

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

14 June 1949

(Date)

RRE 293

293 Unk. France (St. AVOLO) X 8111

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 8111, Plot 0000  
Row 9, Grave 202, 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. Not of, dated xxxx Record xxxx.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

*E.D. Mulvanity*

Lt. Col. E.D. MULVANITY, 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-1588236

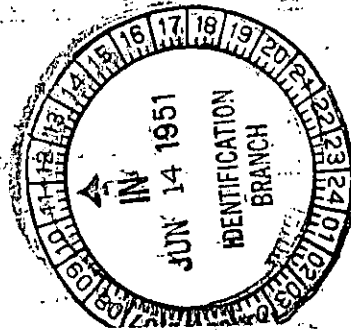
QMC

*Edward E. Stout*  
1/Lt. Edward E. STOUT, O-1594512

QMC

Received *Op. 28 June 49*  
Not identifiable from  
information presently  
available

*Inc 1 #16*



1

This Grave formerly occupied by: UNKNOWN X-007L25-B  
USLC ST AVOLD, FRANCE DISINTERMENT DIRECTIVE  
Plot D, Row 42, Grave 32 Date disinterred: 29 June 49  
Date reburied: 29 June 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: I. R. SWART CAPT JLC  
DIRECTIVE NUMBER: 3574 00000  
DATE: 15 01 48  
DAY MONTH YEAR

NAME: UNKNOWN X-008111 RANK: [blank] ARM: [blank] DATE OF DEATH: [blank]  
CEMETERY: ST AVOLD - METZ DISPOSITION OF REMAINS: 3503 80  
CODE DIST. PT.  
PLOT: 40 ROW: 9 GRAVE: 202 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 X-008111 SERIAL NUMBER: [blank] RANK: Unk DATE OF DEATH: Est Dec 44 DATE DISTINTERRED: 19 Mar 48  
IDENTIFICATION TAG ON: [ ] REMAINS [ ] ORGANIZATION: USAGF RELIGION: Unk. IDENTIFICATION VERIFIED BY: George W. Lowry, Embalmer  
[x] MARKER GRS NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: mattress cover CONDITION OF REMAINS: Skull, mandible and main bones missing, except right and left femur, right and left tibia, right and left fibula fractured

See Report of Burial, same found with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE: 30 Mar 48 BY: George W. Lowry, Embalmer  
CASSET SEAL BY: [Signature]

George W. Lowry, Embalmer  
CASSET BOXED AND MARKED: All markings, tags and plates verified by [Signature]

30 Mar 48 BY: George W. Lowry, Embalmer  
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

[Signature]  
Marshall C. Dickinson, 1st Lt FA, 337 QM Bn.  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE  
RECORDS ANNOTATED  
DATE: 25 Aug 49  
NAME: [Signature]  
R & R BR.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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

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 8111  
 Cemetery St. Avold, France (Q-260584)  
 Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
2. Place of death Hurtgen Forest, Germany  
(name of closest town) (coordinates and letter Prefex, maps)  
WF-0436  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 610th 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).**

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	<u>None</u>		
Raincoat	<u>Yes</u>		
Overcoat	<u>Yes</u>		
Jacket, Field	<u>Yes - size R-38</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Yes</u>		
Jacket, HBT	<u>None</u>		
*Shirt, Wool OD	<u>Yes</u>		
Undershirt, Wool	<u>Yes</u>		
Undershirt, Cotton	<u>None</u>		
Trousers HBT	<u>Yes - size 32-33</u>		
*Trousers, Wool OD	<u>Yes</u>		

Belt, Web Yes

Drawers, Wool Yes - light weight

Drawers, Cotton Yes

Leggins, ~~Wool~~ Canvas (Note unusual lacing)

Socks, ~~Wool~~ Wool, light weight

\*Shoes None (type)

Overshoes None

Web Equipment None (Type)

(Other item) Wool OD glove. Coveralls HBT. OD handkerchief.

(Other item) Leather palmed glove, 6 1/2.

\*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...  
ACF

8. Description of Remains :

Age UNK Height 5' 5 1/2" Weight UTD Description of wounds None

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 None found  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair None found  
(baldness, widows peak, distinctive cutting or other characteristics).

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

Goatee UTD  
(light, color, extent)

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

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

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

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

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

Jaw Missing Circumference of head in inches Missing  
(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, largo, small normal)

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

(quantity & color of hair) Circumcision UTD Pubic hair None found  
(yes-no) (color)

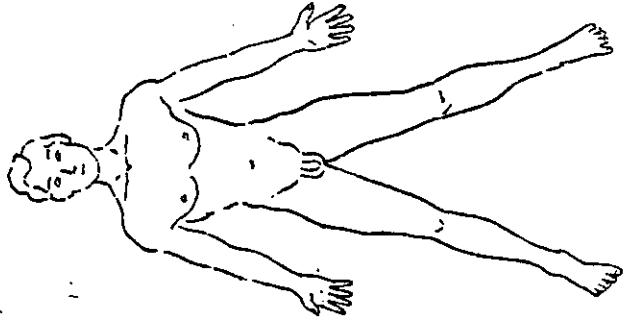
Hernioplasty UTD  
(yes-no; location)

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

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

Evidence of healed factures None found  
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery : **see attached chart**



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

If not, explain Missing

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

12. Remarks : **Separated from case 1F-1135 and given the number 1F-1135-B. No duplications in either case. Teeth found with complete body and given to case 1F-1135-A.**

**Present weight of remains recovered: about 3 pounds.  
Fluoroscopic Examination unnecessary.  
Nothing found to warrant Chemical Laboratory Examination.**

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

Officer's Name

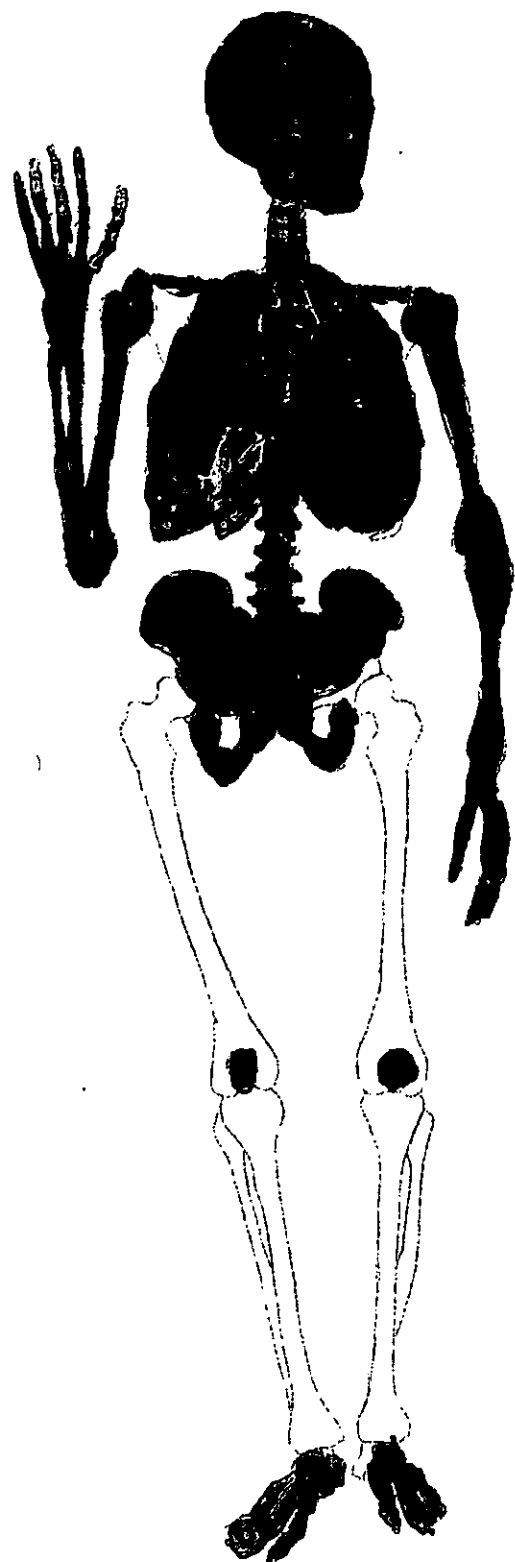
**2nd Lt., Inf Lab Officer**

Rank Service

**Central Identification Point**

Organization







- a. What information was contained thereon? **No Records**
- b. Where was the information obtained? **No Records**
- c. By whom?
12. What is the date of death? **Est: December 1944**
- a. Give basis **Fighting took place at that time**
13. What is the cause of death? **Presumed by Mines**
- b. Give basis **Found in Mine Field**
14. What is the date of burial? **No Burial**
- a. Give basis **Body found lying on top of ground**
15. What was the place of death? **Hurtgen Forest, Germany** Coords **WF-0436**
- b. Give basis **Body was found there.**
16. Where were the remains found? **Hurtgen Forest, Germany** Coords **WF-0436**
- a. By whom? **German Demining Company # 172, Dueren, Germany**
- b. Is sketch attached? **Yes**
17. Was a casket used? **No casket** Who furnished the casket? \_\_\_\_\_  
 Type of casket \_\_\_\_\_ How marked? \_\_\_\_\_
18. Who made the burial **Not buried** (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? **DOES NOT APPLY**
- 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? ..... **DOES NOT APPLY**
  - 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? **Yes**
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased ..... **See Attached Sheet**

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 **Could not be found**
  - a. Were identification tags found at the time of death? **No**
    - Where? ..... By whom? .....
    - Present disposition **Unknown**

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

- b. Were personal effects found at the time of death? **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? \_\_\_\_\_ If so, where? \_\_\_\_\_  
 By whom? \_\_\_\_\_ Are statements from the medical people attached? **No**
43. Was deceased evacuated to a German civilian hospital? **No**  
 Where? \_\_\_\_\_ Names of people concerned \_\_\_\_\_
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **No**  
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? **No**  
 a. If so, give basis for positive assumption \_\_\_\_\_  
 b. If so, has higher headquarters been notified? \_\_\_\_\_
47. Was case previously investigated? **No** By whom? \_\_\_\_\_  
 When? \_\_\_\_\_
48. Give full names, addresses, and information obtained from each person interviewed  
**See attached Narrative**
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? **NO**  
 (If special investigation, give case number) \_\_\_\_\_
52. Give Brief Narrative **See attached Narrative.**  
 (Use attached, sheets if necessary)

Signature of Interpreter

Rank

ASN

Organization

*Henry C. Kloeffler*

Signature of Investigator

**HENRY C. KLOEFFLER**

**S/Sgt., 33985344**

Rank

ASN

**610 QM GR Company, Cochem/Mosel, Ger.**

Organization

NARRATIVE.  
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These remains of which are unknown were found in mixed woods near HURTGEN, Germany, WF-0436, by the German demining Company # 172, Duren, Germany. Identify as to nationality was established through clothing and rifle # M1 348994

*Henry C. Klopper*

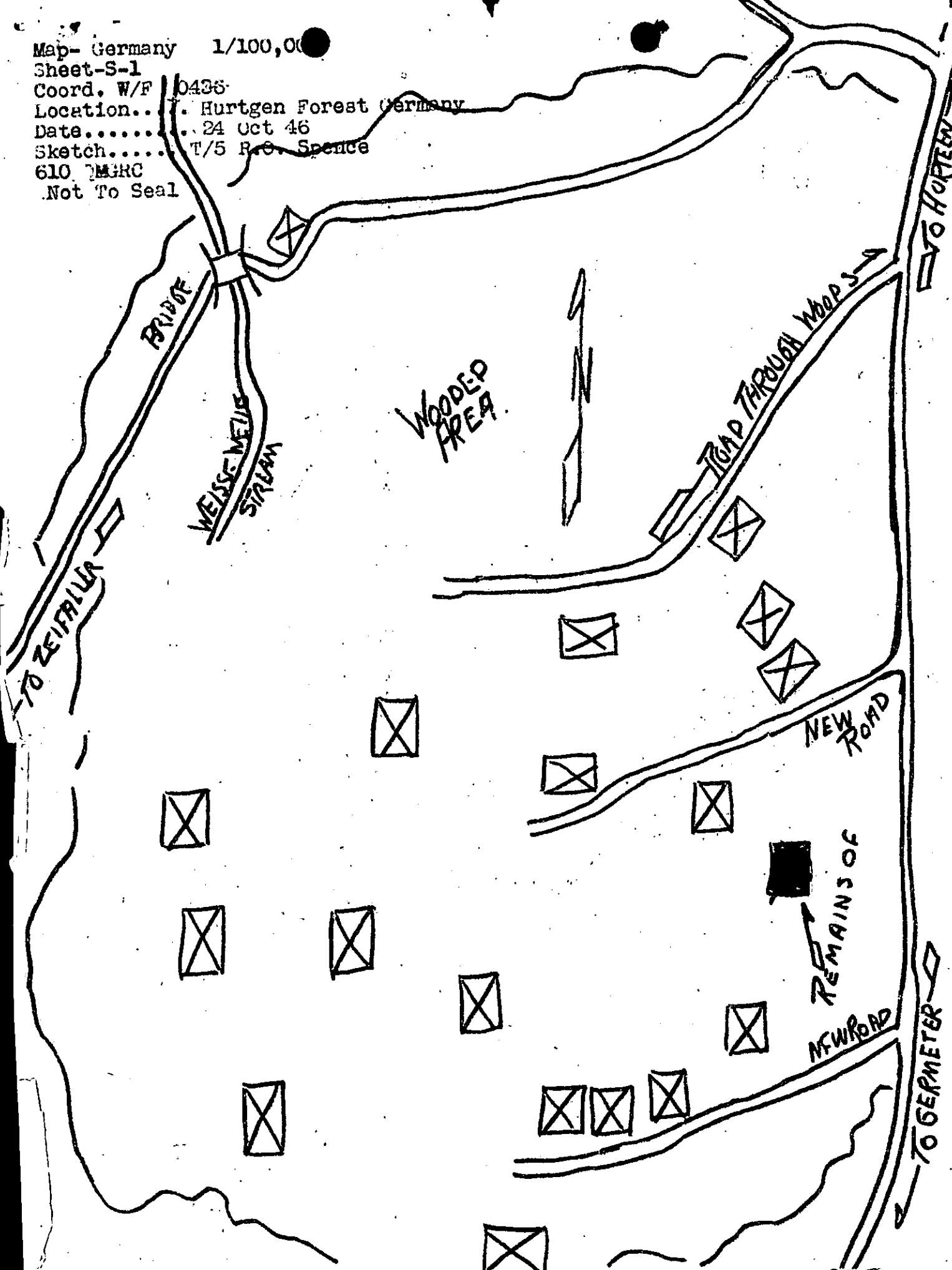
HENRY C. KLOPPER  
S/Sgt. 33985344

S T A T E M E N T

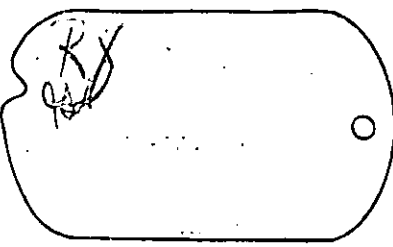
The following men, SCHLINGMANN, HARRY, Duren Mine Company # 179, HELLWIG, ROBERT, Burgermeister, Hürtgen, House # 68, PRENZ, ROBERT, Hürtgen House # 91, LEHDNER, Hürtgen, House # 39, BERTEN, Hürtgen, House # 8, stated that the remains of this unknown were found in the Hürtgen Forest German y. ( W/F 0436 )

*Henry C. Kloeppel*  
HENRY C. KLOEPPEL  
S/SGT 33985344


Map- Germany 1/100,000  
Sheet-S-1  
Coord. W/F 0435  
Location... Hurtgen Forest Germany  
Date..... 24 Oct 46  
Sketch..... T/5 R.O. Spence  
610 7MGRC  
Not To Seal





QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 15 November 1946	
Imprint: Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) Unknown X-8111			SERIAL NO. Unknown			
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE AGF		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Hurtgen Forest, Germany		CAUSE OF DEATH BTB: Mine explosion			DATE OF DEATH Estimated: December 1944	
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		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
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 at St. Avold, France (Q-260584)						
DATE OF BURIAL 15 November 1946	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) casket	TYPE OF GRAVE MARKER Temp. wdn. cross	PLOT NO. 0000	ROW NO. 9	GRAVE NO. 202
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Deceased found on ground in Hurtgen Forest, Germany. (WF-0436)			PLOT NO.	ROW NO.	GRAVE NO.
TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES Ch. Chas. R. Williams, 1/Lt Ch. H. M. Trebaol, Capt.		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-8115			RANK Unk	SERIAL NO. Unk	ORGANIZATION AGF	GRAVE NO. 201
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Unknown X-8110			RANK Unk	SERIAL NO. Unk	ORGANIZATION AAF	GRAVE NO. 203
SIGNATURE OF PERSON PREPARING REPORT CARLYLE D. JOHNSON, JR. U.S.W.D. Civ. A-441408 <i>Carlyle D. Johnson</i>			SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. GIFFORD Captain, TC, C.I.F. <i>Francis A. Gifford</i>			
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**

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.		
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.		
LEFT RING FINGER	HEIGHT Est: 5'5½"	WEIGHT UTD	COLOR OF EYES UTD
		COLOR OF HAIR None	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. None.	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Hurtgen Forest, Germany.
	OTHER IDENTIFICATION CLUES		
LEFT INDEX FINGER	This case was received at Central Identification Point as one case, #1F-1135. However as processing revealed the remains of two (2) bodies, this case was separated into cases: 1F-1135-A and 1F-1135-B.		
LEFT THUMB	No identifying clues were found while processing; therefore this case: 1F-1135-B is made "Unknown".		
RIGHT THUMB			
RIGHT INDEX FINGER			
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
RIGHT RING FINGER	<div style="text-align: right;">  </div>		
RIGHT LITTLE FINGER	REMARKS: Form #11 Check List of Unknowns accomplished. Unable to obtain Form #1A, Tooth Chart and fingerprints because of missing portions. Estimated weight of remains recovered:- 3 pounds.		