M. R. SWART
SECTION A - t/M. R. SWART CAPT, QMC
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
DATE

NAME France St Avold X 7154
SERIAL NUMBER
GRADE
ARM
RACE
RELIGION

CEMETERY
ST AVOLD - METZ, FRANCE
PLOT
ROW
GRAVE
DISPOSITION OF REMAINS

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
SERIAL NUMBER
GRADE
DATE OF DEATH
DATE DISTINTERRED

IDENTIFICATION TAG ON
ORGANIZATION
RELIGION
IDENTIFICATION VERIFIED BY

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
CONDITION OF REMAINS

Report of Burial found with remains reads: " UNK X-7154".

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 May 1948 BY Richard F Peterson, Embalmer

CASKET SEALED BY: Richard F Peterson, Embalmer
EMBALMER (Signature)
s/ Richard F. Peterson,
t/ Richard F. Peterson, Embalmer

CASKET BOXED AND MARKED
DATE 18 May 48 BY Richard F Peterson, Embalmer
All markings plates & tags verified by: s/Bruce E Blair
t/Bruce E Blair, 1st Lt

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

s/ Bruce E Blair
t/ BRUCE E BLAIR, 1st Lt QMC, 337 QM Bn
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

CERTIFIED TRUE COPY
C. W. STEINSTEK ANNOTATED
DATE 25 Aug 50
NAME QMC
BR. MEM. DIV.

Brel 3

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

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		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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

Unk. France (St. Avold) X-7154

21 July 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 7154, Plot JJJJ
Row 5, Grave 125, USMC ST AVOLD,

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. 2028, dated 20-9-46.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

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

QMC

Lt. Col. E.D. MULVANY, O-359598

QMC

R. Berger
Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

Received

Edward E. Stout
Lt. Edward E. STOUT, O-1594512

information presently available

CE

22 Aug 49

Inc #12

T.O. #4151, 22-7-49

RL

6

293
Huk-France X-7154 St Avold

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3574 0000U	DATE 15 01 48 DAY MONTH YEAR
---	--------------------------------	------------------------------------

NAME UNKNOWN	SERIAL NUMBER X-007154	RANK	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 0 3500 00 CODE DIST PT
PLOT 40	ROW 5	GRAVE 123	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USAGF	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.

X-7154

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X 7154
Cemetery 3rd Avoird France
Plot JJJJ Row 5 Grave 125

1. Arrived at cemetery 0930 21 August 1946
(hour) (date)
2. Place of death Wels, ~~Waltz~~, Austria
(name of closest town) (coordinates and letter Prefex, nump)
Sheet N-49, 1:250,000, (X 690700)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 3049th M GR Co.
(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	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>			

X-7154

Belt, Web NONE

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) none

(Other item)

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

6. Chevrons or Insignia none
(type & locat on : shirt, jacket, coat, helmet)

Shoulder Patch none

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces
no

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds. UTD

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

UTD Tattoos UTD
(Number, location -- illustrate on sep. page)

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

Sunburn or tan, other than hands, & face UTD

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

Build UTD
(large, fat, thin, muscular)

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

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X-7154

Hair UTD
(thickness, widow's peak, distinctive cutting or other characteristic)

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

Goatee UTD (light, color, extent)

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

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

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

Teeth UTD (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

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

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

Shoulders UTD (broad, straight, small, rounded) Arms UTD (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 (quantity & extent of hair) Navel UTD (size of navel, appendectomy, amount)

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

Hernioplasty UTD (yes-no; location)

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

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X-7154

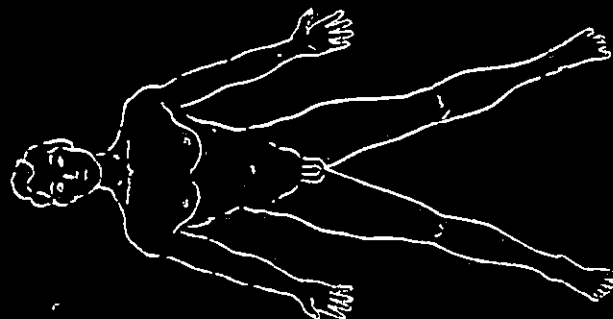
Feet - UTD
(size, corns, callouses, flat)

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 :

SEE REMARKS:



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

If not, explain: TOO BADLY DECOMPOSED

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

12. Remarks : Portions of remains recovered from head through feet
badly broken, in last stage of decomposition.

Est. weight of remains recovered 25 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. OWENS
2nd Lt. INF

Rank Service

CENTRAL IDENTIFICATION POINT

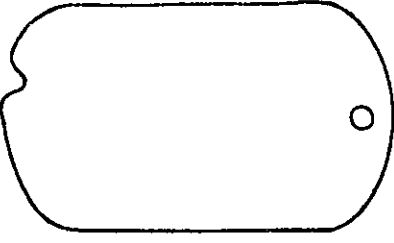
Organization

144

RESTRICTED


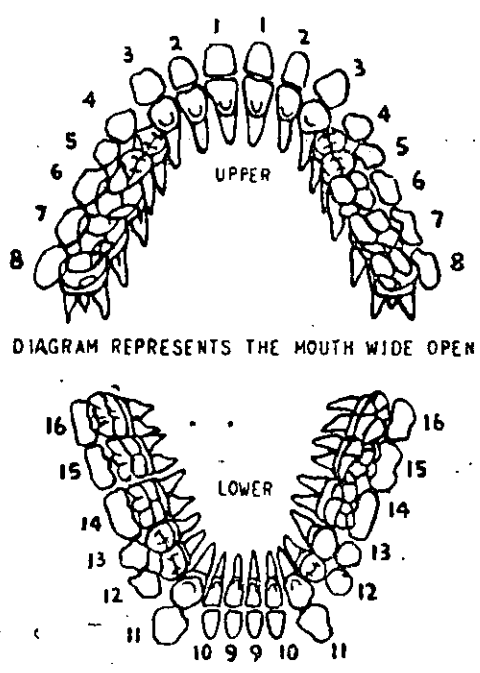




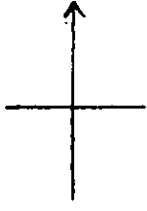
14112 A

#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. NAME (Last, first, middle initial) UNKNOWN X-7154				SERIAL No. Unknown	
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE B. T. B. : Ground Forces			
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Wels, Austria		CAUSE OF DEATH Unknown			DATE OF DEATH Est. June 1945		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		None					
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 U.S. Military Cemetery (Q-260584) St. Avold, France.							
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. 125	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civilian Cemetery of Wels, Austria, Germ. Sheet N-49, 1:250,000, (X-690700)			PLOT No. B	ROW NO. 7	GRAVE No. 125	
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-7129			RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE NO. 124	
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 2nd Lt. INF.			SIGNATURE OF GRS OFFICER VERIFYING REPORT 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

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LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	utd	UTD	UTD	DARK BROWN
	BIRTHMARKS, SCARS, OR TATTOOS		UTD	
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	NONE		NONE	WELS, AUSTRIA
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
	This body was recovered from the same grave of the deceased "B.T.B. DIMANS, LUDWIG (UNKNOWN X-6623) on the basis of information obtained from the cemetery records and the markings on the cemetery cross.			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
	RESEARCH AND RECORDS BRANCH SEP 30 1 50 PM '55 MEMPHIS DIVISION			
				
	REMARKS: Form 11 Check List of Unknowns accomplished. Unable to obtain Form 1A Tooth Chart, because of missing portions of the remains. Too badly decomposed for fingerprints. Est.weight of remains recovered 25 Lbs.			