

7887 GRAVES DETACHMENT

AFPO 757

M3unk St. Avold X-7291

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: *ms*

UNKNOWN X-7291, ST AVOLD

(FOC) ST AVOLD

*File
EJHore
JTB
26 JAN 51*

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN S

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

Unknown X-7291
Cemetery St. Avold, France. (Q-260, 584)
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death Stod, Czechoslovakia,
(name of closest town) (coordinates and letter Prefex, maps)
Map: 1:250,000 Sheet: N-50 Coord: WP-9229
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 611 QM 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		Indicate unusual markings
	Markings	Sizes	Color wear, tear, repairs, etc.

Item _____

*Headgear None
(type)

Raincoat None

Overcoat None

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater None

Jacket, HBT None

*Shirt, ~~Wool ODc~~ Sport type, tan with red collar and cuffs, civilian.

Undershirt, Wool None

Undershirt, Cotton None

Trousers HBT None

*Trousers, Wool OD None

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) None

*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.
 UTD

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
(Numb. r, 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, poxes, freckles)

Build UTD
(large, fat, thin, muscular)

Hair UTD
(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 See Tooth Chart
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

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

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

UTD
(extent and quantity of hair)

Hands UTD

Fingers UTD
(short, thick, long, slender, size of knuckles, missing fingers or joints)

UTD
(Unusual characteristics of fingernails)

Chest UTD
(size of nipples, color, quantity & extent of hair, largo, 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)

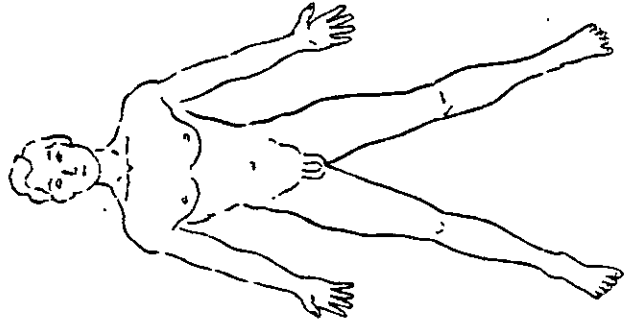
Legs UTD
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

UTD

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

Evidence of healed factures 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 Too decomposed

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

12. Remarks : Remains were in last stages of decomposition.
Est. weight of remains recovered: 62 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.

John Martin
Officer's Name
John MARTIN
WD Civilian Lab. Supervisor
Rank Service
Central Identification Point
Organization

NOTICE OF DISINTERMENT
(AUSGRABUNGSURKUNDE)

GRS-GZ Form No 8

Date 30 Aug 1946

(Datum)

Die unten angefuhrten amerikanischen Toten sind am heutigen Tage von dem hier angegebenen Ort ausgegraben und nach einem amerikanischen Militaerfriedhof zur Bestattung ueberfuehrt worden.

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to a U.S. Military Cemetery.

St. Avoild, France: (Q-260.584)

for reburial

1:250.000

N-50 WP-9229

Unknown X-7291 Unknown Unknown

STOD, Czechoslovakia.

(NAME)	(RANK)	(ASN)	(PLACE OF DISINTERMENT)
(NAME)	(DIENSEGRAD)	(ERKENNUNGS- MARKENNUMMER)	(AUSGRABUNGSSORT)

Falls Gemeindefriedhof,
Grabplatz, Reihe, und Grab-
nummer angeben soweit moe-
glich
Isolated grave in Jewish cem.
If communal cemetery show
Plot, Row and Grave No., if
available

sigend: Mathies HURMEL, Capt.

Officer or NCO in charge of Disinterment

611 QM Gr Reg. Co.

Organization

REPORT OF INVESTIGATION

AREA SEARCH

ATTENICA REGISTRATION
DIVISION AGRC FOR USE
IN CASUALTY CLEARANCE

AGRC Form 10 (Revised)

10. August 1946

1 January 1946

Date

NAME Unknown X-7291 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 8 Unknown Soldiers

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

a. Date of above burials 15. April 1945 Common Graves? Yes

5. Name and Type of Cemetery Not buried in a cemetery
(Military or Civilian)

6. Map Coordinates of the Cemetery _____

a. Town _____ Country _____

7. Give exact location in cemetery of the remains.

a. Section _____ Row _____ Grave _____

b. Is Sketch attached? _____

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

a. Town STOD, Czobh. Coordinates WP 9229 N-50

b. Is Sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Monument

10. If grave is marked with cross, give exact markings thereon Not marked with a cross

a. From what source was this information obtained? _____

(Identification tags, personal effects)

1. By whom _____

11. Where are the cemetery records? No cemetery records
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? 15. April 1945
- a. Give basis Civilians
13. What is the cause of death? They were beaten to death
- b. Give basis Informations from civilians
14. What is the date of burial? 15. April 1945
- a. Give basis Civilians
15. What was the place of death? S T O D , Czechoslovakia Coords WP 9229 N-50
- b. Give basis Civilians
16. Where were the remains found? Stod , Czechoslovakia Coords Wp 9229 N-50
- a. By whom? A German Civilians
- b. Is sketch attached? No
17. Was a casket used? No Who furnished the casket? _____
- Type of casket _____ How marked? _____
18. Who made the burial Germans
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Unknown

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

19. Were remains found in the plane wreckage? _____
- 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) Beaten to death
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? Yes
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased There were 9 American P.O.W.'s beaten to death by the Germans on a death march near S T O D, Czechoslovakia.

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 None found at time of death
- 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? NO

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? Yes

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Yes

They were badly beaten

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption Dr. Vilen REPKA, GIGAL Vaclav.

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

47. Was case previously investigated? No By whom? _____

When? _____

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

S T O D stated that they were beaten to death, GIGAL Vaclav,

S T O D, Czechoslovakia.

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 There were 9 American Paratroopers beaten to death by the Germans

on a death march near S T O D, Czechoslovakia.

(Use attached, sheets, if necessary)

Vrba

Signature of Interpreter

V R B A W. O.

Rank

ASN

Czech Army.

Organization

Calvin H. A. Wood

Signature of Investigator

Calvin H. A T W O O D,

T/5 ~~XXXXXXXXXXXX~~ 44131458

Rank

ASN

611 Q.M. G. Reg. Co.

Organization

Translated from the original manuscript.

National Council in Berlin, Berlin, 1940.

No. 90/1000.

REVISED 1/40.

Matter: transportation of death-corps, permission.

To the American Military Mission

Washington, D.C.

On your request we give you the permission that the death-corps of _____ year _____ died on _____ 1940 in _____ on _____ April 9 _____ And transportation (death-corps) _____

The following prescriptions are to be regarded: _____ will be given to a simple wooden coffin inwardly and outwardly sealed. The cover will be closed and sealed hermetically. To this procedure will be present doctor of this place _____ who will give out a death-passport. The transportation will take place on _____ at _____ by _____ from _____ via _____ to _____ The vehicle on which the death-corps will be carried shall be _____ cent, well sealed or at least well covered and no other things but flowers can be enclosed to the coffin. The transportation will be accompanied by a special guide who will be responsible that the transportation will nowhere stop unnecessarily that it will take the prescribed road and that the coffin will be on the upper part. As soon as the transport will arrive to its destination the following office _____ should be notified.

Translated from the original manuscript.

National Council in Stribro.- health dept.

No. 930/advav.

12.VIII. 1946.

Matter: transportation of death- corps, permission.

To the American Military Mission

Czechoslovakia.

On your request we give you the permission that the death-

corps
 years and was born on 194 in
 on April 5 Stribro
 And transported to death march

The following prescriptions are to be regarded:
 will be given to a simple wooden coffin inwardly
 and outwardly ~~well~~ sealed.

The cover will be closed and sealed hermetically.

To this procedure will be present doctor of this place
 who will give out a death-passport.

The transportation will take place on _____ at _____
 by _____ from _____ via 12.VIII to _____

The vehicle on which the death-corps will be ~~carried~~ shall be ~~clean~~ ~~and~~ ~~well~~ ~~sealed~~ ~~or~~ ~~at~~ ~~least~~ ~~well~~ ~~covered~~ and no other things but flowers can be enclosed to the coffin. The transportation will be accompanied by a special guide who will be responsible that the transportation will nowhere stop unnecessarily that it will take the prescribed road and that the coffin will be outwardly ~~opposed~~. As soon as the transport will arrive to its destination the following office

should be notified.

Translated from the original manuscript.

National Council in Stribro, - health dept.

No. 930/zdrav.

To the American Military Mission
Czechoslovakia.

DEATH MARCH REPORT

According to the rules a death-corps an American P.W.

who died on a German death march

on April 1945.

at the age of years

in Stribro

has to be transported by car

from Stribro via Pilsen to Bohnice

to be buried.

As the permission to the commenced transportation of the death-
corps was given on 12. VIII. 1946 at 12 a.m.

in the company of American Military Mission

All the concerned authorities through whose counties the death-
corps will be transported are hereby requested not to make any
difficulties and delays to the transport.

Stribro on 12.VIII. 1946.

Translated from the original manuscript.

State Police station
STOD, county of STRIBRO

2 July 1946

On the 6th and 7th of September 1945 a mass exhumation of 241 bodies took place in the Jewish cemetery of STOD. It was found out that among these victims of the "Death March", there were nine (9) U.S. soldiers from parachute regiments, who should have been caught in the district of STOD in April 1945, killed and buried in the common grave on the 15th of April 1945.

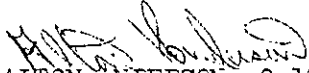
No identification was possible, no details about the circumstances of their death.

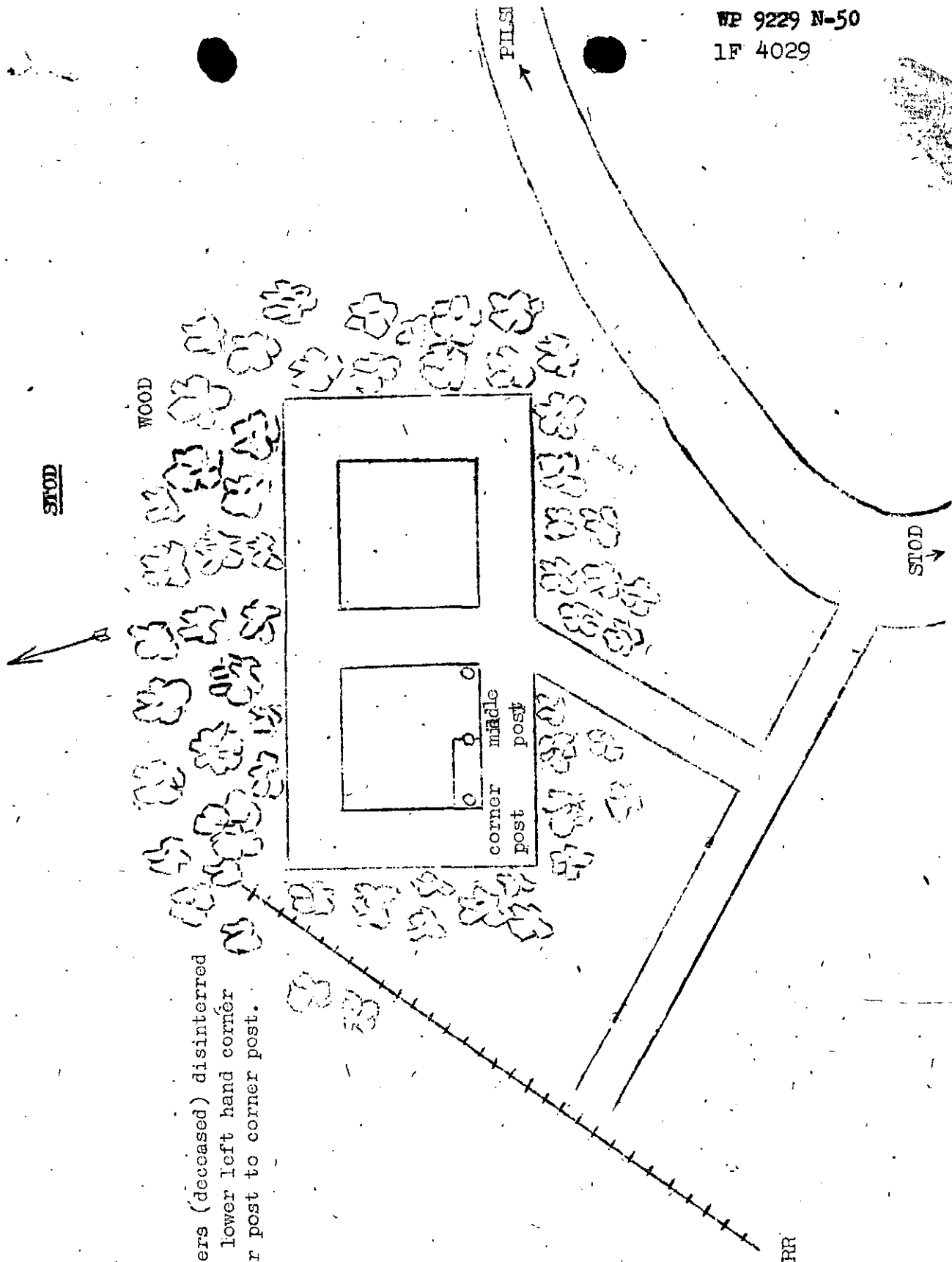
The American soldiers were buried on the 9th September 1945 into a common grave with the consent officer commanding the U.S. military unit at STOD, Captain Moor.

This grave is located in a small wooden area outside the town of STOD, on the left hand side of the road to FILSEN. The coffins with the remains of the U.S. soldiers are placed separately from the other bodies, on the left hand side of the common grave, on the northern side.

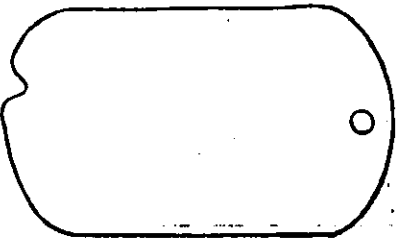
Translated by:
Erwin Lebenhart

I certify that this is a true copy.


ALTON ANDERSON O-1339028
2nd Lt., Inf.
611 QM Gr. Reg. Co.



Nine soldiers (deceased) disinterred
from grave lower left hand corner
from center post to corner post.

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 3 September 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.	
		NAME (Last, first, middle initial) Unknown X-7291			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 Stod, Czechoslovakia.		CAUSE OF DEATH Beaten to death			DATE OF DEATH 15 Apr. 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 US Military Cemetery St. Avold, France. (Q -280. 584)						
DATE OF BURIAL 3 September 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood. cross	PLOT No. K K K K	ROW No. 2	GRAVE No. 46
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Stod, Czechoslovakia. Map 1: 250,000 Shts: N-50 Coord: W 9-9229			PLOT No. Isolated grave in Jewish cemetery	ROW No.	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-7284			RANK Unk	SERIAL No. Unknown	ORGANIZATION US Merch Marine	GRAVE No. 45
BODY BURIED ON DECEASED RIGHT: NAME (Last, first, middle initial) Unknown-X-7272			RANK Unk	SERIAL No. Unknown	ORGANIZATION US Merch Marine	GRAVE No. 47
SIGNATURE OF PERSON PREPARING REPORT Ralph W. Sleator Major Inf. C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT Samuel E. Proctor Jr. 2nd Lt. Inf. C.I.P.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


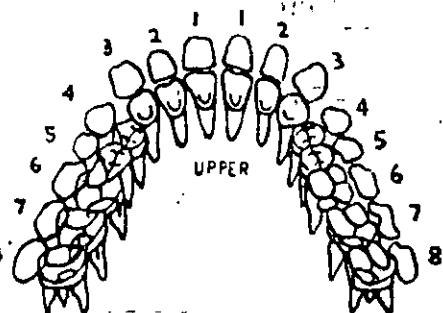





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

HEIGHT UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
WEAPON AND SERIAL NO. None		LAUNDRY MARKS None		WHERE BODY WAS BURIED OR FOUND Stod, Czechoslovakia

OTHER IDENTIFICATION CLUES

None

FILLINGS 	SILVER FILLING GOLD FILLING	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES 	CAVITY DECAYED	
MISSING TEETH 	TEETH MISSING	
CROWNED TEETH 	PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK 	GOLD BRIDGE	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> 		

REMARKS:
Form 11 Check List of Unknowns and Form 1A Tooth Chart accomplished.
Fingers decomposed, no fingerprints.
Est. weight of remains recovered: 62 Lbs.

REPORT OF INVESTIGATION

AREA SEARCH

ATTENTION WAR CRIME
COMMISSION

AGRC Form 10 (Revised)

10. August 1946

1 January 1946

Date

NAME Unknown X-7291 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 8 Unknown Soldiers

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

a. Date of above burials 15. April 1945 Common Graves? Yes

5. Name and Type of Cemetery Not buried in a cemetery
(Military or Civilian)

6. Map Coordinates of the Cemetery _____

a. Town _____ Country _____

7. Give exact location in cemetery of the remains.

a. Section _____ Row _____ Grave _____

b. Is Sketch attached? _____

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

a. Town STOD. Czech. Coordinates WP 9229 N-50

b. Is Sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Monument

10. If grave is marked with cross, give exact markings thereon Not marked with a cross

a. From what source was this information obtained? _____

(Identification tags, personal effects)

1. By whom _____

11. Where are the cemetery records? No cemetery records

(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? **15. April 1945**
- a. Give basis **Civilians**
13. What is the cause of death? **They were beaten to death**
- b. Give basis **Informations from civilians**
14. What is the date of burial? **15. April 1945**
- a. Give basis **Civilians**
15. What was the place of death? **S T O D , Czechoslovakia** Coords **WP 9229 N-50**
- b. Give basis **Civilians**
16. Where were the remains found? **Stod , Czechoslovakia** Coords **WP 9229 N-50**
- a. By whom? **A German Civilians**
- b. Is sketch attached? **No**
17. Was a casket used? **No** Who furnished the casket? _____
- Type of casket _____ How marked? _____
18. Who made the burial **German** (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? **Unknown**

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

19. Were remains found in the plane wreckage? _____
- 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) **Beaten to death**
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? **Yes**
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased. **There were 9 American P.O.W.'s beaten to death by the Germans on a death march near S T O D , Czechoslovakia.**

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 **None found at time of death**
- 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? No

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? Yes

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Yes

They were badly beaten

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption Dr. Vilém REPKA, GIGAL Vaclav.

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

47. Was case previously investigated? No By whom? _____

When? _____

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

S T O D stated that they were beaten to death. G I G A L Vaclav,

S T O D, Czechoslovakia.

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 There were 9 American Paratroopers beaten to death by the Germans

on a death march near S T O D, Czechoslovakia.

(Use attached sheets if necessary)

Vicba

Signature of Interpreter

V. R. B. A. W. O.

Rank

ASN

Czech Army.

Organization

Calvin H. Atwood

Signature of Investigator

Calvin H. A T W O O D,

T/5 ~~XXXXXXXXXXXX~~ 44131458

Rank

ASN

611 Q.M.G. Reg Co.

Organization

Translated from the original manuscript.

National Council in Tribro.- health dept.

No 000/0000.

12. VIII. 1945.

Matter: transportation of death- corps, permission.

to the National Military Mission

in Bucharest.

On your request we give you the permission that the death-
corps an American P.
years old who died on April 1945 in Tribro
on one (name death march)
And transported to

The following prescriptions are to be regarded:

The death corps will be given to a simple wooden coffin inwardly
and outwardly well sealed.

The cover will be closed and sealed hermetically.

To this procedure will be present doctor of this place

who will give out a death-passport.

The transportation will take place on 12. VIII at

by car from Tribro via Alba Iulia to Oradea

The vehicle on which the death-corps will be carried should be us-
cent, well sealed or at least well covered and no other things but
flowers can be enclosed to the coffin. The transportation will be
accompanied by a special guide who will be responsible that the tr-
transportation will nowhere stop unnecessarily that it will take the
prescribed and that the coffin will be nowhere opened.

As soon as the transport will arrive to its destination the follo-
wing office

should be notified.

Translated from the original manuscript.

National Council in Stribro. - health dept.

No 020/02020.

12.VIII. 1946.

Matter: ~~Information~~ transportation of death-corps, permission.

to the American Military Mission

Overhead available

On your request we give you the permission that the death-
corps an American P.W.
years old who died on April 1945 in Stribro
on one German death march
And transported to _____

The following prescriptions are to be regarded:
the death-corps will be given to a simple wooden coffin inwardly
and outwardly well sealed.

The cover will be closed and sealed hermetically.

To this procedure will be present doctor of this place _____

_____ who will give out a death-passport.

The transportation will take place on 12.VIII at _____

by car from Stribro via Wilson to Polina

The vehicle on which the death-corps will be carried should be ce-
cent, well sealed or at least well covered and no other things but
flowers can be enclosed to the coffin. The transportation will be
accompanied by a special guide who will be responsible that the tr-
transportation will nowhere stop unnecessarily that it will take the
prescribed and that the coffin will be nowhere opened.

As soon as the transport will arrive to its destination the follo-
wing office _____

should be notified.

Translated from the original manuscript.

No. 020/2004.

D E A T H M A R C H R E P O R T

According to the rules a death-corps an unknown American P.W.

who died on a German death march

on April 1945.

at the age of _____ years

in Strikro

has to be transported by car

from Strikro via Pilsen to Behnice

to be buried.

As the permission to the commenced transportation of the death-corps was given on 12. VIII. 1946 at 12 a.m.

in the company of American Military Mission

All the concerned authorities through whose counties the death-corps will be transported are hereby requested not to make any difficulties and delays to the transport.

Strikro on 12. VIII. 1946.

AIRMAIL

QMGWP 293

1st Ind.

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4333

Department of the Army, OCMG, Washington 25, D. C., 13 October 1949

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

1. Reference is made to basic communication.
2. Subject cases have been accepted by this Office and approved as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

T. H. METZ
Lt. Colonel, OMC
Memorial Division

3146 GRS Europe
TL # 4333

Ries/ld
Foy
REB

Vertical handwritten text on the right margin, including "X-7021" and "ST 11010".

REB

TEU

AIRMAIL

AIRMAIL

QMGMP 293

1st Ind.

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FOR THE QUARTERMASTER GENERAL:

Incls w/d

T. H. METZ
Lt. Colonel, QMG
Memorial Division

*314.6 GRS Europe
TL # 4333*

Rice/ld
Foy
REB

Handwritten notes on right margin: X-10211 - ST J VOTE

REB

TEU

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

14 September 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 7291, Plot KKKK
Row 2, Grave 46, 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. 2039, dated 28-9-46.

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

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

1/Lt. Gaylord E. LUTZ, O-1595665

QMC

Incl #3

This Grave formerly occupied by: UNKNOWN 006448-B
 USMCST AVOLD, FRANCE
 Plot F, Row 14, Grave 23
 Date reburied: 11 Oct 49 Date disinterred: 11 Oct 49

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED: **CAPT QMC**
 DIRECTIVE NUMBER: **3574 00000**
 DATE: **15 01 48**
DAY MONTH YEAR

NAME: **UNKNOWN** SERIAL NUMBER: **X-007291** RANK: **CAPT** ARM: **1** DATE OF DEATH: **15 01 48**
DAY MONTH YEAR
 CEMETERY: **ST AVOLD - METZ** DISPOSITION OF REMAINS: **3503 80**
CODE DIST. PT.
 PLOT: **4K** ROW: **2** GRAVE: **46** 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: **[Blank]**

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN** SERIAL NUMBER: **X-007291** RANK: **Unk 1** DATE OF DEATH: **15 Apr 45** DATE DISTINTERRED: **22 Apr 48**
 IDENTIFICATION TAG ON: REMAINS MARKER **GRS** ORGANIZATION: **USAAF** RELIGION: **Unk** IDENTIFICATION VERIFIED BY: **Oliver E Modin Embalmer**
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Mattress cover** CONDITION OF REMAINS: **Body complete but disarticulated. No flesh.**

OTHER MEANS OF IDENTIFICATION: **Report of burial dated 3 Sept 46 with remains reads: "Unk X-7291"**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET: **DATE 29 Apr 48 BY Oliver E Modin Embalmer**

CASKET SEALED BY: **Oliver E Modin Embalmer** EMBALMER (Signature): *Oliver E Modin*
Oliver E Modin

CASKET BOXED AND MARKED: **DATE 29 Apr 48 BY Oliver E Modin Embalmer** **All markings, tags and plates verified by Bruce E Blair 1st Lt QMC**

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

Bruce E Blair
Bruce E Blair 1st Lt QMC
337 QM Bn SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
2 NOV 1948
 BRANCH: **AKM**

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

REPAIRING RECORDS BRANCH
 JUN 2 3 33 PM '19
 RECEIVED

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 (SA VENTURELLI LIAE OXDE'S)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CL. VAORD 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

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown **X-7291**
Cemetery **St. Avoild, France. (Q-280, 582)**
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death **Stod, Czechoslovakia,** _____
(name of closest town) (coordinates and letter Prefex, maps)
Map: 1:250,000 Sheet: N-50 Coords: WP-9229
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **611 QM 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 _____

*Headgear **None**
(type)

Raincoat **None**

Overcoat **None**

Jacket, Field **None**

Jacket, Combat **None**

Mackinaw **None**

Sweater **None**

Jacket, HBT **None**

*Shirt ~~XXXXXX~~ **Sport type, tan with red collar and cuffs, civilian.**

Undershirt, Wool **None**

Undershirt, Cotton **None**

Trousers HBT **None**

*Trousers, Wool OD **None**

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) **None**

*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 **UTD**

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

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

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

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

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

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

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

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

Hair **UTD**
(baldness, 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 **See Tooth Chart**
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

Jaw **UTD** Circumference of head in inches **UTD**
(large, small, normal) (hat band)

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

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

UTD
(extent and quantity of hair)

Hands **UTD**

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

UTD
(Unusual characteristics of fingernails)

Chest **UTD**
(size of nipples, color, quantity & extent of hair, large, small normal)

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

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

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

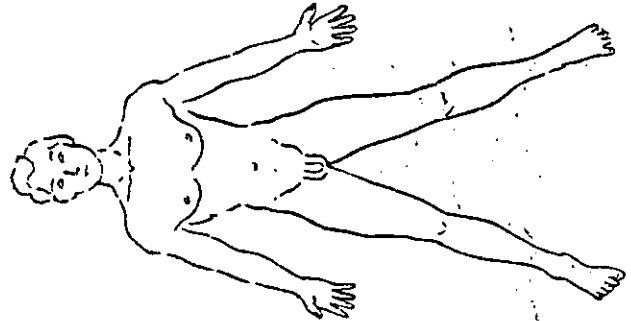
Legs **UTD**
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

UTD

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

Evidence of healed factures 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 Too decomposed

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

12. Remarks : Remains were in last stages of decomposition.
Est. weight of remains recovered: 62 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.

John Martin
Officer's Name
John MARTIN
WD Civilian Lab. Supervisor
Rank Service
Central Identification Point
Organization

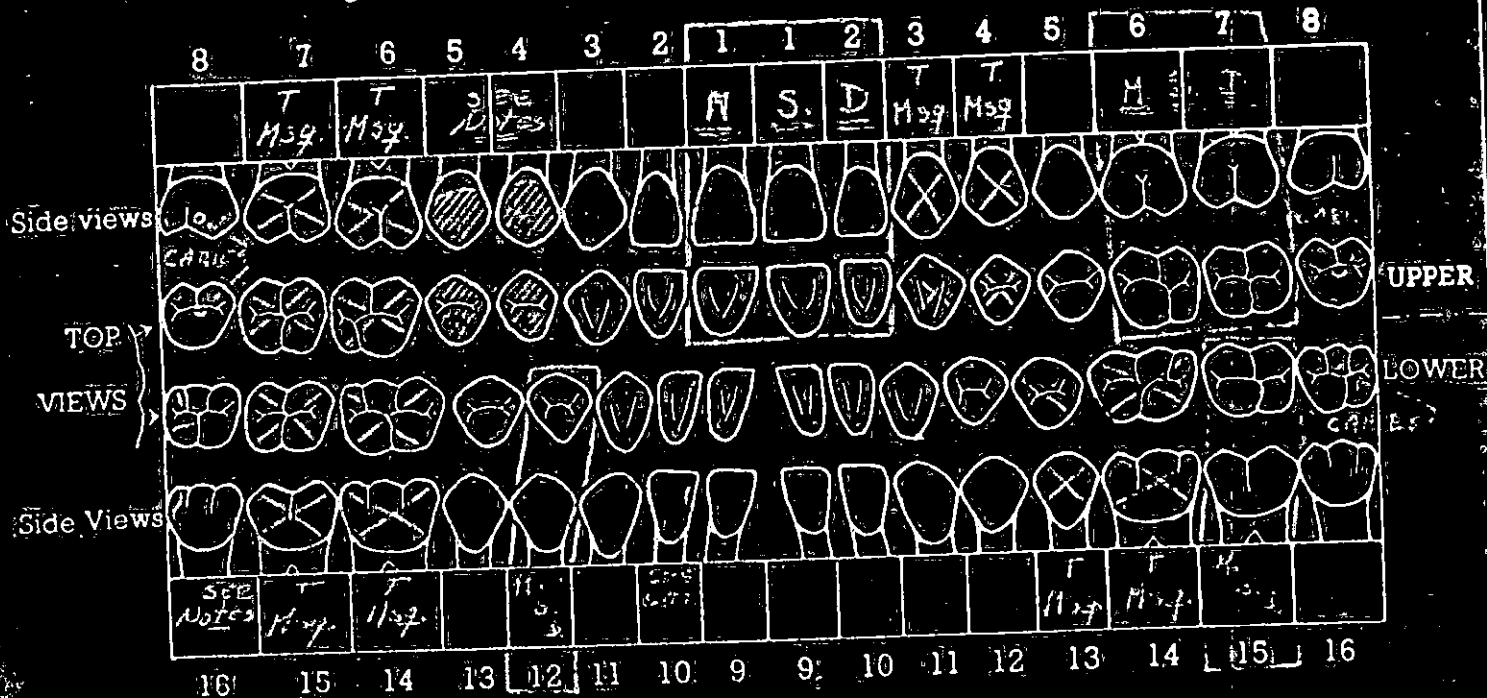
TOOTH CHART

X-7291

Unknown X-7291 Unknown Unknown Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown
 Place of Death Date of Death Cause of Death
 Stod, Czechoslovakia. 15 Apr 1945
 Organization Station

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Signature of Officer or other person who prepared Tooth Chart
[Handwritten Signature]
 Verified by C. R. S. Officer

8

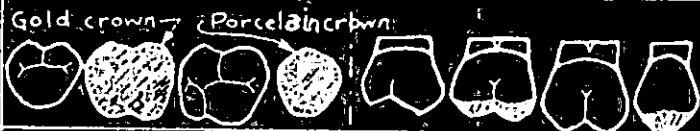
8

X-7291

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



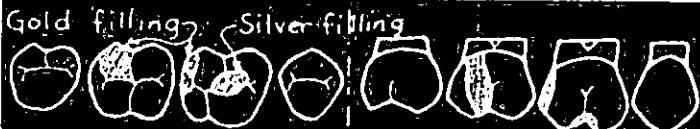
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

R-16: Large cavity D.O.

L-5 unusual formation-tooth narrow.

R-15, R-14, L-17, L-14 missing, D-fractured, extraction.

Missing AD R-1, 16.

L-1, 2.

L-6- socket very shallow, no growth on left lower.

L-7, 15.

R-8, L-8 caries D.

R-4, 5 crowns gone- either broken or decayed out, surfaces are smooth and concave.

L-16 caries occlusal.

R-10 chipped mesial.

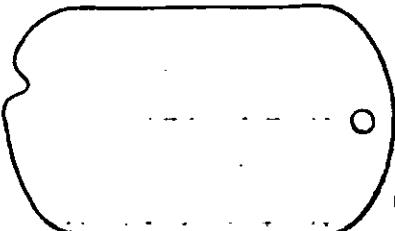
R-11 rotated.

Teeth tinged slightly yellow - in poor dental condition (position irregular).

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
3 September 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial) Unknown X-7291	SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown
	RACE Unknown	RELIGION Unknown
PLACE OF DEATH Stod, Czechoslovakia.	CAUSE OF DEATH Beaten to death--	BRANCH OF SERVICE AAF
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
		DATE OF DEATH 15 Apr. 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:
US Military Cemetery St. Avold, France. (Q -260. 584)

DATE OF BURIAL 3 September 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood. CROSS	PLOT No. XXXX	ROW No. 2	GRAVE No. 46
---	--------------	---	---	-------------------------	--------------	-----------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Stod, Czechoslovakia. Map: 1:250,000 Sht: N-50 Coord: WP-9229	PLOT No. Isolated grave in Jewish cemetery
---	---	---

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	

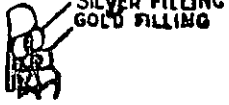
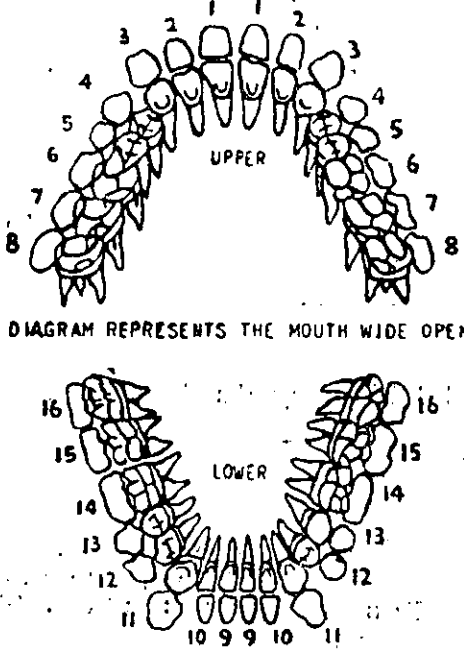


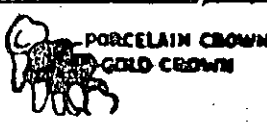

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) Unknown-X-7284	RANK Unk	SERIAL No. Unknown	ORGANIZATION US Merch Marine	GRAVE No. 45
---	--------------------	------------------------------	--	------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Unknown-X-7272	RANK Unk	SERIAL No. Unknown	ORGANIZATION US Merch Marine	GRAVE No. 47
--	--------------------	------------------------------	--	------------------------

SIGNATURE OF PERSON PREPARING REPORT Ralph W. Sleater Major Inf. C.I.P.	SIGNATURE OF GRS OFFICER VERIFYING REPORT Samuel F. Proctor Jr. 2nd Lt. Inf. C.I.P.
---	---

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.

35-2-96

	Section UNIDENTIFIED REMAINS			
LEFT LITTLE FINGER	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 UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. None		LAUNDRY MARKS None	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES None			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER 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 <div style="text-align: right;">↑</div>			
	MEMORIAL DIVISION			
	REMARKS: Form 11c Check List of Unknowns and Form 1A Tooth Chart accomplished. Fingers, HANDS, RECORDS, Fingerprints. Est. weight of remains recovered: 62 Lbs.			