

7887 GRAVES DETACHMENT

APO 757

243 unk St. Avold X-7297

*mm*

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-7297 St Avold

(POC) EPINAL

*file 2 mar 51  
Kubly  
Adm.*

# REPORT OF INVESTIGATION AREA SEARCH

AGRC Form 10 (Revised) 10 August 1946  
 1 January 1946 Date  
 NAME Unknown X-7297 RANK Unknown ASN Unknown  
 ORGANIZATION Unknown (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 soldier  
 (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, Czechoslovakia Coordinates WP 9229, K-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 Information from civilians
14. What is the date of burial? 15 April 1945
- a. Give basis Civilians
15. What was the place of death? Stod, 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 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 Germans on death march near Stod, 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, Gígal Vaclav of Stod, Czechoslovakia

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,

of Stod, Czechoslovakia, stated that they were beaten to death,

Gígal Vaclav, of Stod, 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

Germans on a death march near Stod, Czechoslovakia.

(Use attached, sheets if necessary)

Vrba

Signature of Interpreter

Vrba T.O.

Rank

ASN

Czechoslovakian Army

Organization

Calvin H. Atwood

Signature of Investigator

Calven H. Atwood

T/5

Rank

44151458

ASN

611th QM Gr. Reg. Co.

Organization

Translated from the original manuscript.

National Council in Stribro, health dept.

No 229/strav.

12. VIII. 1946

Matter: Exhumation of death-corps, permission.

~~To the American Military Mission~~

~~Czechoslovakia~~

On your request we give you the permission that the death-  
corps an American American T. W.  
years old who died on April 1945 in Stribro  
on a 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. 46 at  
by \_\_\_\_\_ from \_\_\_\_\_ via \_\_\_\_\_ to \_\_\_\_\_

The vehicle on which the death-corps will be carried should be de-  
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 road and that the coffin will be on where 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 ~~000/~~ strav.

~~12. VIII. 1946~~

Matter: ~~Exhumation~~ Exhumation of death-corps, permission.

~~To the American Military Mission~~

~~Czechoslovakia~~

On your request we give you the permission that the death-  
corps ~~of an American P.W.~~ of an American P.W.  
years old who died on April 1945 in Stribro  
on a death-passport  
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. 46 at  
by \_\_\_\_\_ from \_\_\_\_\_ via \_\_\_\_\_ to \_\_\_\_\_

The vehicle on which the death-corps will be carried should be de-  
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 road and that the coffin will be onwaise opposite.  
As soon as the transport will arrive to its destination the police  
wing of the \_\_\_\_\_  
should be notified.

Translated from the original manuscript.  
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National Council in Stribro, - health dept.

No. 923/zdrav.

To the American Military Mission  
Czechoslovakia.

DEATH REPORT  
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According 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 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

in the company of American Military Mission

All the concerned authorities through whose counties the death-  
corps will be transported are herely 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.

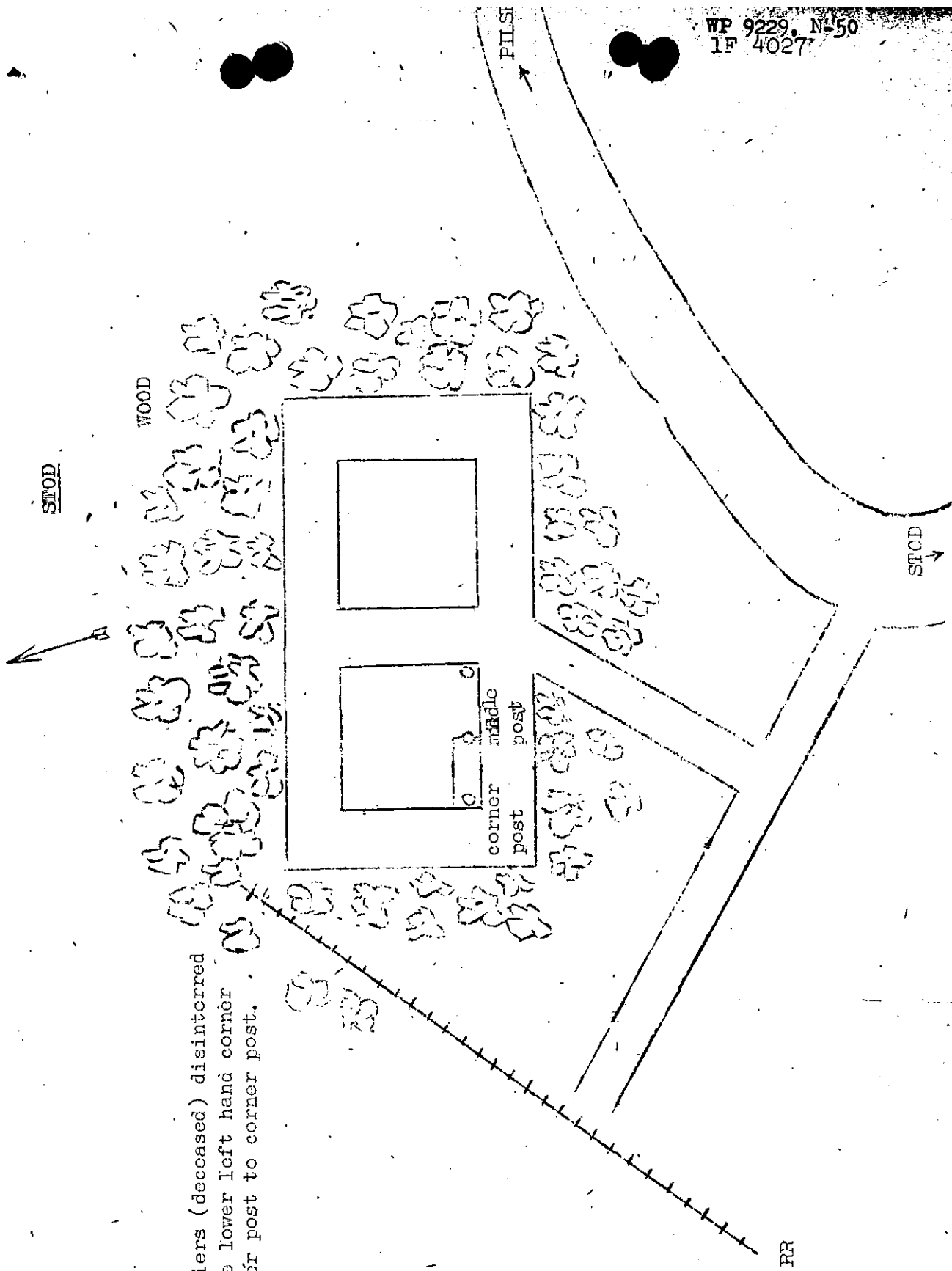
The American soldiers were buried on the 9th September 1945 into a common grave with the consent officer commanding the U.S. military unit at STOD, Captain Moor.

This grave is located in a small wooden area outside the town of STOD, on the left hand side of the road to PILSEN. 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:  
Ervin Lebenhart

I certify that this is a true copy.

  
ALTON ANDERSON 0-1339028  
2nd Lt., Inf.  
611 QM Gr. Reg. Co.



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

NOTICE OF DISINTERMENT  
(AUSGRABUNGSURKUNDE)

GRS-GZ Form No 8

Date 31 August 1946

(Datum)

Die unten angeführten amerikanischen Toten sind am heutigen Tage von dem hier angegebenen Ort ausgegraben und nach einem amerikanischen Militärfriedhof 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. Avold, France for reburial

Stod. Czechoslovakia.

Sh: N-50 (WP-9229)

Unknown X-7297

Unknown

(NAME)

(RANK)

(ASN)

(PLACE OF DISINTERMENT)

(NAME)

(DIENSTGRAD)

(ERKENNUNGS-

(AUSGRABUNGSORT)

MARKENNUMMER)

Falls Gemeindefriedhof,  
Grabplatz, Reihe, und Grab-  
nummer angeben soweit moe-  
glich

If communal cemetery show  
Plot, Row and Grave No., if  
available

19 T/5 Calvin H. Atwood 44131458  
Officer or NCO in charge of Disinterment

611th (M) Group Reg. Co.

Organization

GRS-GZ FORM No. 8

## NOTICE OF DISINTERMENT

Date 13 August, 1946

The below listed U. S. deceased personnel have this date been disinterred from the location as  
Strasbourg, France Processing Laboratory  
 show and have been evacuated to U. S. Military Cemetery, .....  
 ..... for reburial.

<u>1 Unknown</u> (Name)	(Rank)	(ASN)	<u>Stod, Czechoslovakia</u> (Place of Disinterment) If communal cemetery show Plot, Row and Grave No, if available.
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*Walter Kimmel, Capt*  
 .....  
 (Officer or NCO in charge of Disinterment)

611 Qm. Gr. Reg. Co.  
 .....  
 (Organization)

Headquarters American Graves Registration Command  
 Versailles, France

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form 10 (Revised)  
10 August 1946  
AGRC FORM FOR USE  
IN CASUALTY CLEARANCE

AGRC Form 10 (Revised)

1 January 1946

Date

NAME Unknown X-7297 RANK Unknown ASN Unknown

ORGANIZATION Unknown (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)



- 26. Had bombs been released prior to 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 Germans on death march near Stod, 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, Gígal Vaclav of Stod, Czechoslovakia

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, of Stod, Czechoslovakia, stated that they were beaten to death, Gígal Vaclav, of Stod, 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 Germans on a death march near Stod, Czechoslovakia.

(Use attached, sheets if necessary)

Vrba

Signature of Interpreter

Vrba W.O.

Rank

ASN

Czechoslovakian Army

Organization

Calvin H. Atwood

Signature of Investigator

Calven H. Atwood

T/5

Rank

44131458

ASN

611th QM Gr. Reg. Co.

Organization



Translated from the original manuscript.

National Council in Stribro, health dept.

No 928/ zdrav.

12. VIII. 1946

Exhumation

Matter: transportation of death-corps, permission.

To the American Military Mission

Czechoslovakia

On your request we give you the permission that the death-corps an unknown American P.W.  
\_\_\_\_\_ years old who died on April 1945 in Stribro  
 on a 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. 46 at \_\_\_\_\_  
 by \_\_\_\_\_ from \_\_\_\_\_ via \_\_\_\_\_ to \_\_\_\_\_  
 The vehicle on which the death-corps will be carried should be decent, 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 nowhere opened.  
 As soon as the transport will arrive to its destination the following officials \_\_\_\_\_  
\_\_\_\_\_ should be notified.

Translated from the original manuscript.

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No. 923/ zdrav.

D E A T H R E P O R T

-----

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

who died on an German death march

in 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. 1945 at 12.

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. 1945

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.

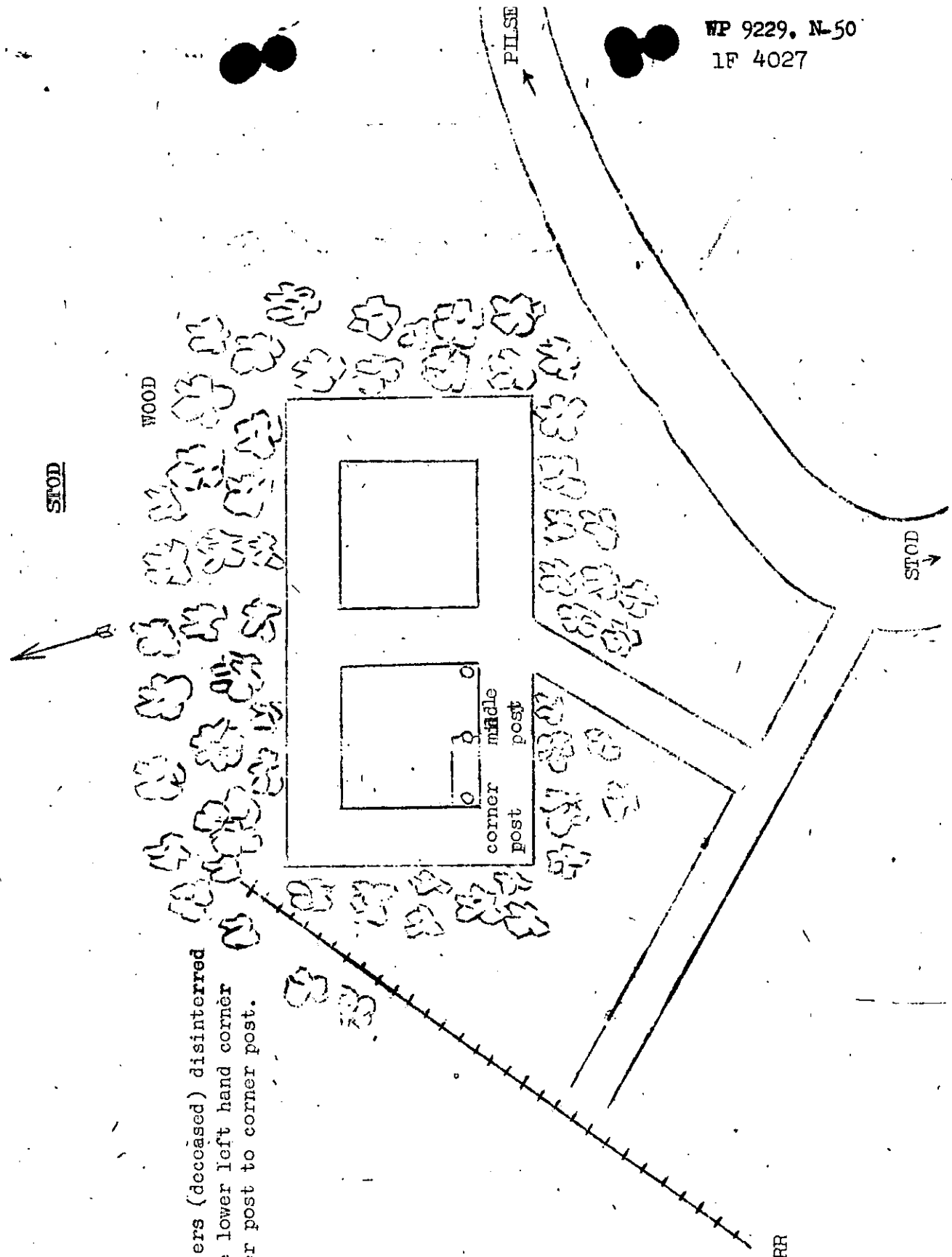
The American soldiers were buried on the 9th September 1945 into a common grave with the consent officer commanding the U.S. military unit at STOD, Captain Moor.

This grave is located in a small wooden area outside the town of STOD, on the left hand side of the road to PILSEN. 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 Lehenhart

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.

# AIRMAIL

OSANT 293

1st Ind.

ONS European

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4333

Department of the Army, OAG, 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, OAG  
Memorial Division

3146  
TL#4333

Rice/id  
Foy  
HNB

X-7397 - ST KVOLE

HNB

TRE

# AIRMAIL

**AIRMAIL**

QWNT 293

1st Ind.

GHS European

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4333

Department of the Army, OAG, Washington 25, D. C., 19 October 1949

TO: Commanding General, American Graves Registration Command,  
European Area, APO 98, 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. E. MEYER  
Lt. Colonel, OAG  
Memorial Division

*3146, GHS Europe*

*TL#4333*

Rice/ld  
Foy  
KMB

*X-7397*

RED

YEU

**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 - 7297, Plot KKKK  
Row 5, Grave 106, 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. 2041, dated 1-10-46.

3. Remarks:

*T.L. 4333, 15 Sept 49*  
*Received ..... Opal Rice ..... OQMG*  
*Not identifiable from 10 Oct 49*  
*information presently*  
*available*

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

*E. D. Mulvanity*  
Lt. Col. E.D. MULVANY, O-359598 QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

*E. F. Price, Jr.*  
Capt. E.F. PRICE, Jr. O-1586236

QMC

*Gaylord E. Lutz*  
1/Lt. Gaylord E. LUTZ, O-1595665 QMC

*Incl #7*

1 ✓

This Grave formerly occupied by: PORRA Francisco  
USMC EPINAL, FRANCE 38442118 S SG  
Plot B, Row 32, Grave 11  
Date reburied: 27 Oct 49 Date disinterred: 27 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 X-007297 SERIAL NUMBER RANK ARM 1 DATE OF DEATH  
CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 0 3583 80  
PLOT 4K ROW 5 GRAVE 106 COUNTRY FRANCE CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-007297 SERIAL NUMBER RANK Unk DATE OF DEATH 15 Apr 45 DATE DISINTERRED 23 Apr 48  
IDENTIFICATION TAG ON  REMAINS  MARKER GRS ORGANIZATION UNKNOWN RELIGION Unk IDENTIFICATION VERIFIED BY Oliver E Modin Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform CONDITION OF REMAINS L/Clavicle and Radius missing. L&R/Femur fractured. Disarticulated.

OTHER MEANS OF IDENTIFICATION Report of burial found with remains dated 4 Sept 46 reads: "Unknown X-7297"

MINOR DISCREPANCIES 1 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

CASKET BOXED AND MARKED All markings, tags and plates verified by Bruce E Blair 1st Lt QMC

DATE 29 Apr 48 BY Oliver E Modin Embalmer  
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

FILED  
18 JAN 1950  
FRENCH  
MAY, NY.

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

Consignee changed as per authority Hq A.G.R.C.



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC St Avold France</b>		TO <b>Superintendent Epinal</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpt M R Swart, o-521097</b>	
SIGNATURE OF SHIPPER <i>Frank J. Callaghan</i> <b>Frank J. Callaghan, 1st Lt PA</b>	DATE <b>27 Oct 49</b>	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 <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>ST AVOLD FRANCE</b>	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

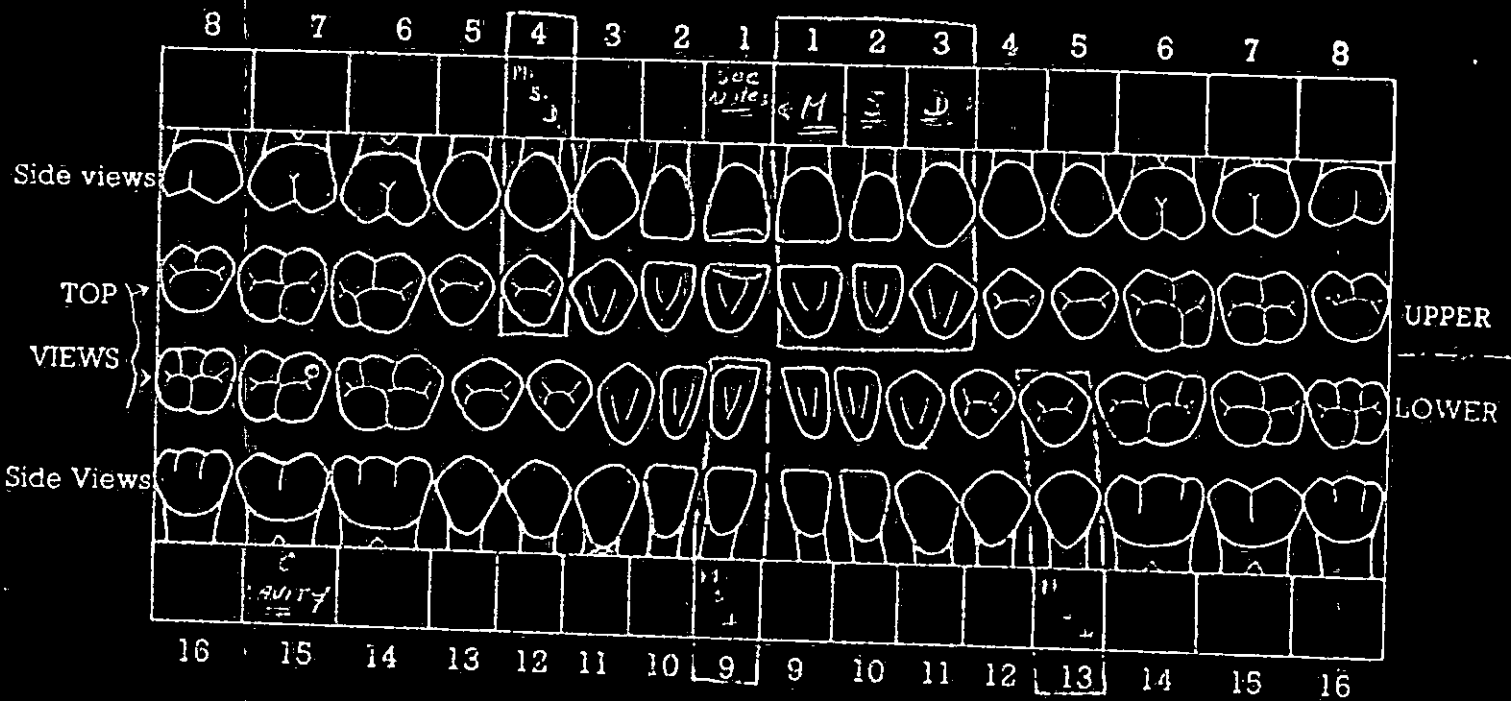
# TOOTH CHART

31 August 1946

Unknown X-7297      Unknown      Unknown      Unknown  
 Last Name      First      Initial      Rank      Serial No.  
 Unknown      Unknown (AAF)  
 Unit      Organization  
 Sted, Czechoslovakia.      15 April 1945      Beaten to death  
 Place of Death      Date of Death      Cause of Death

Right

Left



See remarks

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

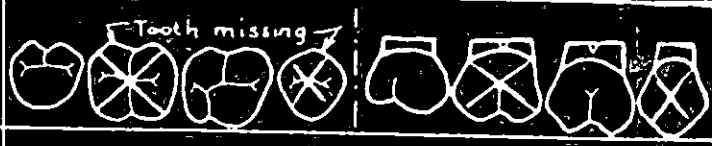
Signature of Chief Dental Officer (who prepared this Tooth chart)

Ralph W. Sleator - Major Inf. C.T.C.

Verified by G. R. S. Officer

39

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



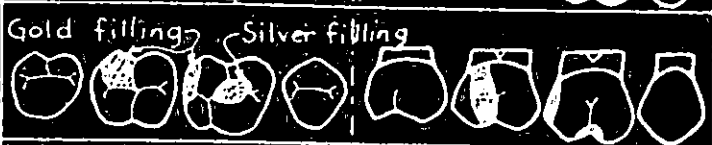
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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

No fillings, only one cavity R 15 - "0"  
R 1 (central incisor) has been worn exactly as shown on chart.  
Teeth missing after death, R 4, R 9, L 1, 2, 3 and L 13.  
Last molars in the uppers are unusually small.  
Teeth are white, rather small, ovoid in shape.

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 - **7297**  
Cemetery **St. Avoild, France**  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
2. Place of death **Stod, Czechoslovakia** **WP-9229**  
(name of closest town) (coordinates and letter Prefex, maps)  
**Sh: N-50** **Sc: 1/250.000**  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **611 M Group 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).**

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	<b>None</b>		
Raincoat	<b>None</b>		
Overcoat	<b>None</b>		
Jacket, Field	<b>None</b>		
Jacket, Combat	<b>None</b>		
Mackinaw	<b>None</b>		
Sweater	<b>None</b>		
Jacket, HBT	<b>None</b>		
*Shirt, Wool OD	<b>One (1) est. size 15-32</b>		
Undershirt, Wool	<b>None</b>		
Undershirt, Cotton	<b>None</b>		
Trousers HBT	<b>None</b>		
*Trousers, Wool OD	<b>One (1) est. size 30-34</b>		

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

\*Shoes (type) Est. size 11C

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 None

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. None

**Body nude**

8. Description of Remains :

Age UTD Height 5'11" Weight 165 lbs 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, poeks, freckles)

Build UTD **Tall and thin**  
(large, ht. thin, muscular)

Hair Brown, 2 inches straight.  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

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

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

Jaw Normal (large, small, normal) Circumference of head in inches 21 1/2 inches (hat band)

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

Shoulders Straight (broad, straight, small, rounded) Arms UTD (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 Normal (size of nipples, color, quantity & extent of hair, large, small normal)

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

Circumcision UTD (yes-no) Pubic hair Brown (color)

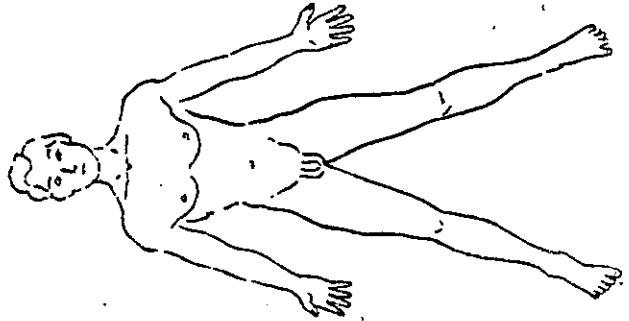
Hernioplasty UTD (yes-no; location)

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

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

Evidence of healed 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 Skin decomposed

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

12. Remarks : Left temporal fracture, due to bullet wound.

Possibly foreign, not american.

Est. weight of Remains recovered : 85 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.

Ralph W. Sleator  
Officer's Name

**Ralph W. Sleator**

Major Inf.  
Rank Service

**Central Identification Point**

Organization

RW. G.L.

RESTRICTED

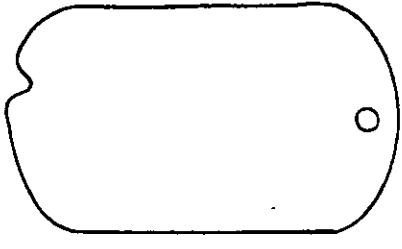
IF-4027

#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  
**4 September 1946**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) Unknown X-7297		SERIAL NO. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE AAF
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Stod, Czechoslovakia Sh: N-50 (WP-9229)	CAUSE OF DEATH Beaten to death	DATE OF DEATH 15 April 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)  None
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
US Military Cemetery, St. Avold, France - (Q-260584)

DATE OF BURIAL 4 September 1946	HOUR 1630	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp wdn Cross	PLOT No. K K K K	ROW No. 5	GRAVE No. 106
------------------------------------	--------------	---	--	---------------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Stod, Czechoslovakia. Sh: N-50 (WP-9229)
--	--

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-7288	RANK Unk	SERIAL No. Unknown	ORGANIZATION A. A. F.	GRAVE No. 105
--	-------------	-----------------------	--------------------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown-X-7269	RANK Unk	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 107
---	-------------	-----------------------	-------------------------	------------------

SIGNATURE OF PERSON PREPARING REPORT Ralph W. Steato 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.

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.


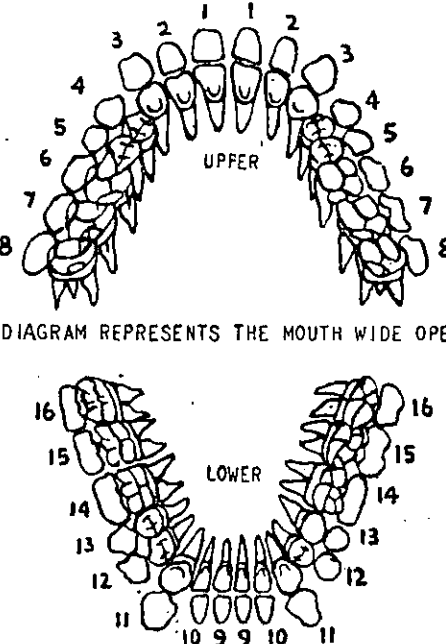




HEIGHT Est. 5'11"	WEIGHT Est. 165lbs	COLOR OF EYES UTD	COLOR OF HAIR Brown 2" straight	BIRTHMARKS, SCARS, OR TATTOOS UTD
----------------------	-----------------------	----------------------	---------------------------------------	--------------------------------------

WEAPON AND SERIAL NO. None	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Stod, Czechoslovakia
-------------------------------	-----------------------	--

**OTHER IDENTIFICATION CLUES**

None

Too decomposed

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



**REMARKS:**

Form #11 Checklist of Unknowns, Form #1-A Tooth Chart accomplished.  
 No Fingerprints (Decomposed)  
 Est. weight of Remains recovered : 65 lbs.