

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Herb (misc) St. Arnold  
X-7039 X-7120 X-7140 X-7464

## SYNOPSIS AND DATES

NEW CLASSIFICATION 293 Herb - St. Arnold X-7039

# RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

243 unk St. Avold X-7464 <sup>APO 757</sup> *ms*

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

UNKNOWN X-7464, ST AVOLD

(FOC) HAMM

*File*

*5 March 1951*

*M. Martin*

*Id Sec.*

## DISINTERRING NARRATIVE

Barleben, Germany

On September 6, 1946, Disinterring Team No. 1 exumed the bodies of eight unknown American from the civilian cemetery of Barleben, Germany. All deceased were buried in coffins but were badly burned and decomposed. Since there were no form 10's and further investigation was not permitted, it was impossible to identify any of the deceased.

*S/Sgt. Wilmer C. Fason*  
S/Sgt. WILMER C. FASON  
Disinterring NCO.

X

X-7464

# REPORT OF INVESTIGATION AREA SEARCH

AGRC Form 10 (Revised)

19. September 1946

Date

1 January 1946

NAME Unknown X- 7464 RANK Unknown 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 UNKNOWN RANK Unknown ASN Unknown

b. ORGANIZATION AAF

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY 7 Unknown

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

a. Date of above burials Unknown Common Graves? No

5. Name and Type of Cemetery Barleben Civ. Cemetery  
(Military or Civilian)

6. Map Coordinates of the Cemetery Sh. M 53 Y60 1/250,000

a. Town Barleben Country Germany

7. Give exact location in cemetery of the remains.

a. Section \_\_\_\_\_ Row See attached Sketch Grave \_\_\_\_\_

b. Is sketch attached? Yes

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

a. Town \_\_\_\_\_ Coordinates Does not apply

b. Is Sketch attached? Does not Apply

c. Is area mined? Does not apply

9. How is the grave marked? Cross

10. If grave is marked with cross, give exact markings thereon Flieger D. USA.

a. From what source was this information obtained? Unknown

(Identification tags, personal effects)

1. By whom Unknown

11. Where are the cemetery records? Burned

(Town Hall, cemetery, burgermeister's office)

X-7464

- a. What information was contained thereon? .....
- b. Where was the information obtained? .....
- c. By whom? .....
12. What is the date of death? .....
- a. Give basis .....
13. What is the cause of death? .....
- b. Give basis .....
14. What is the date of burial? .....
- a. Give basis .....
15. What was the place of death? ..... Coords .....
- b. Give basis .....
16. Where were the remains found? ..... Coords .....
- a. By whom? .....
- b. Is sketch attached? .....
17. Was a casket used? ..... Who furnished the casket? .....
- Type of casket ..... How marked? .....
18. Who made the burial .....  
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? .....

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) \_\_\_\_\_  
 If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_

**SECTION E — GENERAL** (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? \_\_\_\_\_  
 If not, state reason \_\_\_\_\_
- a. Were identification tags found at the time of death? \_\_\_\_\_  
 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.

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b. Were personal effects found at the time of death? .....

Where? ..... By whom? .....

Present disposition .....

c. Was deceased identified by living members of the crew at the time of death? .....

d. Did Cemetery Register or cross indicate the immunization shot? .....

42. Was Deceased given first aid? ..... If so, where? .....

By whom? ..... Are statements from the medical people attached? .....

43. Was deceased evacuated to a German civilian hospital? .....

Where? ..... Names of people concerned .....

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? .....

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

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption .....

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

47. Was case previously investigated? ..... By whom? .....

When? .....

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

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

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

51. Was investigation preceded by advanced publicity? .....

(If special investigation, give case number) .....

52. Give Brief Narrative .....

(Use attached, sheets if necessary)

*S/Sgt Wilmer C Fason*

WILBUR C. FASON

Signature of Investigator

Signature of Interpreter

S/Sgt. RA 3710 7768

Rank

ASN

Rank

ASN

95th MI Battalion (M)

Organization

Organization

IF 2091

AMERICAN GRADES

BARLETT C. W. GEMTERY  
M53 Y65 VLT, 000  
BARLETTON, USGTYNY

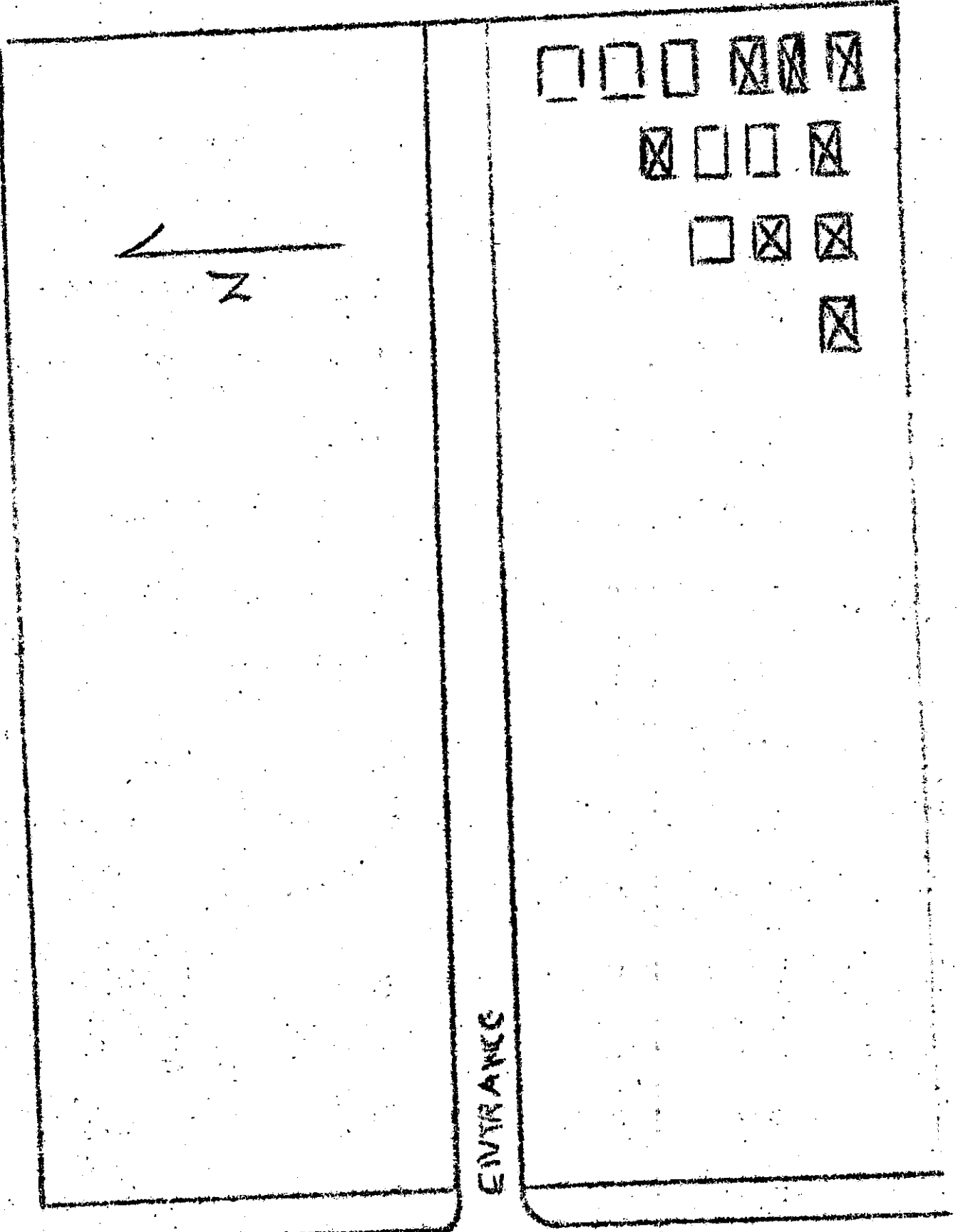
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X-7464



AMERICAN GRAVES

BARLEBEN CIV. CEMETERY  
M 53 Y 1/250,000  
BARLEBEN, GERMANY



←  
Z

ENTRANCE

BARLEBEN →

# CHECK LIST OF UNKNOWNNS 1F 2091

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

Unknown X -7464  
Cemetery \_\_\_\_\_  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
2. Place of death Barleben, Germany  
(name of closest town) (coordinates and letter Prefex, maps)  
1/250,000 M53 Y60  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 95th QM. GR. BN  
(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 One

\*Shirt, Wool OD One size 15 1/2 33 no markings

Undershirt, Wool OD remnants of,

Undershirt, Cotton None

Trousers HBT One pair

\*Trousers, Wool OD None

X

X-7464

Belt, Web One

Drawers, Wool None

Drawers, Cotton OD remnants of,

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

\*Shoes (type) One right combat shoe size 8 1/2 EE marked HT Goodyear.

Overshoes None

Web Equipment None (Type)

(Other item) None

(Other item) None

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

6. Chevrons or None  
Insignia (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 5'8" Weight 140 Lbs Description of wounds Utd

Bandages or dressings \_\_\_\_\_ 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  
(large, fat, thin, muscular)

Hair brown 2 " long.  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

Sideburns Utd Mustache Utd 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)

(extent and quantity of hair)

Hands Utd

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

(Unusual characteristics of fingernails)

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

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

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

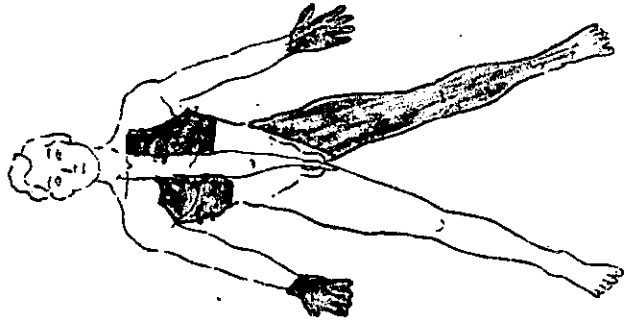
Hernioplasty Utd  
 (yes-no; location)

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

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 hands missing.

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

12. Remarks : Body badly mangled and decomposed.

Est. weight of remains recovered 35 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.

R.G. Johnson  
Officer's Name  
R.G. JOHNSON *en*

2nd.Lt. Inf.  
Rank Service

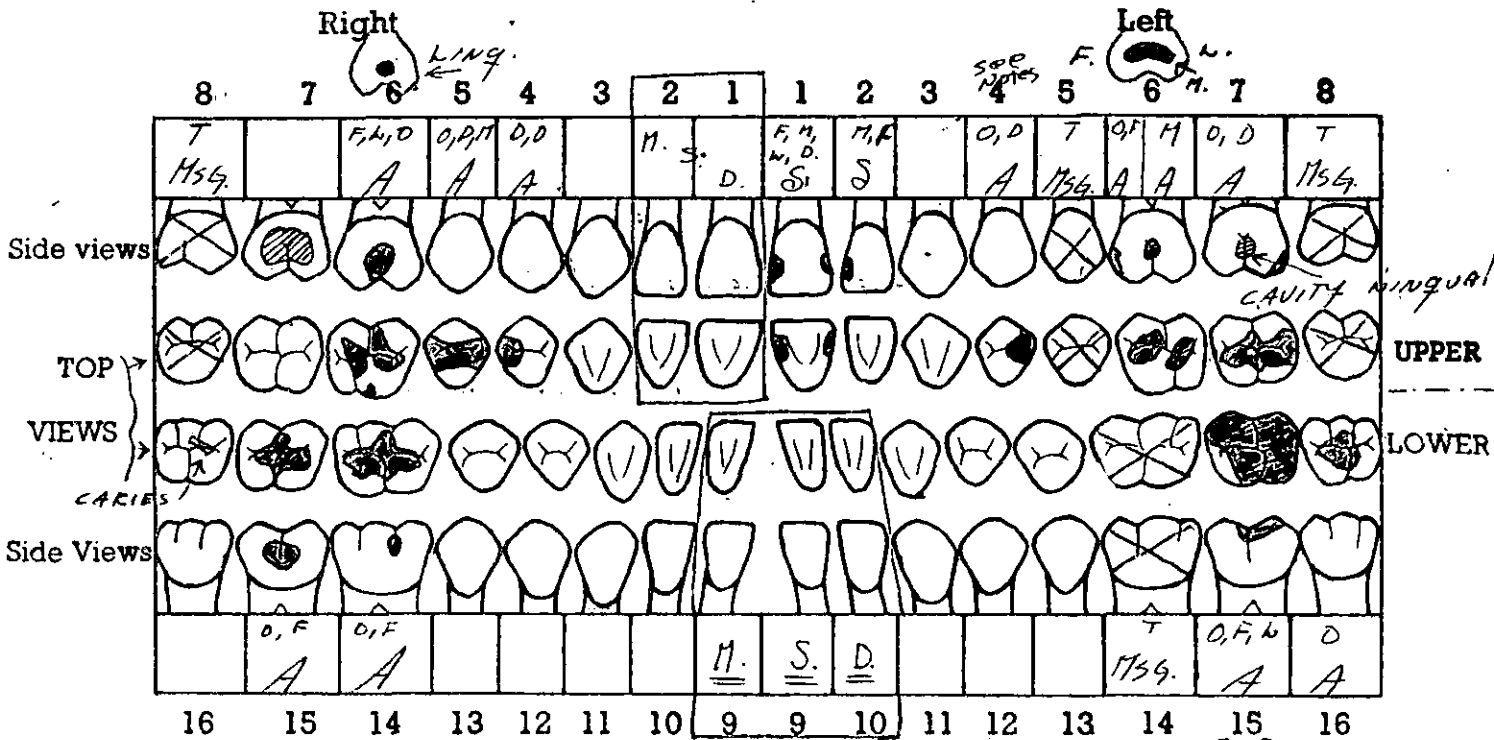
Lab. Off. Central Identification Point.  
Organization

# TOOTH CHART 1F 2091

18. September 1946

Date

Unknown X- 7464      Unknown      Unknown  
 Last Name      First      Initial      Rank      Serial No.  
 Unknown      AA<sup>F</sup>  
 Unit      Organization  
 Barleben, Germany      Unknown      Unknown  
 Place of Death      Date of Death      Cause of Death

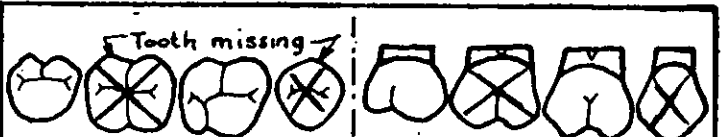
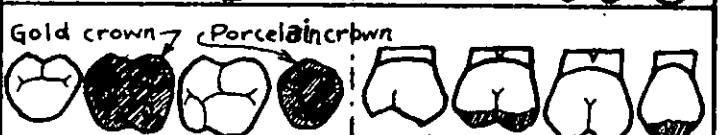
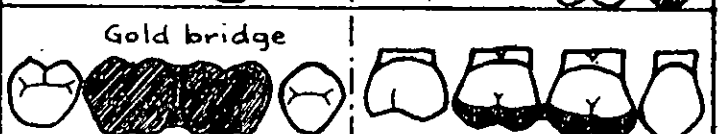
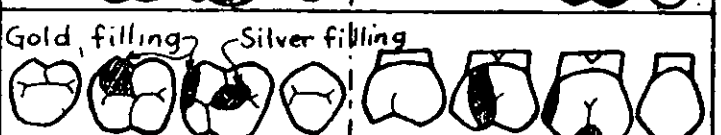
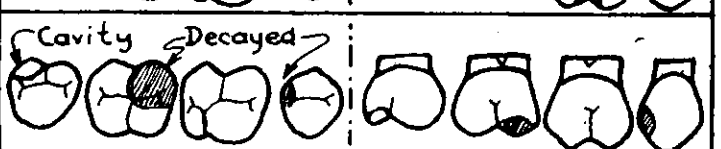


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

*Donald R. Steele*  
 Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. Mac Intyre*  
 Verified by G. R. S. Officer  
 Ellsworth T. Mac Intyre  
 Captain QMC. C.I.P.

X-7464

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES).. Outline location and size of cavity, shade in thus :</p>	

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

R8, L8 missing before death, possibly unerupted.  
 L7 small deep cavity in lingual face near crown  
 Missing before death fossa closed L5  
 L4 silver filling O-D has surface broken off, depressed in cavity 1mm.  
 GAP of 1 mm. between L3 and L4.  
 Missing after death sockets present, R1, 2, 9, L9, L10  
 R5 surface of filling in distal area depressed 1 mm.  
 R7 very extensive cavity facially, depth up to 2 mm.  
 (apparently filling missing).  
 L16 surface of filling depressed 2 mm. into a deep hollow.  
 L14 missing before death no space between L13 and L15.  
 R16 caries occlusal.

Teeth larger than average.  
 Stains on lingual surfaces lower anterior.  
 Alignment good, formation fair.  
 Colour ivory with pink tinges in lowers.  
 Spacing not tight, generally regular.

USMC HAMM  
Plot: I Row: 2 : 19  
Date of Burial: 29 June 50 **DISINTERMENT DIRECTIVE**  
Verified by GRS Officer  
Robert W. GANSEL, 1st LT QMC

27/50  
1/2/50

SECTION A - *Robert W. Gansel*  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 3574 00000  
DATE: 15 01 48  
DAY MONTH YEAR

NAME: UNKNOWNX-007464  
SERIAL NUMBER: UNKNOWNX-007464  
RANK: 1  
ARM: 1  
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: ST AVOLD - METZ  
DISPOSITION OF REMAINS: 0 3503 80  
CODE DIST. PT.

PLOT - ROW GRAVE COUNTRY: 4L 5 104 FRANCE  
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE: ST AVOLD FRANCE HALL LUXEMBOURG  
(BY ADMINISTRATIVE ORDER)  
NAME AND ADDRESS OF NEXT OF KIN: These remains are unidentifiable and are to be permanently interred. (HQ, AGRC -15DEC49)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWNX-007464  
SERIAL NUMBER: UNKNOWNX-007464  
RANK: Unk  
DATE OF DEATH: Unk  
DATE DISINTERRED: 27 May 48

IDENTIFICATION TAG ON:  REMAINS  MARKER GRS  
ORGANIZATION: USAAF  
RELIGION: Unk  
IDENTIFICATION VERIFIED BY: Forrest L Brown Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Remnants of Uniform  
CONDITION OF REMAINS: Fractured R/L/Radius, L/Ulna, R/Pelvic - Missing L/Tibia, Fibula, Pelvic, Femur - Disarticulated  
OTHER MEANS OF IDENTIFICATION: Small amount of decomposed flesh

Report of Burial found with remains  
MINOR DISCREPANCIES: None  
RECORDS ANNOTATED  
DATE: 27 JUL 50  
NAME: A. T. Johns  
BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET BY: Forrest L Brown Embalmer  
DATE: 8 June 48

CASKET SEALED BY: Forrest L Brown Embalmer  
EMBALMER (Signature): Forrest L Brown

CASKET BOXED AND MARKED BY: Forrest L Brown  
ALL markings plates & tags verified by: H. E. D., Capt QWS

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

H LEAD, Capt QWS, 337 M Bn.  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

CONSIGNEE CORRECTED-REG. DIV.



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST AVOLD, FRANCE</b>		TO <b>OIC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>F. B. Callaghan</i>	DATE <b>25 06 49</b>	SIGNATURE OF RECEIVER <b>P MATOZZO RA 32705ALB</b>	DATE

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

**AIRMAIL**

293 rank files (misc) X-7099, X-7120, X-7140, X-7146  
+ X-7464 (St Avold)

FORM 293  
GPO, European

7 February 1950

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

**TO: Chief, Registration Division  
7857 Graves Registration Detachment  
APO 58, c/o Postmaster  
New York, New York**

1. Reference is made to Transmittal Letter #4532, dated 29 November 1949, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of Unknowns X-7099, X-7120, X-7140 and X-7464, interred in USMC St. Avold, France, as Unidentifiable.

**FOR THE QUARTERMASTER GENERAL:**

Rice/id  
Foy  
REB  
Cy furnished: Adm Sect

T. H. MATH  
Lt. Colonel, GPO  
Memorial Division

093 rank X-7464 - ST AVOLD THE ...  
JM  
TE

**AIRMAIL**

**AIRMAIL**

293 unk France (misc) X-7039, X-7120, X-7140  
+ X-7464 (St Avold)  
Com

COMINT 293  
CIC European

7 February 1950

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

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

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

FOR THE QUARTERMASTER GENERAL:

Rice/ld  
Foy  
HEB  
Cy furnished: Adm Sect

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

293 unk X-7464 -  
St Avold France  
JMB  
TEC

**AIRMAIL**

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

RRE 293

21 November 1949  
 (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7464, Plot IIII, Row 5, Grave 104, USMC St Avoild, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 4506, dated 21 November 1949.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

GMC

*E. D. Mulvanity*

Lt. Col. E. D. MULVANITY, O-358598

GMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

*Edward F. Price, Jr.*  
 Capt. Edward F. PRICE, Jr., O-1588236

GMC

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

CAV

CWO Frank GEER, W-2102925

Received *Ed. Price* OQMG  
 Not identifiable from *6 Feb 50*  
 information presently available

Capt. Jack C. HAYES, O-1577297

GMC

*T. L. 4522, 29 Nov 49*

*Incl # 10*

CASE HISTORY

UNKNOWN X-7464

CEMETERY Neuville

The remains of Unknown X-7464 (Neuville) were recovered from the Civilian cemetery of Barleben, Germany (M-53).

The teeth found with the remains of Unknown X-7464 were charted and height estimate was determined at USMC Neuville when processed by the CIP. Clothing was negative. The identifying factors were used as a basis of comparison with all casualties reported in two (2) map areas, M-53 and M-54.

Upon the disinternment of the Civilian cemetery of Barleben six (6) Unknowns and two (2) Knowns were recovered. Five (5) of the Unknowns have been identified and these, with the two (2) Knowns, account for the seven (7) casualties of AC/42-94914, AC/42-31389, and AC/42-97525. (See MACR's of these three aircraft *x* enclosed) Tooth chart of Unknown X-7464 compares negatively with the FPDIF's of these seven casualties

The grave marker of this Unknown was inscribed "Flieger D. USA". A survey of all the remaining AAF casualties reported lost in this area has not effected an association.

Efforts for an association by Isolated Burials Branch has been made with negative results. Therefore, this case is being submitted as Unidentifiable

J Lacortiglia

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

RRE 314.6

21 November 1949

SUBJECT: Identification Check Lists  
Transmittal Letter #4506

TO: The Quartermaster General  
Washington 25, D. C.  
ATTENTION: Memorial Division

Forwarded herewith for your files are seven (7) copies of  
Identification Check Lists, pertaining to the remains indicated  
below:

<u>Unknown No.</u>	<u>Cemetery</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-81	Neuville	E	9	216
X-1100	Neuville	S	4	89
X-1800	Neuville	S	6	129
X-2564	Neuville	H	9	208
X-5193	Neuville	U	8	188
X-5220	Neuville	W	8	192
X-7464	St Avold	LLL	5	104

FOR THE COMMANDING GENERAL:

7 Incls  
Ident Check  
Lists

GAYLORD E. LUTZ  
1st Lt, OMC  
Actg Asst Adj Gen



*Handwritten note:*  
W. H. Lutz  
11/21/49

DISINTERMENT DIRECTIVE

243 unk France X-7464 (H. Avold)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED: **UNKNOWN X-007464**  
 DIRECTIVE NUMBER: **2574 00000**  
 DATE: **13 01 58**

NAME: **UNKNOWN X-007464** SERIAL NUMBER: **UNKNOWN X-007464** RANK: **1** ARM: **1** DATE OF DEATH: **13 01 58**  
 CEMETERY: **ST AVOLD + METZ** DISPOSITION OF REMAINS: **0 3503 80**  
 PLOT: **41** ROW: **3** GRAVE: **104** COUNTRY: **FRANCE** CAUSE OF DEATH: **0**

SECTION B — CONSIGNEE AND NEXT OF KIN

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

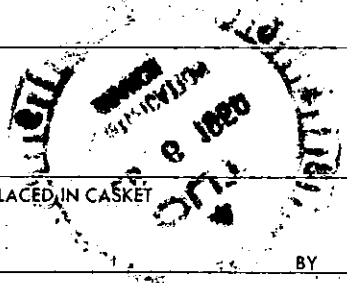
SECTION C — DISINTERMENT AND IDENTIFICATION

NAME:  SERIAL NUMBER:  RANK:  DATE OF DEATH:  DATE DISINTERRED:   
 IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: **USAAF** RELIGION:  IDENTIFICATION VERIFIED BY:   
 NAME AND TITLE:

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL:  CONDITION OF REMAINS:   
 OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES /



REMAINS PREPARED AND PLACED IN CASKET BY:

DATE:  CASKET SEALED BY:  EMBALMER (Signature):

CASKET BOXED AND MARKED:  SHIPPING ADDRESS VERIFIED BY:   
 DATE:  BY:

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

SIGNATURE OF GRS INSPECTOR

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





# TOOTH CHART

1F 2091

18. September 1946

Date

Unknown X- 7464

Last Name

First

Initial

Unknown

Rank

Unknown

Serial No.

Unknown

Unit

AA<sup>R</sup>

Organization

Barleben, Germany

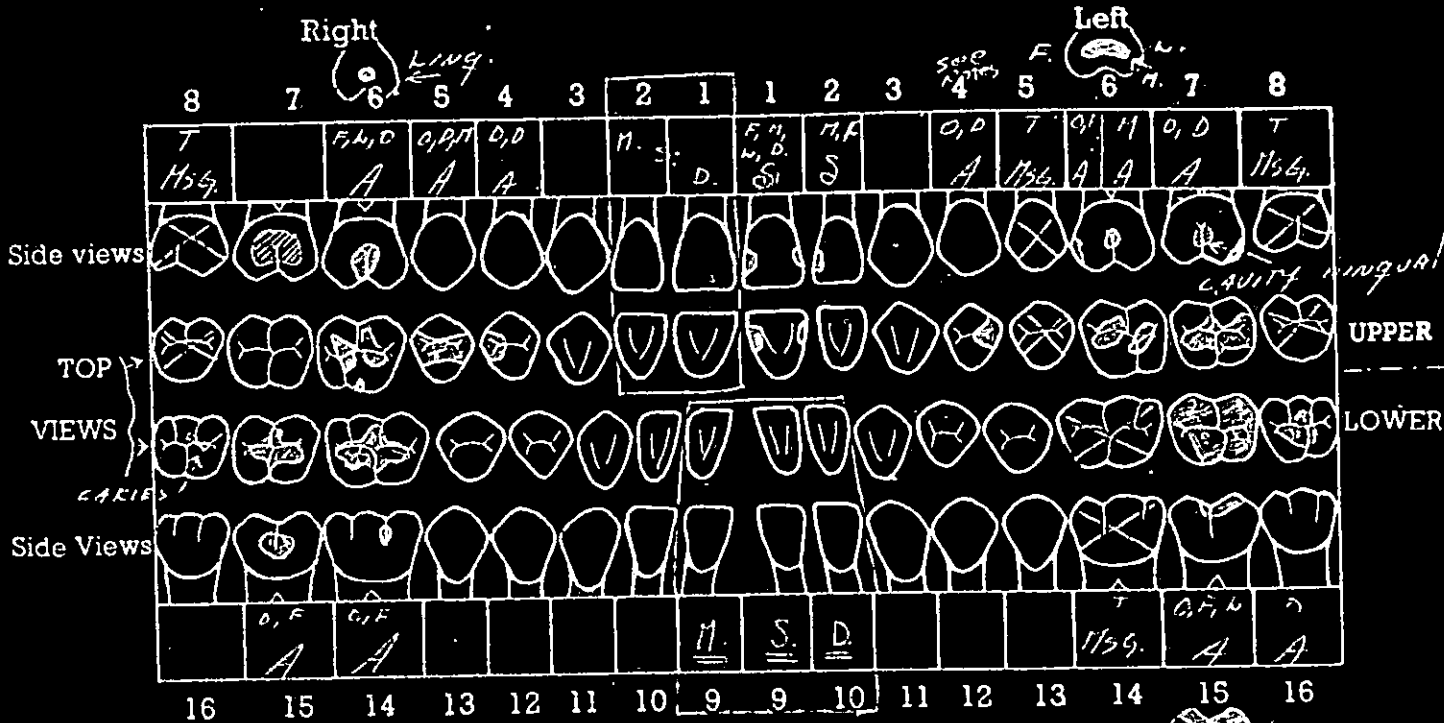
Place of Death

Unknown

Date of Death

Unknown

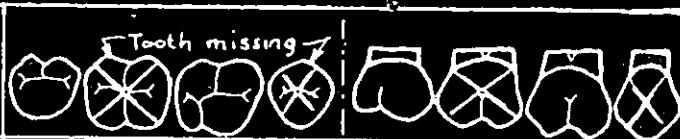
Cause of Death



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.

*Donald R. Steele*  
 Signature of Officer or other person who prepared Tooth chart  
*Ellsworth T. Mac Intyre*  
 Verified by G. R. S. Officer  
 Ellsworth T. Mac Intyre  
 Captain OMC. C.I.P.

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



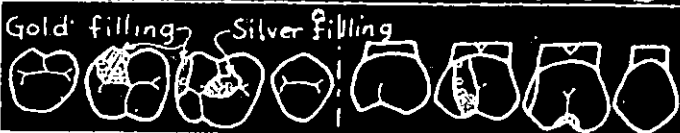
**CROWNED TEETH** . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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

R8, L8 missing before death, possibly unerupted.  
 L7 small deep cavity in lingual face near crown  
 Missing before death fossa closed L5  
 L4 silver filling O-D has surface broken off, depressed in cavity 1mm.  
 GAP of 1 mm. between L3 and L4.  
 Missing after death sockets present, R1,2,9, L9,L10  
 R5 surface of filling in distal area depressed 1 mm.  
 R7 very extensive cavity facially, depth up to 2 mm.  
 (apparently filling missing).  
 L16 surface of filling depressed 2 mm. into a deep hollow.  
 L14 missing before death no space between L13 and L15.  
 R16 caries occlusal.

Teeth larger than average.  
 Stains on lingual surfaces lower anterior.  
 Alignment good; formation fair.  
 Colour ivory with pink tinges in lowers.  
 Spacing not tight, generally regular.

RECORDS BRANCH

10/10/00

SEC 01

RECEIVED

10/10/00

IDENTIFICATION DATA *E 2401 Priority*

1. DEPARTMENT OF ARMY <i>X-7464</i>			2. DATE OF REPORT <i>29 Sept 1949</i>		
4. NAME OF CEMETERY <i>ST. AVOLD</i>			5. PLOT <i>4-L</i>	5. ROW <i>5</i>	6. GRAVE <i>104</i>
			7. DATE OF DISINTERMENT <i>✓</i>		REINTERMENT <i>✓</i>

PHYSICAL DESCRIPTION

8. ESTIMATED <del>WEIGHT</del> AGE <i>25/30</i>	9. ESTIMATED HEIGHT <i>5-9 1/4</i>	10. COLOR OF HAIR <i>BROWN</i>	11. RACE <i>U.S.D.</i>
--	---------------------------------------	-----------------------------------	---------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

*mortuary plate*

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

*None*

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO *see skeletal chart*

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

*None noted*

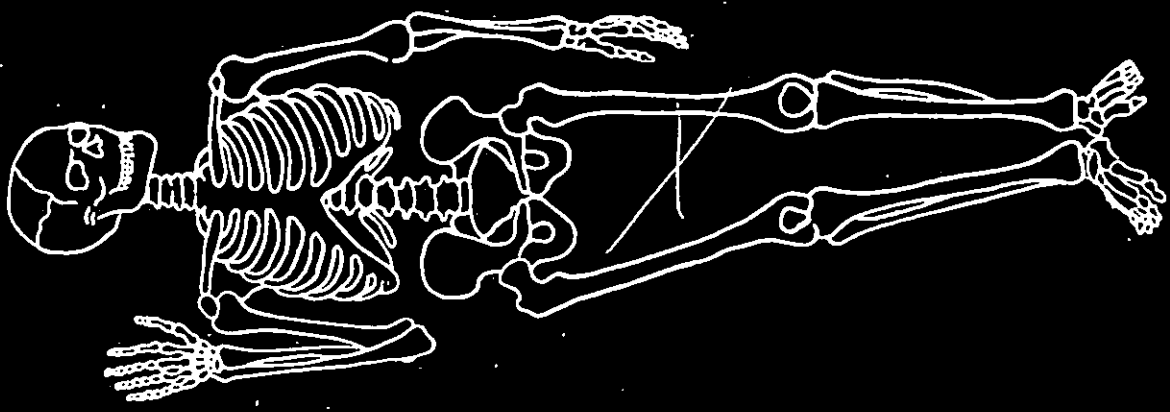
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

*None*

(25)

X-7664

19. BLACK OUT PARTS OF BODY NOT RECOVERED



*see skeletal chart attached*

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

*Remains previously processed by f.o.s. and received in skeletal form.  
teeth found intact with skull and mandible.  
(see tooth chart)*

*Est. height 5-9 1/4  
Est. age 25/30*

*Reprocessed by  
Wesley  
Gilgory  
Miller  
de Pass  
Fields*

*Chub. Sherman*

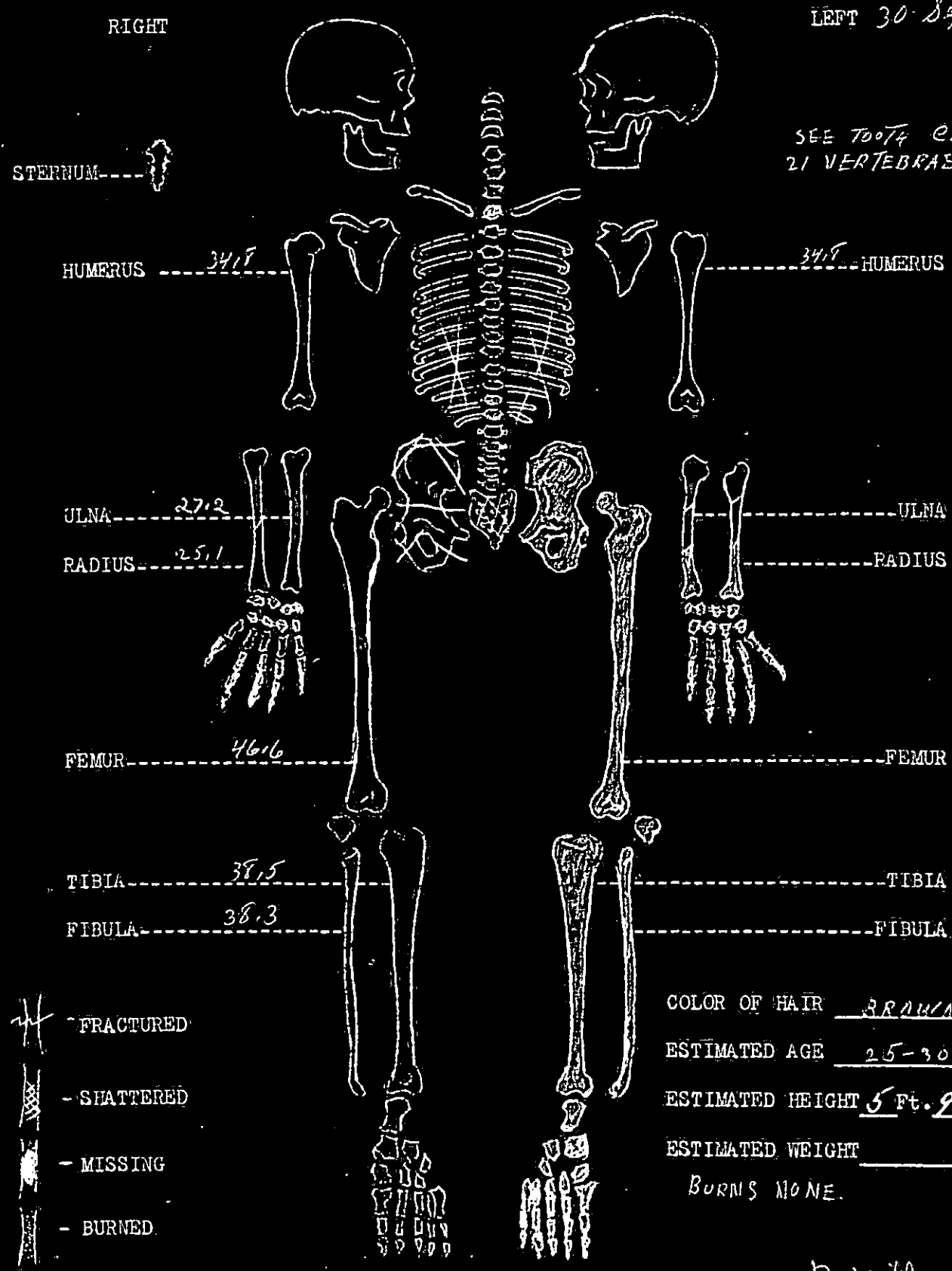
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE  
*Wesley A. Deep*

SKELETAL CHART  
 (BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

X 7464  
 ST AVOLD  
 LEFT 30 Sept 1949.



SEE TOOTH CHART  
 21 VERTEBRAE

- FRACTURED
- SHATTERED
- MISSING
- BURNED

COLOR OF HAIR BROWN

ESTIMATED AGE 25-30 Yrs

ESTIMATED HEIGHT 5 Ft. 9 1/4 In

ESTIMATED WEIGHT \_\_\_\_\_ LBS

BURNS NONE.

Signature R. Miller

CHART "A"



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



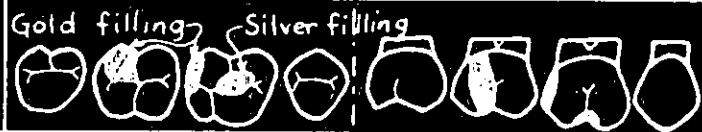
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

*Size average.*

*Color dull ivory.*

*Posthumously missing - R 1, 9, 10; L 1, 2, 9, 10*

*Spaces. L 5, 4mm; L 15 no space.*

*Note: L7 cavity lingually in L7 has been prepared for filling.*

*Alignment good.*

*L15 no space.*



# CHECK LIST OF UNKNOWNNS 17 2091

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

Unknown X **-7464**  
Cemetery \_\_\_\_\_  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
2. Place of death **Barleben, Germany**  
(name of closest town) (coordinates and letter Prefex, maps)  
**1/250,000** **M53 Y60**  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **95th CM. CR. BN**  
(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 **One**
- \*Shirt, Wool OD **One size 15 1/2 33 no markings**
- Undershirt, Wool **OD remnants of,**
- Undershirt, Cotton **None**
- Trousers HBT **One pair**
- \*Trousers, Wool OD **None**

Belt, Web One

Drawers, Wool None

Drawers, Cotton OD remnants of,

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

\*Shoes (type) One right combat shoe size 8 1/2 EE marked HT Goodyear.

Overshoes None

Web Equipment None (Type)

(Other item) None

(Other item) None

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

6. Chevrons or None

Insignia (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 5'8" Weight 140 lbs. Description of wounds Utd

Bandages or dressings \_\_\_\_\_ 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  
(large, fat, thin, muscular)

Hair brown 2" long.  
(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 **Utd** (prominent, receding, pointed, dimple, double)

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

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

Shoulders **Utd** (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 **Utd** (size of nipples, color, quantity & extent of hair, large, small normal)

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

(quantity & color of hair)

Circumcision **Utd** (yes-no) Pubic hair **Utd** (color)

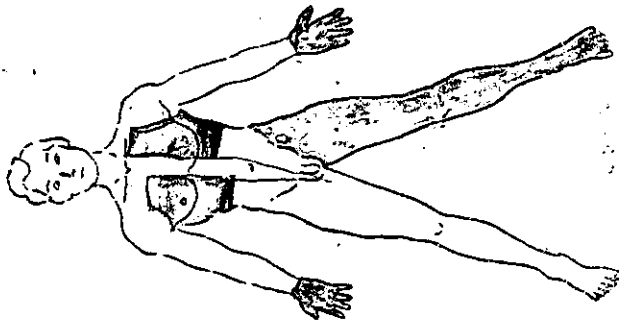
Hernioplasty **Utd** (yes-no; location)

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

Feet Ut4 (size, corns, callouses, flat) Toes Ut4 (slender, straight, crooked, overlap)

Evidence of healed fractures Ut4 (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 hands missing.

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

12. Remarks : Body badly mangled and decomposed.

Est. weight of remains recovered 35 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.

R. G. Johnson  
R.G. JOHNSON  
2nd Lt. Inf.  
Rank Service

Lab. Off. Central Identification Point.  
Organization

REGISTRATION AND  
RECORDS BRANCH

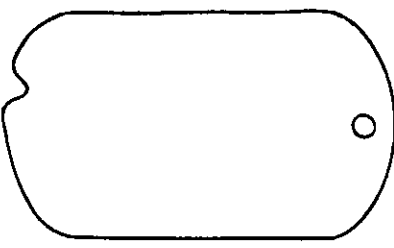
OCT 28 10 39 AM '46

MEMORIAL DIVISION

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  
**19 September 1946**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	Unknown X- 7464		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	AA <sup>F</sup>	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH <b>Barleben, Germany.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
---	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>yes</b>	<b>None</b>

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**U.S. Military Cemetery (Q 260584) St. Avoild, France.**

DATE OF BURIAL <b>19 September 1946</b>	HOUR <b>1500</b>	BURIED IN (Shroud, blanket, or name of other) <b>casket</b>	TYPE OF GRAVE MARKER <b>temp. wooden cross</b>	PLOT No. <b>LLLL</b>	ROW No. <b>5</b>	GRAVE No. <b>104</b>
--	---------------------	--	---	-------------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) <b>yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Civilian cemetery of Barleben, Germany. 1/250,000 M53 Y60</b>	PLOT No.	ROW No.	GRAVE No.
---	---	----------	---------	-----------

TYPE OF RELIGIOUS CEREMONY <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>CH. Herve M. Trebaol, Capt.</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>One copy WD, QMC. Form 1042 Report of Interment placed in burial bottle and buried with remains.</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>no</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>yes—embossed plate</b>	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) <b>Unknown-X-7462</b>	RANK <b>Unk</b>	SERIAL No. <b>Unknown</b>	ORGANIZATION <b>A. A. F.</b>	GRAVE No. <b>103</b>
---	--------------------	------------------------------	---------------------------------	-------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) <b>Unknown-X-7458</b>	RANK <b>Unk</b>	SERIAL No. <b>Unknown</b>	ORGANIZATION <b>A. A. F.</b>	GRAVE No. <b>105</b>
--	--------------------	------------------------------	---------------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>Ellsworth T. Mac Intyre Captain QMC. C.I.P.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>Verne C. Edmunds 2nd. Lt. Inf. C.I.P.</b>
--	---

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.

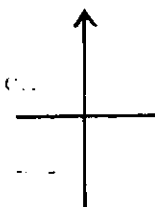
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5'8"	140 Lbs.	Utd	Brown 2" long	Utd
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
None		see below		Barleben, Germany.

**OTHER IDENTIFICATION CLUES**

right combat shoe size 8½ EE marked (HT) "Goodyear".

FILLINGS	<p>SILVER FILLING GOLD FILLING</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 and Form 1A tooth chart accomplished.  
 No fingerprints, fingers are missing.  
 Est. weight of remains recovered 35lbs.  
Unable to determine date of death or cause of death.  
No interrogation allowed with Germans.