

293 GAZONA, LEROY J. 36,816,710 SGT. AC. EUROPEA AREA (WISC) 46 nje

092-70A0001

3429

9-16-00-1-6

**US ARMY HRC  
CASUALTY AND  
MORTUARY AFFAIRS  
OPERATIONS CENTER**

**293 IDPF**

**SCANNED INTO DCIPS**

JEW *jab*

USMC ST AVOLD, FRANCE  
Plot K, Row 35, Grave 15  
Date reburied: 2 June 49

### DISINTERMENT DIRECTIVE

*[Signature]*  
M.R. SWART  
CAPT., QMC

SECTION A—  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**3574 16050**

DATE  
**15 05 59**  
DAY MONTH YEAR

NAME  
**GRZONA LE ROY J**

SERIAL NUMBER  
**36816710**

GRADE  
**SGT**

ARM  
**1**

RACE  
**1**

RELIGION  
**2**

CEMETERY  
**ST AVOLD FRANCE**

PLOT ROW GRAVE  
**VVV 5 59**

DISPOSITION OF REMAINS  
**3503 80**  
CODE DIST. CTR.

### SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**ST. AVOLD, FRANCE**

NAME AND ADDRESS OF NEXT OF KIN  
**VALENTINE ANTKOWIAK (FATHER)**  
**931 EAST CLARKE STREET**  
**MILWAUKEE, WISCONSIN**  
(Flag sent)  
**JUN 18 1949**

### SECTION C— DISINTERMENT AND IDENTIFICATION

NAME  
**GRZONA LE ROY J**

SERIAL NUMBER  
**36816710**

GRADE  
**SGT**

DATE OF DEATH

DATE DISTINTERRED

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  
**SEE ATTACHED WORK SHEET**

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET  
DATE

BY

CASKET SEALED BY  
**Karl K Kasca Embalmer**

EMBALMER (Signature)  
**Karl K Kasca**

CASKET BOXED AND MARKED  
DATE **1 June 49** BY **Karl K Kasca**

SHIPPING ADDRESS (Include All markings, tags and plates verified)  
**Frank B Callaghan 1st Lt FA**

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

*[Signature]*  
**Frank B Callaghan 1st Lt FA 7857 AGRC Zone 3 Hq**  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

**FILE**  
**14 JUL 1949**  
REGISTRATION  
BRANCH  
MEM. DIV.

1033

**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

LC

# DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3574 00000	DATE 15 01 48 DAY MONTH YEAR
NAME UNKNOWNX-002720		SERIAL NUMBER 0	RANK 0
CEMETERY ST AVOLD - METZ		ARM 0	DATE OF DEATH DAY MONTH YEAR 0 3503 80
LOT VVV	ROW 5	GRAVE 59	COUNTRY FRANCE
DISPOSITION OF REMAINS CODE 6			DIST. PT.

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 UNKNOWN X-002720	SERIAL NUMBER	RANK Unk	DATE OF DEATH Est 28 Mar 45	DATE DISTINTERRED 3 June 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY RICHARD F PETERSON, EMBALMER NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

COURSE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS [Disturbing text redacted]
------------------------------------	--

OTHER MEANS OF IDENTIFICATION  
REPORT OF BURIAL FOUND WITH REMAINS

MAJOR DISCREPANCIES  
NONE

REMAINS PREPARED AND PLACED IN CASKET  
BY 14 June 48 RICHARD F PETERSON, EMBALMER

CASKET SEALED BY RICHARD F PETERSON, EMBALMER  
EMBALMER (Signature)  
*Richard F. Peterson*  
RICHARD F PETERSON

CASKET BOXED AND MARKED  
SHIPPING ADDRESS VERIFIED BY: All markings, tags and plates verified by: *Deuis*  
14 June 48 BY RICHARD F PETERSON, EMBALMER BRUCE E FLAIR, 1st Lt QMC

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

*Bruce E. Blair*  
BRUCE E FLAIR, 1st Lt QMC, 397 QM BN  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# 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 (BY ADMINISTRATIVE ORDER)	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

# DISINTERMENT DIRECTIVE

1

## SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME: GRZONA Leroy J      SERIAL NUMBER: 36 816 710      GRADE: SGT      ARM:      RACE:      RELIGION:

CEMETERY: ST AVOLD FRANCE      PLOT: VVV      ROW: 5      GRAVE: 59      DISPOSITION OF REMAINS:      CODE:      DIST. CTR.:

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE:      NAME AND ADDRESS OF NEXT OF KIN:

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: Grzona Leroy J      SERIAL NUMBER: 36816710      GRADE:      DATE OF DEATH: 3 June 1948      DATE DISTINTERRED:

IDENTIFICATION TAG ON:  REMAINS      ORGANIZATION: GRS      RELIGION: C      IDENTIFICATION VERIFIED BY: Ltr-Hq AGRC (RRE 200.2) dated 9 Feb 49. NAME AND TITLE:

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover      CONDITION OF REMAINS: [Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION: Report of Burial found on remains

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: 14 June 1948      BY: Richard F Peterson, Embalmer

CASKET SEALED BY: Karl K Kasca, Embalmer      EMBALMER (Signature): Karl K Kasca

CASKET BOXED AND MARKED:      SHIPPING ADDRESS VERIFIED BY: All markings, tags and plates verified by Rafael T Ruiz, 1st Lt FA

DATE: 23 Feb 49      BY: Karl K Kasca

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, 1st Lt FA, 7857 AGRC Zone 3 Hq  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.  
Frank B Callaghan, 1st Lt FA

# 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

REPAIRATION RECORDS BRANCH  
4/20 / 2019

11 July 1949

Sgt LeRoy J. Grzona, ASN 36 816 710  
Plot K, Row 35, Grave 15  
Headstone: Cross  
St. Avoird (France) U. S. Military Cemetery

Mr. Valentine Antkowiak  
931 East Clarke Street  
Milwaukee, Wisconsin

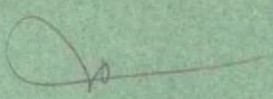
Dear Mr. Antkowiak:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

  
E. FELIMAN  
Major General  
The Quartermaster General

ccy

JUL 12 11 33 AM '49  
COMM. M.S.R. BR

# REQUEST FOR DISPOSITION OF REMAINS

L4/27/49  
DATE:

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

Sgt. Leroy J. Grzona 36 816 710  
Plot VVV, Row 5, Grave 59  
USMC St. Avold, France

7 April 1949

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.  
If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

## PART I

I, VALENTINE ANTKOWIAK  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) GRAND FATHER

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. St. Avold, France
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY  
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO \_\_\_\_\_, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF NATIONAL CEMETERY SELECTED)  
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)  
 YES  NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

mp  
none  
Coded 5-5-49  
J. Williams

*previously known*  
*2720*  
*Change from previous Administrative Order*  
*5-10-49*

MAY 3 1949

**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.

OR

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)\*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

+ Valentine Antkowiak (SIGNATURE OF NEXT OF KIN)      931 E. CHARKE, ST (STREET AND NUMBER)  
VALENTINE ANTKOWIAK (NAME PRINTED OR TYPED)      MILWAUKEE, WISCONSIN (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 23 day of April, 1949, at city (or town) of Milwaukee, county of Milwaukee, and State (or Territory or District) of Wisconsin

Edward J. Meschke  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
 (OFFICIAL TITLE)

\*NOTE.—Page 4 is part of the notarial attestation.

Commission expires 4.16.51

**PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY**

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE \_\_\_\_\_, AS THE NEXT OF KIN OF THE DECEASED  
(PLEASE INSERT RELATIONSHIP)  
NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.  
THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

**PART III**

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation.



REPATRIATION  
RECORDS BRANCH I  
MAY 4 3 26 PM '49  
MEMORIAL DIVISION



REPATRIATION  
RECORDS BRANCH  
MAY 5 9 51 AM '49  
MEMORIAL DIVISION

QMGLMF 293

Grzona, Leroy J. SN 36 816 710

Plot VVV, Row 5, Grave 59

USMC St. Avold, France

7 April 1949

Mr. Valentine Antkowiak  
931 East Clarke Street  
Milwaukee, Wisconsin

Dear Mr. Antkowiak:

We are desirous that you be furnished information concerning the resting place of the remains of your grandson, the late Sergeant Leroy J. Grzona.

The official report of burial has been received and discloses that the remains of your grandson were originally buried in the Civilian Cemetery at Siegendorf, Germany, but were later disinterred by our American Graves Registration Personnel, properly identified, and reinterred in Plot VVV, Row 5, Grave 59, United States Military Cemetery, St. Avold, located twenty-three miles east of Metz, France.

The report further indicates that these remains have now been casketed and are being held at that cemetery pending disposition instructions from the next of kin, either for return to the United States or for permanent burial in an overseas cemetery.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your grandson, it is urged that you complete the inclosed form, "Request for Disposition of Remains", and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH  
Major, QMC  
Memorial Division

Incls.  
Ed  
hmb  
Initial LOI



*Spel* **LOI Sent**

**7 APR 1949**

*to Lindy's office*  
*mp*  
JFS

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)  
*Thompson, Betty J.*

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
---	------	-----	-------

PRESENT BURIAL LOCATION (Cemetery and Country) <i>USMC Ft Awald, France</i>	PLOT <i>VVV</i>	ROW <i>5-</i>	GRAVE <i>59</i>
--	--------------------	------------------	--------------------

ADDRESSEE MR. MISS MRS. <i>Mr. Valentine Antkowiak</i>	ADDRESS (Street, City, State) <i>931 E. Clarke St Milwaukee, Wis.</i>
RELATIONSHIP <i>grandfather</i>	

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS
	<p><i>Letter "A"</i></p> <p><i>the civilian cemetery at Siegensoy, Germany (para 2, line 2)</i></p> <p><i>Plot VVV, row 5, grave 59, USMC Ft Awald, located — (para 3, line 4)</i></p> <p><i>omit para 4</i></p> <p><i>2 copies</i></p> <p><i>Initial Lai</i></p>

GRADE

SERIAL NUMBER

*ajt*

*3681671D*

ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE
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OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY


**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
2	Chief Rec Sec R/R Br Mem Div	Chief Fam Cor Br	5 Apr 49	<p><i>293</i> Request dispatch of necessary letter to NOK of GRZONA, Leroy J. Return file to Capt. Snedigar. <i>A.S.N. 36818710</i></p> <p>1 Incl 293 file</p> <p>SNEDIGAR 5198</p> <p>THOMAS 5198</p> <p><i>mmf</i></p>
3	Chief Repat Br Corr Sec Mem Div	Chief Repat Br RS Sec Mem Div Capt Snedigar	7 April 1949	<p>Returned herewith is 293 file, GRZONA, Leroy J., as requested. Combination Grave Location-LOI has been dispatched.</p> <p>Incl a/s</p> <p>SMITH</p> <p>SAVAGE</p>
	Chief Rec Sec R/R Br Mem Div	M&R Br Admin Div	11 Apr 49	<p>File. Necessary action taken in this office.</p> <p>1 Incl 293 file GRZONA, Leroy J.</p> <p>SNEDIGAR 5198</p> <p>Thomas 5198</p> <p><i>eas</i></p>

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Chief Id Br Mem Div	Chief RR Br ATTN: Maj Gill  IN TURN  Chief Fam Cor ATTN: Maj Smith	<sup>15</sup> 14 Mar 49	<p>1. Attached case file forwarded for necessary correction of records and deflagging.</p> <p>2. All records in Ident. Section have been amended and letters to the Field and Effects Bureau dispatched.</p> <p>1. For necessary Grave Location Letter to NOK.</p> <p>1 Incl; 293 file for Grzona, Leroy J. 36816710</p> <p style="text-align: right;">METZ 74059 <i>Barry T.P.</i> BARRY 2462</p>
<p>NOTE: This 293 file contains no AG/Report of Death. Following action taken: Burial Report sent for Photostat: 29 Mar 49 Photostat sent to AGO: 30 Mar 49 Case released by AGO: 5 Apr 49.</p> <p style="text-align: center;">SNEDIGAR</p> <div style="text-align: right; margin-right: 100px;">  </div>				

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
INTRA-OFFICE REFERENCE SHEET

DATE, HOUR AND DATE

MESSAGE

DATE

TO

FROM

NO.

1. Attached case file forwarded for necessary  
correction of records and delisting.  
2. All records in above section have been  
examined and letters to the field and Eastern Bureau  
dispatched.

Chief  
1d Br  
New Div  
ATTN:  
Mr. Gill

IN-TURN

Chief  
Tom Cor  
ATTN:  
Mr. Smith

1. For necessary grave location letter to HQ.

BANKY  
2482

WETS  
7403

1. List:  
255 file for  
Grona, Jerry J.  
2881810

NOTE: This 293 file contains no report of loss. Following  
action taken: Initial report sent for instruction: 30 Mar  
30. Photostat sent to HQ: 30 Mar 49. Case released by  
HQ: 5 Apr 49.

INDEXED



AG 201 Grzona, LeRoy J.  
PO-CO 090011

1108  
4 April 1949

Mr. Valentine Antkowiak  
931 East Clarke Street  
Milwaukee, Wisconsin

Copy for DMG

Dear Mr. Antkowiak:

I am writing you relative to the previous letter from this office in which you were regretfully informed that a Finding of Death had been made in the case of your grandson, Sergeant LeRoy J. Grzona, 36,816,710, Air Corps, and that the presumptive date of his death had been established as 29 March 1946.

The records of the Department of the Army are being amended to show that Sergeant Grzona was killed in action on 28 March 1945 in Siegenorf, Germany. This change in status from presumed dead to killed in action was based on burial information recently received. You will receive a letter from The Quartermaster General concerning the disposition of your grandson's remains.

Pursuant to the provisions of Public Law 490, 77th Congress, 7 March 1942, as amended, official reports will now be issued by the Department of the Army which will indicate the actual date of his death as that shown above. The issuance of this official Report of Death will not affect any payment or settlement of accounts which has been made on the basis of the Finding of Death.

My continued sympathy is with you in the great loss you have sustained.

Sincerely yours,

EDWARD F. WITSELL  
Major General  
The Adjutant General of the Army

*Att*

**DEPARTMENT OF THE ARMY**  
**OFFICE OF THE QUARTERMASTER GENERAL**  
WASHINGTON 25, D. C.

*M*  
IN REPLY REFER TO **QMGT 293**

*df*  
**Grzema, Leroy J.**  
**36816710**

**14 March 1949**

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

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

1. The identification of Sgt. Grzema, Leroy J., 36816710,  
(formerly X 2720, Plot VVV, Row 5 and  
Grave 59, USMC St. Avold, France)

as established by your Headquarters has been approved by this office.

2. Request all records be amended accordingly.

**FOR THE QUARTERMASTER GENERAL:**

**T. H. METZ**  
**Lt. Colonel, QMC**  
**Memorial Division**

*REB*  
*NJS*  
*Mar 15 11 11 PM '49*  
*REMC M&R BR*  
*Ague*  
**J. Parker: fml**  
**M. A. Clements**  
**REB**

*Reclass. Sheet made 3/24/49*

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.

OFFICE OF THE QUARTERMASTER GENERAL

SUBJECT: Identification of World War II Personnel

TO:

Commanding General  
The Quartermaster General's Office  
Washington, D. C.

1. The identification of [redacted] (formerly [redacted] and [redacted])

is established by your Headquarters has been approved by this office.

2. Request all records be checked accordingly.

J. E. HERTZ  
Colonel, USA  
Medical Director



J. Hertz  
M. A. [redacted]  
[redacted]

*act*

QMGMT 293

14 March 1949

Grzona, Leroy J.  
36816710

*act*

SUBJECT: Identification of Former Unknown Deceased

TO : Commanding Officer  
Army Effects Bureau  
Kansas City Records Center  
Kansas City 1, Missouri

X 2720

VVV

5

69

St. Avoild, France

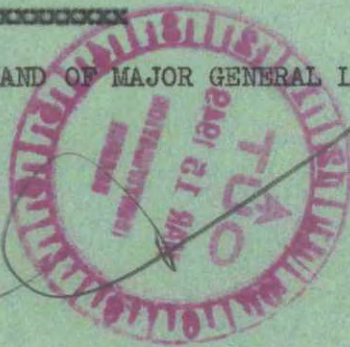
Sgt. Grzona, Leroy J.

36816710

Mr. Valentine Antkowiak, (grandfather) 931 East Clarke Street,  
Milwaukee, Wisconsin

~~XXXXXXXXXX~~

BY COMMAND OF MAJOR GENERAL LARKIN:



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

REB

NJS

J. Parker: fml  
M. A. Clements  
REB *mac*

*Mar 15 1 12 PM '49*  
*CO HQ M&R*

*que*



## IDENTIFICATION CHECK LIST

DATE

4 March 1949

UNKNOWN X- NO. OR OTHER DESIGNATION X - 2720	CEMETERY USMC., St. Avoild, France	PLOT VVV	ROW 5	GRAVE 59
IDENTIFIED AS GRZONA, LEROY J., Sgt., 36818710 AC				
ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN	
DATE AND PLACE OF DEATH	X <sup>1</sup>			
CAUSE OF DEATH	X			
DENTAL CHART	X			
COLOR HAIR	X			
ESTIMATED HEIGHT	X			
ESTIMATED WEIGHT			X	
SCARS, FRACTURES, ETC.			X	
LAUNDRY MARKS			X	
SHOE SIZE			X	
TYPE CLOTHING	X			
IDENTIFICATION TAG			X	
PERSONAL EFFECTS			X	
STATEMENT OF CIVILIANS	X <sup>1</sup>			
ENEMY RECORDS			X	
EMERGENCY MEDICAL TAG			X	
PAY BOOK (EM/OFF.)			X	
SIGNED STATEMENT OF IDENTITY			X	
Cemetery Records	X <sup>2</sup>			
Other Disinterments	X <sup>3</sup>			

## REMARKS

<sup>1</sup> Ebrach, Germany, (listed in the MACR for aircraft 43-22495 as last known whereabouts of the plane) is approx. 4 miles from the village of Schenaich where civilians say this plane crashed.

<sup>2</sup> Siegendorf cemetery records for X - 2720 correctly indicate Sgt. Grzona's name and his date and place of birth.

<sup>3</sup> X - 2720 (Grzona) and X - 2719 were buried in a common grave and are the only unknowns whose place of death is listed as Siegendorf, Germany. X - 2719 has been identified by the Field as F/O Harry G. Gunkel, T - 125797, the other member of Sgt. Grzona's two-man crew. F/O Gunkel's case is being submitted under separate cover.

note: There are no German records for this man available in this office.

File - NAT  
J. Parker  
Id. Branch  
8 Mar. 1949

DENTAL CHART

Unknown X- 2720 (St. Avoild)  
Plot VVV, Row 5, Grave 59

Name: GRZONA, LEROY J.  
Sgt. 36818710

R-8 \_\_\_\_\_  
R-7 \_\_\_\_\_  
R-6 \_\_\_\_\_  
R-5 \_\_\_\_\_  
R-4 \_\_\_\_\_  
R-3 \_\_\_\_\_  
R-2 \_\_\_\_\_  
R-1 \_\_\_\_\_

MAXILLA  
MISSING

L-1 \_\_\_\_\_  
L-2 \_\_\_\_\_  
L-3 \_\_\_\_\_  
L-4 \_\_\_\_\_  
L-5 \_\_\_\_\_  
L-6 \_\_\_\_\_  
L-7 \_\_\_\_\_  
L-8 \_\_\_\_\_

R-16 \_\_\_\_\_ X  
R-15 \_\_\_\_\_ X  
R-14 \_\_\_\_\_ X  
R-13 \_\_\_\_\_ X  
R-12 \_\_\_\_\_ X  
R-11 \_\_\_\_\_ X  
R-10 \_\_\_\_\_ X  
R-9 \_\_\_\_\_ X

No Denture  
Found

L-9 \_\_\_\_\_ X All Teeth Extracted  
L-10 \_\_\_\_\_ X  
L-11 \_\_\_\_\_ X  
L-12 \_\_\_\_\_ X  
L-13 \_\_\_\_\_ X  
L-14 \_\_\_\_\_ X  
L-15 \_\_\_\_\_ X  
L-16 \_\_\_\_\_ X

T/C dtd. 4 December 1947  
Est. height: 5' 6 7/8"  
Hair: Brown  
Burned parts of flying jackets.  
(Report of Reburial 15 Dec. 1945)

R-8 \_\_\_\_\_ X  
R-7 \_\_\_\_\_ X  
R-6 \_\_\_\_\_ X  
R-5 \_\_\_\_\_ X  
R-4 \_\_\_\_\_ X  
R-3 \_\_\_\_\_ X  
R-2 \_\_\_\_\_ X  
R-1 \_\_\_\_\_ X

L-1 \_\_\_\_\_ X  
L-2 \_\_\_\_\_ X  
L-3 \_\_\_\_\_ X  
L-4 \_\_\_\_\_ X  
L-5 \_\_\_\_\_ X  
L-6 \_\_\_\_\_ X  
L-7 \_\_\_\_\_ X  
L-8 \_\_\_\_\_ X

R-16 \_\_\_\_\_ X  
R-15 \_\_\_\_\_ X  
R-14 \_\_\_\_\_ X  
R-13 \_\_\_\_\_ X  
R-12 \_\_\_\_\_ X  
R-11 \_\_\_\_\_ X  
R-10 \_\_\_\_\_ X  
R-9 \_\_\_\_\_ X

L-9 \_\_\_\_\_ X  
L-10 \_\_\_\_\_ X  
L-11 \_\_\_\_\_ X  
L-12 \_\_\_\_\_ X  
L-13 \_\_\_\_\_ X  
L-14 \_\_\_\_\_ X  
L-15 \_\_\_\_\_ X  
L-16 \_\_\_\_\_ X

Form 79 dtd. 28 June 1944  
Height: 5' 7"  
Weight: 122  
Hair: Brown  
Shoe size: 8 1/2

Full Upper  
Denture

Full Lower  
Denture

WAR DEPARTMENT  
HEADQUARTERS ARMY AIR FORCES  
WASHINGTON

IMPORTANT: This report will be compiled in triplicate by each Army Air Forces organization within 48 hours of the time an aircraft is officially reported missing.

1. ORGANIZATION: Location: A - 69 Command or Air Force IX Bomb Div. (M)  
GROUP 416th Bomb Gp. (L) : SQUADRON 668th Bomb Sq (L) BATTALION
2. SPECIFY: Point of Departure A - 69 : Course \_\_\_\_\_  
Intended Destination Ebrach, Germany : Type of mission Oper.
3. WEATHER CONDITIONS AND VISIBILITY AT TIME OF CRASH OR WHEN LAST REPORTED: \_\_\_\_\_
4. GIVE: (A) DATE 28 Mar. 45 TIME 0955 : And location of last known whereabouts of missing aircraft Ebrach, Germany  
(B) Specify whether (X) Last sighted: ( ) Last contacted by radio:  
( ) Forced down: ( ) Seen to crash: OR ( ) Information not available
5. AIRCRAFT WAS LOST, OR IS BELIEVED TO HAVE BEEN LOST, AS A RESULT OF (check only one): ( ) Enemy aircraft: ( ) Enemy anti-aircraft: ( ) Other circumstances as follows: Aircraft last seen to enter clouds near target.
6. AIRCRAFT: Type, model and series A-26B : AAF serial no 43-22495
7. ENGINES: Type, model and series R-2800 : AAF serial no (A) FP-020807  
(B) FP-020967 (C) \_\_\_\_\_ (D) \_\_\_\_\_
8. INSTALLED WEAPONS (Furnish below make, type and serial number)  
(A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_ (D) \_\_\_\_\_  
(E) \_\_\_\_\_ (F) \_\_\_\_\_ (G) \_\_\_\_\_ (H) \_\_\_\_\_
9. THE PERSONS LISTED BELOW WERE REPORTED AS: (A) Battle casualty \_\_\_\_\_  
OR (B) Non-battle casualty \_\_\_\_\_
10. NUMBER OF PERSONS ABOARD AIRCRAFT: Crew : Passengers : Total \_\_\_\_\_  
(Starting with pilot, furnish the following particulars: If more than 11 persons were aboard aircraft, list similar particulars on separate sheet and attach original to this form)
- | CREW POSITION | NAME IN FULL<br>(LAST NAME FIRST) | RANK        | SERIAL<br>NUMBER | STATUS     |
|---------------|-----------------------------------|-------------|------------------|------------|
| (1) PILOT     | <u>Gunkel, Harry G.</u>           | <u>F/O</u>  | <u>T-125797</u>  | <u>MIA</u> |
| (2) GUNNER    | <u>Grzona, Leroy J.</u>           | <u>Sgt.</u> | <u>36816710</u>  | <u>MIA</u> |
| (3)           |                                   |             |                  |            |
| (4)           |                                   |             |                  |            |
| (5)           |                                   |             |                  |            |
| (6)           |                                   |             |                  |            |
| (7)           |                                   |             |                  |            |
| (8)           |                                   |             |                  |            |
| (9)           |                                   |             |                  |            |
| (10)          |                                   |             |                  |            |
| (11)          |                                   |             |                  |            |
11. IDENTIFY BELOW THOSE PERSONS WHO ARE BELIEVED TO HAVE LAST KNOWLEDGE OF AIRCRAFT AND CHECK APPROPRIATE COLUMN TO INDICATE BASIS FOR SAME:
- | Name in full<br>(Last name first) | Rank | Serial<br>Number | Contacted<br>by<br>Radio | Last<br>Sighted | Saw<br>Crash | Saw Forced<br>Landing |
|-----------------------------------|------|------------------|--------------------------|-----------------|--------------|-----------------------|
| (1)                               |      |                  |                          |                 |              |                       |
| (2)                               |      |                  |                          |                 |              |                       |
| (3)                               |      |                  |                          |                 |              |                       |
12. IF PERSONNEL ARE BELIEVED TO HAVE SURVIVED, ANSWER YES TO ONE OF THE FOLLOWING STATEMENTS: (A) Parachutes were used \_\_\_\_\_: (B) Persons were seen walking away from scene of crash \_\_\_\_\_: or (C) Any other reason (specify) \_\_\_\_\_
13. ATTACH EYEWITNESS DESCRIPTION OF CRASH, FORCED LANDING, OR OTHER CIRCUMSTANCES PERTAINING TO MISSING AIRCRAFT.
14. ATTACH AERIAL PHOTOGRAPH, MAP, CHART, OR SKETCH, SHOWING APPROXIMATE LOCATION WHERE AIRCRAFT WAS LAST SEEN.
15. ATTACH A DESCRIPTION OF THE EXTENT OF SEARCH, IF ANY, AND GIVE NAME, RANK AND SERIAL NUMBER OF OFFICER IN CHARGE \_\_\_\_\_

(Date of Report)

(Signature of Preparing Officer)

REMARKS: (Use additional sheet if necessary)

Unknown X- 2719 (St. Avoild)  
Plot VV, Row 5, Grave 58

R-8 \_\_\_\_\_  
R-7 \_\_\_\_\_  
R-6 \_\_\_\_\_  
R-5 \_\_\_\_\_  
R-4 \_\_\_\_\_  
R-3 \_\_\_\_\_  
R-2 \_\_\_\_\_  
R-1 \_\_\_\_\_

L-1 \_\_\_\_\_  
L-2 \_\_\_\_\_  
L-3 \_\_\_\_\_  
L-4 \_\_\_\_\_  
L-5 \_\_\_\_\_  
L-6 \_\_\_\_\_  
L-7 \_\_\_\_\_  
L-8 \_\_\_\_\_

NO TEETH  
FOUND

R-16 \_\_\_\_\_  
R-15 \_\_\_\_\_  
R-14 \_\_\_\_\_  
R-13 \_\_\_\_\_  
R-12 \_\_\_\_\_  
R-11 \_\_\_\_\_  
R-10 \_\_\_\_\_  
R-9 \_\_\_\_\_

L-9 \_\_\_\_\_  
L-10 \_\_\_\_\_  
L-11 \_\_\_\_\_  
L-12 \_\_\_\_\_  
L-13 \_\_\_\_\_  
L-14 \_\_\_\_\_  
L-15 \_\_\_\_\_  
L-16 \_\_\_\_\_

Iden. Check List dtd. 7 May 1947

Est. height: 5' 6 1/3"

Hair: Brown

Remnants of parachute harness and  
HBT cap.

CHART

Name: GUNKEL, HARRY G.  
 F/O T-125797

R-8 \_\_\_\_\_ X  
 R-7 \_\_\_\_\_ oA  
 R-6 \_\_\_\_\_  
 R-5 \_\_\_\_\_ doA  
 R-4 \_\_\_\_\_  
 R-3 \_\_\_\_\_  
 R-2 \_\_\_\_\_  
 R-1 \_\_\_\_\_

L-1 \_\_\_\_\_  
 L-2 \_\_\_\_\_  
 L-3 \_\_\_\_\_  
 L-4 \_\_\_\_\_ doA  
 L-5 \_\_\_\_\_ moA, doA  
 L-6 \_\_\_\_\_ doA  
 L-7 \_\_\_\_\_ fA  
 L-8 \_\_\_\_\_ X

R-16 \_\_\_\_\_ X  
 R-15 \_\_\_\_\_  
 R-14 \_\_\_\_\_  
 R-13 \_\_\_\_\_  
 R-12 \_\_\_\_\_  
 R-11 \_\_\_\_\_  
 R-10 \_\_\_\_\_  
 R-9 \_\_\_\_\_

L-9 \_\_\_\_\_  
 L-10 \_\_\_\_\_  
 L-11 \_\_\_\_\_  
 L-12 \_\_\_\_\_  
 L-13 \_\_\_\_\_  
 L-14 \_\_\_\_\_ X  
 L-15 \_\_\_\_\_  
 L-16 \_\_\_\_\_ fA

Consolidated Forms 79 dtd. 16 Jan.  
 1943, 28 Dec. 1943, 26 June 1944,  
 and 11 Oct. 1944.

Height: 5' 7"

Weight: 151

Hair: Brown

Shoe size: 8E

**REPORT OF INVESTIGATION-AREA SEARCHING**

To be completely filled out and attached to each copy of GR Form 1. "Report of Burial" when disinterment is accomplished.

Unknown X-2720 (SEAVOIN) ~~Unknown~~ ~~and~~ ~~body~~ ~~found~~ ~~at~~ ~~St. Avold~~ ~~France~~ ~~IA~~

Full name of deceased (Rank) (ASN) (Organization) ~~off of Beddard~~  
State if identification tags were attached to remains, how many, and where attached. (To be filled out at disinterment) ~~No tags~~  
Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used. ~~Civilian Cemetery, Siegendorf, Germany, Coord. 920-410, sheet T-4, Murgburg, Map 1:100,000~~

4. NOTE: ATTACH OVERLAY SHOWING THE LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.  
Full name of cemetery (include plot, row, and grave if organized cemetery) ~~Civilian Cemetery, Siegendorf, Germany~~

5. Approximate or established date of death (state which and give basis for date selected) ~~20 March 1945. Secretary of Bürgermeister at Siegendorf, states that plane crashed in the woods near the little village of Schonleib, about 1 1/2 kilometer from Siegendorf.~~

6. Approximate or established date of burial (give basis for date selected) ~~Est. 1 April 1945. Taken from Brgemeister records.~~

7. Manner in which grave was marked and all information contained on marker ~~Wooden cross, with no information or inscription of any kind~~

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned ~~None. According to civilians contacted, all papers and personal effects were sent to Kitzingen Airfield~~

9. Names and addresses of all persons questioned concerning death and burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) ~~Johann Barthelme, Bürgermeister, Siegendorf No. 13  
Kasper Thomas, Secty of Bürgermeister, Siegendorf No. 25  
Sebastian Thomas, Cemetery Caretaker, Siegendorf No. 81  
(See reverse side for additional information)~~

10. If buried in a coffin; give description and markings (To be filled at disinterment)

~~Buried in plain wooden coffin along with the body~~

11. Action taken ~~of Unknown X 2719~~

~~Disinterred and removed to morgue at Nurnberg for~~

Disinterment approved by ~~processing~~

Disinterment and \*reburial/burial made by ~~mann, 1st Lt., GMD~~

Date of \*burial/reburial ~~xxxxxx 611th QM Gr. Reg. Co.~~

Place of \*burial/reburial ~~U. S. Military Cemetery 1030 hrs 21 December 1945~~

Plot ~~xxxxxx~~ Row ~~xxxxxx~~ Grave ~~St. Avold, France~~

~~VVV 5 59~~

NOTE: Additional particulars regarding investigation will be placed on reverse side.

*Lawrence J. Lavelle*

Signature of Investigating Officer

\*Cross out word not applicable

REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial," when disinterment is accomplished.

Unknown analysis of exhumed remains was performed from a wooden coffin that was found in the woods near the village of ... State of ... (To be filled out at disinterment) ... The following information was taken from the records of the ...

4. N O T E : ATTACH OVERLAY SHOWING THE LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS. Full name of cemetery (include plot, row and grave if organized cemetery)
5. Approximate or established date of death (state which and give basis for date selected) ...
6. Approximate or established date of burial (give basis for date selected) ...
7. Manner in which grave was marked and all information contained on marker ...
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned. ...
9. Names and addresses of all persons questioned concerning death and burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) ...
10. If buried in a coffin, give description and markings (To be filled at disinterment) ...
11. Action taken ...

Signature of Investigating Officer

\*Cross out word not applicable

# CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.  
Both PART I & II should be completed if identification tags are not available.  
If information is unavailable, so indicate.

## PART I (Positive identification)

15 December 1945  
Date

1. Unknown X-2720 (St. Avold) Unknown AAF  
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached  
No tags

3. Give exact location from which disinterred, furnishing coordinates and map series used Div. Cemetery  
Siegensdorf-Ger. Coor. 920-410 Sht. T-4 Wurzburg Map 1:100,000  
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery)  
Civilian Cemetery, Siegensdorf, Germany

5. Approximate or established date of death (state which & give basis for date selected)  
28 March 1945, Secretary of Burgermeister at Siegensdorf, stated

6. Approximate or established date of burial (give basis for date established)  
Est. 1 April 1945 Taken from Burgermeister records  
Schonaich, 1 1/2 km fr. Siegensdorf

7. Manner in which grave was marked and all information contained on the marker  
Wooden cross, with no information or inscriptions of any kind

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned  
None. According to civilians contacted, all papers and personal effect were sent to Kitzingen Airfield

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information)  
Johann Barthelme, Burgermeister, Siegendorf N. 13  
Kasper Thomas, Secty of Burgermeister, Siegendorf N. 25  
Sebastian Thomas, Cemetery Caretaker, Diegendorf, N. 8 1/2

## PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office.)  
The follwg. information was taken from the records of the

11. Burgermeister: LeRoy I. Grozone, born 11.6.1924 on Milwaukee  
American (Est Height) Henry G. Gunkel, T-125797 T 41 42 O.P. (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

[Disturbing text redacted]

13. Give as detailed description as possible of condition and amounts of remains

[Disturbing text redacted]

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)

**Plane crash evidence** [Disturbing text redacted]

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

[Disturbing text redacted]

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

**All parts of plane had been removed by civilians.**

(Type) (WD Serial No.) (Organization) (Serial No. and

Type of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin, give description and markings

**Buried in plain wooden coffin, along with the body of Unknown X 2719.**

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains

**/Buried along with Unknown X 2719 in one coffin.**

20. Other pertinent information which would aid in establishing identity

## CHECK LIST FOR UNKNOWN

UNKNOWN X- 2720 (St. Avold)  
 CEMETERY U.S. Mil. Cem.  
 PLOT VVV ROW 5 GRAVE 59

Arrived at ~~cemetery~~ <sup>morgue</sup> 1100 14 December 1945  
 hour date From Siegenorf, Germany  
 collecting point

Place of death Siegenorf, Germany Coord: 920-410 Sheet T-4 Wurzberg 1:100,000  
 name coordinates and landmarks

Remains recovered by S/Sgt Walter R. Bates, 611th CM Gr. Reg. Co.  
 name and organization

Evacuated to cemetery by S/Sgt. Walter R. Bates, 611th CM Gr. Reg. Co.  
 name and organization

Is load list attached  No Are names of deceased found in same area as this  
 yes-no

Unknown starred  No Are circumstances described which may indicate organization  
 yes-no

of the deceased.  Yes AAF If only part of a body was received, was a careful  
 yes-no search made for other parts of Unknown

If remains come from vehicle, plane, etc.:  Yes All parts of plane had been removed making it  
 yes-no type of vehicle or plane,

nickname, impossible to obtain any pertinent data.  
 Serial number, organization or symbols

Crew list  
 names of other deceased and positions in which found

If a tank, which hatches were free and available for escape use

If organization to which vehicle or plane was assigned or if names of all other deceased are not known give detailed information concerning vehicle or plane

Parts of markings or symbols burned pierced by shellfire - where  
 found in town, field, by road etc, damaged by mine explosion

names of men who escaped description of other vehicles or planes in vicinity

Detailed description of personal effects None. According to civilians contacted, all papers  
 indicate exact pocket or part

and personal effects were sent to Kitzingen Airfield. A check was made at Kitzingen,  
 of body where found but no additional information could be obtained. Information obtained from Bürgermeister  
 of Siegenorf, lists the names of Leroy I. Gwozons, born 1/6/1924 in Milwaukee America,  
 and Henry G. Gunkel, T-125797 TH1 42 O. P. as being the names of the deceased. The  
 previous source of this information is not known.

**Description of clothing and equipment:**  
 If clothes do not fit, obtain sizes from body measurements

Item	Clothing Markings	Sizes	Color	Indicate usual markings wear, tear, repairs, etc.
Headgear ..... type				
Raincoat				
Overcoat				
Jacket Field				
Jacket Combat				
Mackinaw				
Sweater				
Jacket, HBT				
Shirt, wool OD				
Undershirt, wool				
Undershirt, cotton				
Trousers, HBT				
Trousers, Wool OD				
Belt Web				
Drawers, wool				
Drawers, cotton				
Leggins wool				
Socks, cotton				
Shoes ..... type				
Overhoes				
Web				
Equipment ..... type				
(either item)				
(either item)				

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

[Disturbing text redacted]

Bandages or dressings Used to ascertain Scars [redacted]  
(length, width, location)

Tattoos [redacted]  
number, location - illustrate on sep. page

Outstanding moles, warts or birthmarks [redacted]  
description, location

Sunburn or tan, other than hands and face [redacted]  
Tobacco stain on fingers or teeth [redacted] [Disturbing text redacted]

Complexion [redacted] Build [redacted]  
light, med, dark, clear, pimples, pocks, freckles large, fat, thin

Hair [redacted] muscular  
color, length, quantity, curly, wavy, straight, whorls, or definite parting,  
baldness, widows peak, distinctive cutting or other characteristics

Sideburns [redacted] Mustache [redacted] Beard or goatee [redacted]  
color, setting, shape color, size, shape length,

Heavy, light, color, extent

Eyes [redacted] Eyebrows [redacted] [Disturbing text redacted]  
color, setting, shape color, bushiness, extend across nose

Nose [redacted] Ears [redacted]  
straight size, set close to or far from head

Forehead [redacted] Mouth [redacted] Lips [redacted]  
high, wide, wrinkled large, medium, small small, large,

Teeth [redacted]  
white, size, thickness, spacing, noticeable crowns, fillings, extractions

Chin [redacted] Cheekbones [redacted]  
receding, pointed, dimple, double mal

Jaw [redacted] Circumference of head in inches [redacted]  
large, small, normal hat band

Neck [redacted] larynx [redacted] Shoulders [redacted]  
size, long, short, normal, wrinkled prominent, normal broad,

Arms [redacted] [Disturbing text redacted]  
straight, small, rounded (length) muscular, color, extent & quantity of hair

Hands [redacted]  
vaccination scar, size of wrists normal, calloused noticeably

marks on fingers indicating that rings were worn

Fingers [Disturbing text redacted] slender; size of knuckles missing fingers or joints

[Redacted] characteristics of fingernails

Chest [Redacted] size at nipples, color, quantity & extent of hair, large, small, normal

Back [Redacted] Waist [Redacted] size at navel, appendectomy, amount & color of

hair Circumsized yes-no Pubic hair color Hernioplasty yes-no location

Legs [Redacted] inseam, muscular, [Redacted] d, bowed, normal, quantity, color & extent of hair

Feet [Redacted] callouses, flat Toes [Redacted] straight, crooked, overlap

Evidence of healed fractures Unable to ascertain nose, arms, legs, etc.

Black out parts of body not received at cemetery;

Have photographs been made and attached yes-no If not, explain not requested

Have fingerprints been placed on GRS No.1 yes-no If not, explain [Disturbing text redacted]

Has tooth chart been prepared? yes-no If not, explain [Redacted]

Remarks: [Disturbing text redacted]

This body and unknown X-2720 were both buried in the same coffin [Redacted]

James A. McKown  
Signature of GRO and Organization

JAMES A. MCKOWN  
1st Lt. QMG  
11th QMG Co. Reg. Co.

# IDENTIFICATION CHECK LIST

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

D.D. # 321, dated 7 May 47

Unknown X X-2720  
Cemetery St. Avold, France.  
Plot VVV Row 5 Grave 59

Date reprocessed:

1. Arrived at cemetery 1 Dec 47  
(Hour) (Date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by and reprocessed by Mobile Team # 1, 1st Zone  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(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	None (Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	Remnants of, wool OD		
Jacket, HBT	None		
* Shirt, Wool OD	Remnants of,		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

FEB 20 1948  
L

Belt, web ..... None

Drawers, wool ..... None

Drawers, cotton ..... None

Leggings, wool ..... None

Socks, cotton ..... None

\* Shoes ..... None (type) .....

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

Chevrons or  
Insignia ..... None  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD

6. Description of Remains: R. HUMERUS - 34.3  
R. RADIUS - 24.0

Age ..... UTD Est. Height 5'6 7/8" Weight ..... UTD Description of wounds ..... UTD

Bandages or dressings ..... UTD Scars ..... UTD  
(Length, width, location)

..... UTD Tattoos  
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face ..... UTD

Complexion ..... UTD  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build ..... UTD  
(Large, fat, thin, muscular)

Hair ..... Light brown 4" long.  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

Sideburns ..... UTD Mustache ..... UTD Beard or ..... UTD  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee ..... UTD  
 (Light, color, extent)

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

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

Mouth ..... UTD      Lips ..... UTD  
 (Large, medium, small)      (Small, large, full)

Teeth ..... See tooth chart  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... UTD  
 (Prominent, receding, pointed, dimples, double)

Jaw ..... UTD      Circumference of head in inches [Disturbing text redacted]  
 (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 and extent of hair, large, small, normal)

Waist ..... UTD  
 (Size of navel, appendectomy, amount, quantity, and color of hair) [Disturbing text redacted]

Back ..... UTD      Circumcision ..... UTD      Pubic Hair ..... UTD  
 (Quantity and extent of hair)      (Yes-no)      (Color)

Hernioplasty ..... UTD  
 (Yes-no; location)

Legs ..... UTD  
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... UTD      Toes ..... UTD  
 (Size, corns, callouses, flat)      (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... UTD  
 (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain [Disturbing text redacted]

8. Has tooth chart been prepared? Yes (Yes-no) If not, explain

9. Remarks Remains received [Disturbing text redacted] wrapped in remnants of mattress cover. Clothing found in debris. Burial Report found. No GPS Tags. Fluorosopic Report negative. Est. weight of remains [redacted] 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.

*Woodrow W. Wolf*  
WOODROW W. WOLF  
(Officer's Name)

CAPT CMC  
Rank Service  
OPERATIONS OFFICER, IS FIRST ZONE  
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

[Disturbing image redacted]

HUMERUS.....<sup>34.3</sup>.....cm

RADIUS.....<sup>24.0</sup>.....cm

CHART "A"

Est. HEIGHT.....~~6' 7/8"~~..... Typographical Error  
Corr. Height 5' 6 7/8" (See Check List)

# TOOTH CHART

4 Dec 47  
 Date

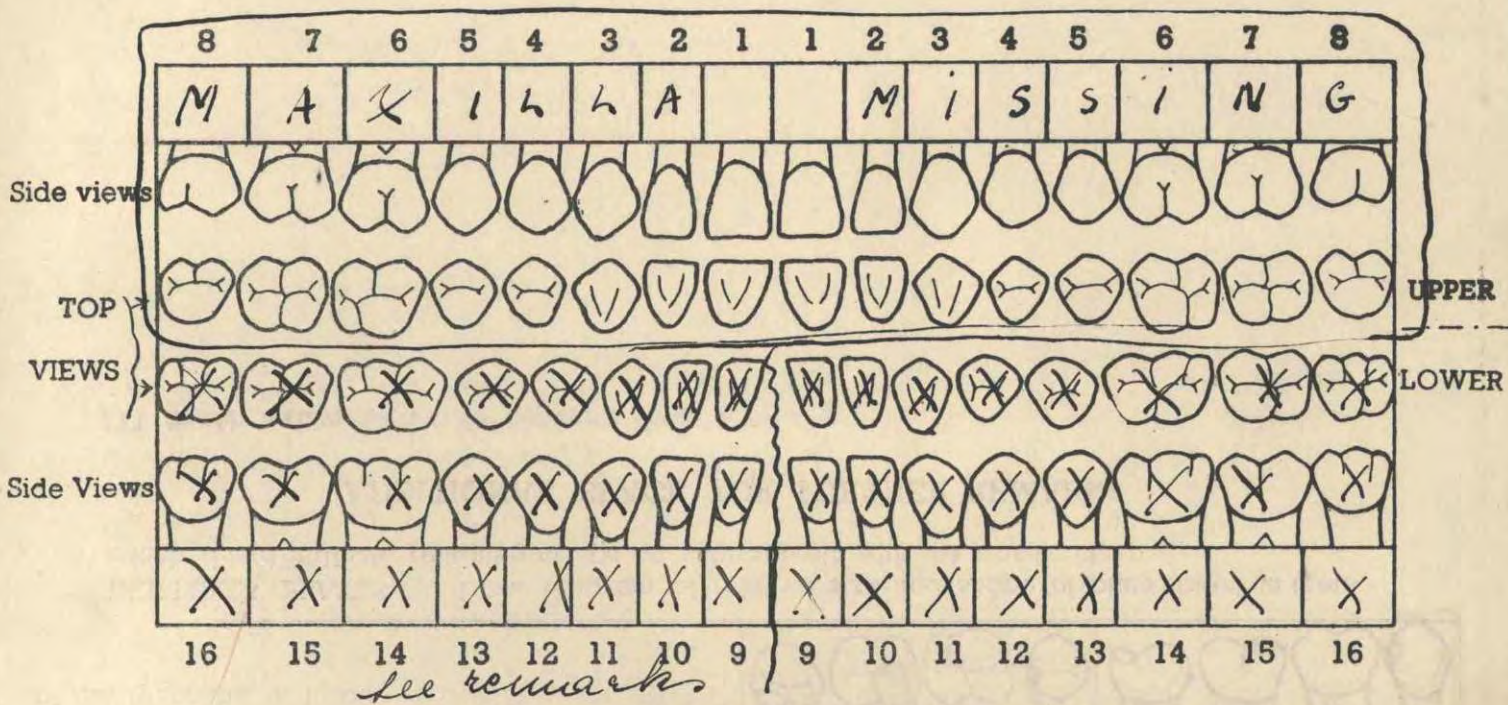
Unk X-2720      Unk      Unk  
 Last Name      First      Initial      Rank      Serial No.

Unit      Organization

Place of Death      Date of Death      Cause of Death

Right

Left



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

IVOR J. FOSMO  
 2nd LT., INF

/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF  
 CAPT GMC OPER. OFF.

*Woodrow W. Wolf*  
 Verified by G. R. S. Officer

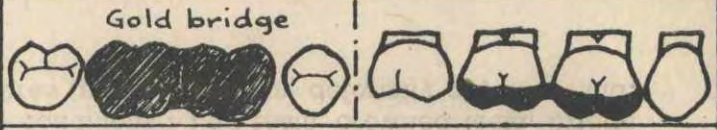
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



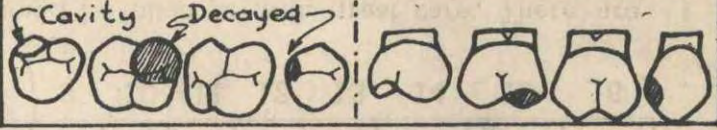
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

All teeth extracted. No denture found.



LOUISIANA CRUEL

# TOOTH CHART

4 Dec 47

Date

Unk X-2720

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

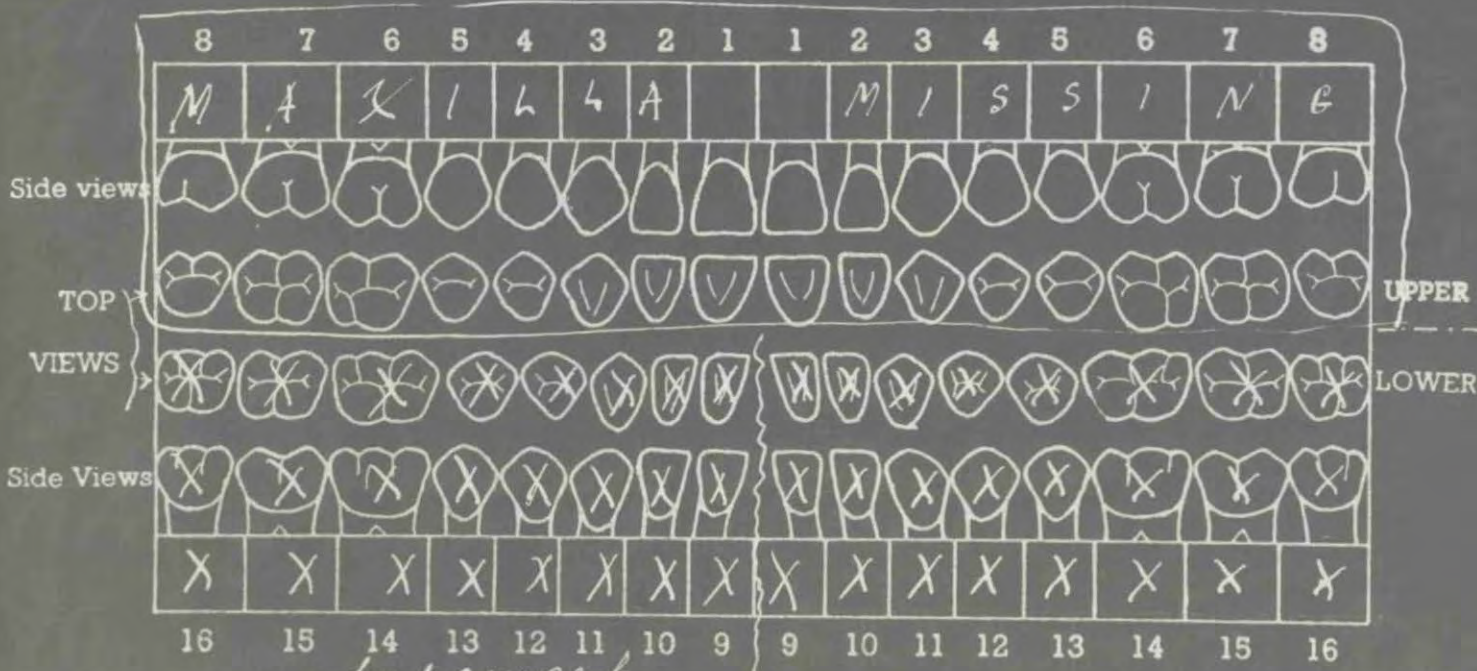
Place of Death

Date of Death

Cause of Death

Right

Left



No denture found. All teeth extracted.

through the 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.

IVOR J. FOSMO  
 2nd LT., INF

/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF  
 CAPT OMC OPER. OFF.

(3)

*Woodrow W. Wolf*

Verified by G. R. S. Officer

2654

JM

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) GRZONA, LEROY J		GRADE Sgt	PRESENT SERIAL NUMBER 36816710
ORGANIZATION A.C. 688th Bomb Sq (L)		RACE white	CREED r. catholic
DATE OF DEATH/MIA 28-3-45		CAUSE OF DEATH P.O.D.	PLACE OF DEATH OR PLACE LAST SEEN IF MIA VIC. OF BURGERNHEIM GERMANY
DATE OF FOD 29-3-46			
HEIGHT 67"	WEIGHT 122	COLOR EYES grey	COLOR HAIR brown
SHOE SIZE 8 1/2 D			

INDUCTION DATE 13 April 1943 DENTAL CHART

UPPER RIGHT 6 7 6 5 4 3 2 1	UPPER LEFT 1 2 3 4 5 6 7 8
LOWER RIGHT 16 15 14 13 12 11 10 9	LOWER LEFT 9 10 11 12 13 14 15 16

X = Extracted      PM: 79 28 Jun 1944 O = Carious      1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS NONE	TATTOOS AND/OR BIRTHMARK NONE
---------------------------------	----------------------------------

ADDITIONAL INFORMATION

BIRTH :

(3)



REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1. "Report of Burial" when disinterment is accomplished.

Full name of deceased (Last, first, middle initial) (If deceased was a child, give date of birth and where attached to remains. How many children were born to deceased?)  
State if identification tags were attached to remains. How many and where attached. (To be filled out at disinterment.)  
Give exact location of last resting place, including coordinates and later prefix, map sheet, map scale and other data used to locate the grave.

1. Full name of cemetery (include plot, row and grave if organized cemetery)  
2. Approximate or established date of death (state which and give basis for date selected)  
3. Date selected (March 1945, Secretary of Burgermaster at Seigendorf, states that plane crashed in the woods near the little village of Seigendorf, about 1/2 kilometer from Seigendorf.)  
4. Approximate or established date of burial (give basis for date selected)  
5. Manner in which grave was marked and all information contained on marker  
6. Wooden cross, with no information or inscription of any kind  
7. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned  
8. Names and addresses of all persons questioned concerning death and burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) (John Barthelme, Burgermaster, Seigendorf No. 13, Kaer Thomas, Secty of Burgermaster, Seigendorf N. 25, Sebastian Thomas, Cemetery Caretaker, Seigendorf N. 25) (See reverse side for additional information)

9. Place of burial (reburial U. S. Military Cemetery, St. Avois, France)  
Date of burial/reburial 1080 hrs 21 December 1945  
Disinterment and reburial made by Giltner Co. Inc., Giltner Co. Inc.  
Disinterment approved by Edward C. Buchanan, Lt. Col., Giltner Co. Inc.  
Action taken Disinterred and removed to morgue at Nurnberg for processing of unknown X-2719  
Buried in plain wooden coffin alone with the body  
If buried in a coffin give description and markings (To be filled at disinterment)

10. Plot VVV Row 5 Grave 59

NOTE: Additional particulars regarding investigation will be placed on reverse side.

Signature of Investigating Officer  
Lawrence E. Lane

Rank  
Sgt

File No. 35810045

\*Cross out word not applicable

# CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.  
Both PART I & II should be completed if identification tags are not available.  
If information is unavailable, so indicate.

## PART I (Positive identification)

15 December 1945  
Date

1. Unknown X-2720 (St. Avold Unknown AAF  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached  
No tags
3. Give exact location from which disintered, furnishing coordinates and map series used Civ. Cemetery  
Siegensdorf-Ger. Coor. 920-410 Sht. T-4 Wurzburg Map 1:100,000  
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery)  
Civilian Cemetery, Siegensdorf, Germany
5. Approximate or established date of death (state which & give basis for date selected)  
28 March 1945, Secretary of Burgermeister at Siegensdorf, stated  
that plane crashed in the woods near the little village of  
Schonaich, 1 1/2 km fr. Siegensdorf
6. Approximate or established date of burial (give basis for date established)  
Est. 1 April 1945 Taken from Burgermeister dorf  
records
7. Manner in which grave was marked and all information contained on the marker  
Wooden cross, with no information or inscriptions of any kind
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned  
None. According to civilians contacted,  
all papers and personal effect were sent to Kitzingen Airfield
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information)  
Johann Barthelme, Burgermeister, Siegendorf N. 13  
Kasper Thomas, Secty of Burgermeister, Siegendorf N. 25  
Sebastian Thomas, Cemetery Caretaker, Diegendorf, N. 8 1/2

## PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office.)  
The followg. information was taken from the records of the  
Burgermeister: LeRoy I. Grozone, born 11.6.1924 on Milwaukee  
America, and Henry G. Gunkel, T-125797 T 41' 42 O.P.
11. Unable to estimate, due to decomposition of bodies.  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

[Disturbing text redacted]

13. Give as detailed description as possible of condition and amounts of remains

[Disturbing text redacted]

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)

Plane crash evidence [Disturbing text redacted]

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

[Disturbing text redacted]

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

All parts of plane had been removed by civilians.

(Type)

(WD Serial No.)

(Organization)

(Serial No. and

Type of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin, give description and markings

Buried in plain wooden coffin, along with the body of Unknown X 2719.

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains

/Buried along with Unknown X 2719 in one coffin.

20. Other pertinent information which would aid in establishing identity

Walter R. Bates

(Individual in Charge of Interment)

S/Sgt

(Rank)

35924370

(ASN)

611 QM GR Co.

(Organization)

CHECK FIRST FOR DISINTERMENT

## CHECK LIST FOR UNKNOWN

UNKNOWN X- 2720 (St. Auld)  
 CEMETERY U.S. Mil. Cem.  
 PLOT VVV ROW 5 GRAVE 59

morgue

Arrived at ~~morgue~~ 1400 14 December 1945 From Siegenorf, Germany  
 hour date collecting point  
 Place of death Siegenorf, Germany Coord: 920-410 Sheet T-4 Wurzburg 1:100,000  
 name coordinates and landmarks

Remains recovered by S/Sgt. Walter R. Bates, 611th QM Gr. Reg. Co.  
 name and organization

Evacuated to cemetery by S/Sgt. Walter R. Bates, 611th QM Gr. Reg. Co.  
 name and organization

Is load list attached No Are names of deceased found in same area as this  
 yes-no

Unknown starred No Are circumstances described which may indicate organization  
 yes-no

of the deceased Yes AAF If only part of a body was received, was a careful  
 yes-no search made for other parts of Unknown Yes  
 yes-no

If remains come from vehicle, plane, etc.: All parts of plane had been removed making it  
 type of vehicle or plane,

nickname, impossible to obtain any pertinent data.  
 Serial number, organization or symbols

Crew list  
 names of other deceased and positions in which found

If a tank, which hatches were free and available for escape use

If organization to which vehicle or plane was assigned or if names of all other deceased are not known give detailed information concerning vehicle or plane

Parts of markings or symbols burned pierced by shellfire - where  
 found in town, field, by road etc, damaged by mine explosion

names of men who escaped description of other vehicles or planes in vicinity

Detailed description of personal effects None. According to civilians contacted, all papers  
 indicate exact pocket or part

and personal effects were sent to Kitzingen Airfield. A check was made at Kitzingen,  
 of body where found

but no additional information could be obtained. Information obtained from Burgermeister  
 of Siegenorf, lists the names of Leroy I. Grozona, born 1/6/1924 in Milwaukee America,  
 and Henry G. Gunkel, T-125797 T41 420 P. as being the names of the deceased. The  
 previous source of this information is not known.

**Description of clothing and equipment:**  
If clothes do not fit, obtain sizes from body measurements

Item	Clothing Markings	Sizes	Color	Indicate usual markings wear, tear, repairs, etc.
Headgear ..... type				
Raincoat				
Overcoat				
Jacket Field				
Jacket Combat				
Mackinaw				
Sweater				
Jacket, HBT				
Shirt, wool OD				
Undershirt, wool				
Undershirt, cotton				
Trousers, HBT				
Trousers, Wool OD				
Belt Web				
Drawers, wool				
Drawers, cotton				
Leggins wool				
Socks, cotton				
Shoes ..... type				
Overhoes Web				
Equipment type				
(either item)				
(either item)				

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

[Disturbing text redacted]

Bandages or dressings Up to to ascertain Scars (length, width, location)

Tattoos [redacted] number, location - illustrate on sep. page

Outstanding moles, warts or birthmarks [redacted] yes-no description, location

Sunburn or tan, other than hands and face [redacted]  
Tobacco stain on fingers or teeth [redacted] [Disturbing text redacted]

Complexion [redacted] Build light, med, dark, clear, pimples, pocks, freckles large, fat, thin

Hair [redacted] color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics

Sideburns [redacted] color, setting, shape Mustache [redacted] color, size, shape Beard or goatee length,

Heavy, light, color, extent

Eyes [redacted] color, setting, shape Eyebrows [redacted] [Disturbing text redacted] color, bushiness, extend across nose

Nose [redacted] size, shape straight Ears [redacted] Size, set close to or far from head

Forehead [redacted] high, wide, wrinkled Mouth [redacted] large, medium, small Lips [redacted] small, large, full

Teeth [redacted] white, size, unevenness, spacing, noticeable crowns, fillings, extractions

Chin [redacted] prominent, receding, pointed, dimple, double Cheekbones [redacted] high, normal

Jaw [redacted] large, small, normal Circumference of head in inches [redacted] hat band

Neck [redacted] size, long, short, normal, wrinkled larynx [redacted] prominent, normal Shoulders [redacted] broad,

Arms [redacted] [Disturbing text redacted] straight, small, rounded (length) muscular, color, extent & quantity of hair

Hands [redacted] vaccination scar, size of wrists large, small, normal, calloused noticeably

marks on fingers indicating that rings were worn

Fingers [Disturbing text redacted] short, thick, long, slender; size of knuckles missing fingers or joints  
Unusual characteristics of fingernails  
Chest [redacted] size at nipples, color, quantity & extent of hair, large, small, normal  
Back [redacted] quantity and extent of hair Waist [redacted] size at naval, appendectomy, amount & color of hair  
Circumsized yes-no Pubic hair color Hernioplasty yes-no location  
Legs [redacted] inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair  
Feet [redacted] size, corns, callouses, flat Toes [redacted] slender, straight, crooked, overlap  
Evidence of healed fractures Unable to ascertain nose, arms, legs, etc.  
Black out parts of body not received at cemetery;

Have photographs been made and attached  no If not, explain not requested  
Have fingerprints been placed on GRS No.1  No If not, explain [Disturbing text redacted]  
Has tooth chart been prepared?  No If not, explain [redacted]

Remarks: [Disturbing text redacted]  
[redacted] This body and unknown X-2720 were both buried in  
the same coffin [redacted]

*James A. McKown*  
Signature of GRO and Organization  
JAMES A. MCKOWN  
1st Lt. QMC  
611th QM Gr. Reg Co.

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

*Att*

RRE 293.9 (IB)

27 January 1949

SUBJECT: Burial Information

*293 Grzona, Leroy J.  
ASN. 36-816-710*

TO: The Quartermaster General  
Washington 25 D. C.

1. Reference is made to OQMG Form 371 for Sergeant <sup>293</sup> Leroy J. Grzona, 36 816 710.

2. The above may be associated with X-2720 (US Military Cemetery St Avold, VVV-5-59).

3. As soon as identification is accomplished, your office will be notified.

FOR THE COMMANDING GENERAL:

*E. D. Mulvanity*  
E. D. MULVANITY  
Lt Col QMC  
Actg Asst Adj Gen

*File - MAN  
U. Lee  
Ident Br  
9 Feb 49*

RECEIVED  
FEB 10 9 27 AM '49  
IDENTIFICATION BRANCH



IDENTIFICATION BRANCH  
FEB 10 9 27 AM '49  
MEMORIAL DIVISION

NO. AGR. CT  
OUT  
JAN 27 49



DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) <i>293 Grzona, Leroy J.</i>	GRADE <i>Sgt.</i>	PRESENT SERIAL NUMBER <i>36816710</i>
---	----------------------	--

ORGANIZATION <i>668<sup>th</sup> B. Sq. (L) AC</i>	RACE <i>white</i>	CREED <i>R. CATHOLIC</i>	FORMER SERIAL NUMBER (If applicable) <i>NONE</i>
---	----------------------	-----------------------------	---

DATE OF DEATH/MIA <i>28 MAR 45</i>	CAUSE OF DEATH <i>DED</i>	PLACE OF DEATH OR PLACE LAST SEEN IF MIA <i>OVER GERMANY</i>
DATE OF FOD <i>29 MAR 46</i>		

HEIGHT <i>67</i>	WEIGHT <i>122</i>	COLOR EYES <i>GRAY</i>	COLOR HAIR <i>BROWN</i>	SHOE SIZE <i>8 1/2 D</i>
---------------------	----------------------	---------------------------	----------------------------	-----------------------------

INDUCTION DENTAL CHART DATE *13 APR. 43*

UPPER RIGHT  
 8 X 7 X 6 X 5 X 4 X 3 X 2 X 1 X

UPPER LEFT  
 1 X 2 X 3 X 4 X 5 X 6 X 7 X 8 X

LOWER RIGHT  
 16 X 15 X 14 X 13 X 12 X 11 X 10 X 9 X

LOWER LEFT  
 9 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X

X = Extracted      O = Carious      1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS  
*NONE*

TATTOOS AND/OR BIRTHMARK  
*NONE*

ADDITIONAL INFORMATION  
*ATTACHED 1 FORM 79*

DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED

NAME (Last, First, Middle Initial)

GRZONA, LEROY J.

GRADE

Sgt.

PRESENT SERIAL NUMBER

36816710

ORGANIZATION

A.C. 668<sup>th</sup> BOMB. SQ. (LL)

RACE

WHITE

CREED

R. CATHOLIC

FORMER SERIAL NUMBER (If applicable)

NONE

DATE OF DEATH/MIA

28-3-45

CAUSE OF DEATH

F. O. D.

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

VICINITY OF BURGERNHEIM, GERMANY

DATE OF FOD

29-3-46

HEIGHT

67"

WEIGHT

122

COLOR EYES

GREY

COLOR HAIR

BROWN

SHOE SIZE

8 1/2 D.

INDUCTION

DENTAL CHART

DATE 13 APR. 43

UPPER RIGHT

X X X X X X X X

UPPER LEFT

X 2 X 3 X 4 X 5 X 6 X 8

LOWER RIGHT

10 X 11 X 12 X 13 X 14 X 15 X

LOWER LEFT

X 10 X 11 X 12 X 13 X 14 X 15 X 16

X = Extracted FM. 79: 28 Jun. 44 O = Carious

1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS

NONE

TATTOOS AND/OR BIRTHMARK

NONE

ADDITIONAL INFORMATION

BIRTH:

FILE

JUL 1 1948

E. J. Sullivan, Lt. Lt., CMC IDENTIFICATION BRANCH

alc

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION COMMAND  
 EUROPEAN AREA  
 APO 58 US ARMY

APPROVED

8 March 49 18

*J. H. Metz*

T. H. METZ, Lt. Col. QMC  
 Chief, Identification Br  
 Memorial Division, OQMG

FEB 23 1949

36816710  
 (ASN)

GRZONA, Leroy J.  
 (Name)

Sgt  
 (Rank)

previously buried as Unknown X- 2720, USMC St Avold  
 Identification accepted in accordance with Letter, File AGAO-S 293.9 (27 Mar 47)  
 D-M, War Dept, TAGO, 9 April 47, subject: Establishment of Boards of Review for  
 Identification of Unknown Dead Overseas, by the following members of the Board  
 of Review, established by Par 9, SO #6, Hq.A.G.R.C. dated 14 Jan 1949.

Maj. Roger BERGER, O-251736 Ord Maj. Robert E. DEPPE, O-386998 QMC

Maj. James F. ADDISON, O-447553 QMC Maj. Reed M. TITUS, O-41879 TC

Maj. John R. LYLE, O-32700 INF Capt. Jack C. HAYES, O-1577297 QMC

Capt. Burge A. WILMEYER, O-492969 TC Capt. Harold H. HAWKINS, O-1295874 Sps

Capt. Joseph P. FORBES, O-1589835 Ord Capt. Edward F. PRICE Jr, O-1588236 QMC

1ST LT. John P. PINZOLO, O-2055482 AGD 1ST LT. Anthony C. SANTAGO, O-1333883 QMG

25 JAN 1949

4

*File  
25 Mar 49  
J. H. Metz*

IDENTIFICATION ACCEPTED



CORRECTED COPY  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

1/gd *mmf*  
5 January 1949  
Date

~~GRZONA~~

Leroy

J

Sgt

36816710

Last Name

First

Initial

Rank

Serial No.

668 Bomb Sq (L)

416 Bomb Gp (L)

IX Bomber Division (M)

Unit

PDD: 29 Mar 46

Organization

Siegenderf, Germany

28 March 1945 -

Plane Crash

Place of Death

Date of Death

Cause of Death

1030 - 21 December 1945

US Military Cemetery ST. AVOLD, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

59

5

VVV

Cross

Grave Number

Row Number

Plot Number

Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags Previously buried as Unknown X-2720 (St. Avold)  
How were remains identified? Identified through: 1) Tooth chart for Unknown X-2720 is in agreement with tooth chart for Sgt Grzona. 2) Height and color of hair for Unknown X-2720 is in agreement with height and color of hair for Sgt Grzona. 3) Place and date of death for Unknown X-2720 is in agreement with place and date of death of Sgt Leroy J. Grzona, 36816710. 4) Civilian cemetery records indicate correctly the name, and date and place of birth of Sgt Grzona.  
What means of identification were buried with the body?

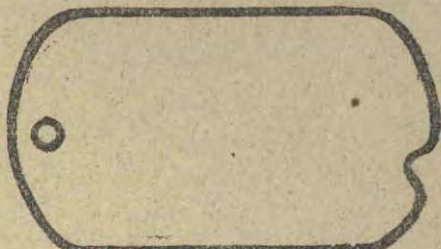
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: DENNIS 34541367 T/5 1243 Eng FF PL 60  
Name Serial No. Rank Organization Grave No.

Deceased's Left: X-2719  
Name Serial No. Rank Organization Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown  
Name

Address

Religion Catholic

*file  
25 Mar 49  
Lt Byler  
Poppe*

List only Personal Effects Found on Body and disposition of same:

REBURIAL  
Previously buried in isolated grave  
located at: 920410, Sht T-4 Wurzburg,  
1:100,000.

This corrected copy of Report  
of Burial, prepared in the  
office of the American Graves  
Registration Command.

Signature of Officer or other person reporting burial

*George L. Freeman*

Verified by G.R.S. Officer

GEORGE L. FREEMAN  
1/Lt QMC

## IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

4

3

2

1

Thumb

3

2

1

Thumb

Right Hand

### TOOTH CHART

		Deceased's Left															
		8	7	6	5	4	3	2	1								
Upper	Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙; linking anchor teeth; replacements by artificial teeth X

Characteristics: .....

Other Data: .....

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



REBURIAL

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

15 December Date

GRZONA, LeRoy J.

TM 10-630 AND AR 30-1315

Unknown X-2720 (St. Avold) Unk. Sgt Unknown- 36816710

Last Name First Initial Rank Serial No.

Unit (N9241) PDD: 29 Mar 46 Organization A.A.F.

Vic. Siegenorf, Germany, Est. 28 March 1945 Plane crash

Place of Death Date of Death Cause of Death

1030 hrs 21 Dec U.S. Military Cemetery St. Avold, France

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

59 Row Number Plot Number Type of Marker Wooden cross

Disposition of Identification Tags: Buried with body Yes [ ] No [x] Attached to Marker Yes [ ] No [x]

If No Identification Tags How were remains identified? Body disinterred from civilian cemetery at Siegenorf, Germany, Coor. 920410 Sht T-4 Wurzburg, Map 1:100,000

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:

Name Serial No. Rank Organization Grave No. 60

Deceased's Left:

Name Serial No. Rank Organization Grave No. 58

Disinterred by S/Sgt. Walter R. Bates, 611th QM GR Co. Disinterring NCO

Signature or Name, Rank and if possible Organisation of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

Unknown

Emergency Address:

Name

Address

Religion

Unknown

List only Personal Effects Found on Body and disposition of same:

REBURIAL

None

Previously buried in isolated grave

located at 920410, Sht T-4 Wurzburg 1:100,000

Signature of Officer or other person reporting burial

Disinterring Officer, JAMES A. MCKOWN, 1st

Lt. QMG, O-1500210, 611th QM Gr. Co.

Verified by G.R.S. Officer

Claude J. Davis

CLAUDE J. DAVIS 2nd Lt., Inf. 608th QM GR. Co

9 REV 1946

file Mar. 49

# REPORT OF BURIAL OF UNIDENTIFIED DECEASED

NAVAL REPRODUCTION  
FORM NO. 1  
REVISED 1 SEP. 1943

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

[Disturbing text redacted]

Note below any identifying clues found, such as, letters, photographs, probable organization of deceased, etc.:

This body was disinterred from a civilian cemetery at Siegendorf, Germany. This body and unknown X 2719 were both buried in the same coffin and there was

[Disturbing text redacted]

search was made of all remnants of clothing for any possible clue of identity but nothing was found. The only clothing that was found was small burned parts of flying jackets, O.D. trousers, and shirts. A herringbone tweed cap was found with the bodies.

According to Johann Barthelme, Bürgermeister from Siegendorf, Germany, if this is an isolated burial, make a sketch of the location oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Siegendorf, all personal effects and papers found were forwarded to the Kitzingen Airfield, Kitzingen, Germany. The following information, and only possible clues to identity was obtained from the burgermeister records. Leroy I. Grozona, born 1/6/1924 in Milwaukee, America, and Henry G. Gunkel, T-125797 T 41 42 0 p. The latter name was no doubt taken from deceased identification tags, which were sent to Kitzingen. All parts of wrecked plane had been removed making it impossible to obtain any data concerning type or number of plane.

Left Hand

Right Hand

Thumb

Thumb

Deceased's Left

Deceased's Right

8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Upper	Lower																		

Indicate: missing natural teeth by X; crowns by □; Bridges by ○; fillings by ◊; replacements by ⊕; linkings anchor teeth; replacements by ⊕

Characteristics:

Other Data:

AG P BR HQ SOS

722560

None

REBURIAL

REBURIAL

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

15 December 1945

FM 10-630 AND AR 30-1815

Date

GRZONA, LeRoy J.

Unknown X-2720 (St. Avoila)

Rank Sgt

Unknown-36816710

Last Name	First	Initial	Rank	Serial No.
Unit (N9241)		PDD: 29 Mar 46		Organization
Place of Death	Date of Death		Cause of Death	
1030 hrs 21 Dec	U.S. Military Cemetery		St. Avoila, France	
Time and Date of Burial	Name of Cemetery		Name or Coordinates of Location	
59	VVV		Wooden cross	
Grave Number	Row Number	Plot Number	Type of Marker	

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags How were remains identified? Body disinterred from civilian cemetery at Siegenorf, Germany, Coor. 920410 Sht T-4 Wurzburg, Map 1:100,000

What means of identification were buried with the body? Note below any identifying clues probable organization of deceased.

This body was disinterred from a civilian cemetery at Siegenorf, Germany. The body and there were both buried in the coffin and there was

To determine Right or Left use Deceased's Right and Left.

Who is buried on: Deceased's Right: Dennis, 34541367, Rank, Organization, Grave No. 60

Deceased's Left: Unknown, X-2719, Rank, Organization, Grave No. 58

Disinterred by S/Sgt. Walter R. Bates, 611th QM GR Co. Disintering NCO

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

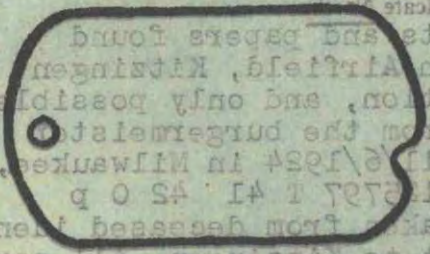
Emergency Address: Unknown

Name: Unknown

Address: Unknown

Religion: Unknown

List only Personal Effects Found on Body and disposition of same: None



REBURIAL

Previously buried in isolated grave

located at 920410, Sht T-4 Wurzburg 1:100,000

Signature of Officer or other person reporting burial: James A. Mckown

Disintering Officer, JAMES A. MCKOWN, Lt. QMC, 0-1590210, 611th QM Gr. Co.

Incl # 12

Verified by G.R.S. Officer: Claude J. Davis

Signature: CLAUDE J. DAVIS, 2nd Lt., Inf., 608th QM GR. Co

202 OF 88 9 2A

202 OF 88 9 2A

Disinterred by

L49/R-20



# SENSITIVE SURFACE - HANDLE EDGES ONLY

## WAR DEPARTMENT THE ADJUTANT GENERAL'S OFFICE WASHINGTON 25, D. C.

REPORT OF DEATH *mo 1B 718*

DATE *6 April 1949*

FULL NAME <i>Grzona, LeRoy J.</i>		ARMY SERIAL NUMBER <i>36 816 710</i>	GRADE <i>Sgt</i>
HOME ADDRESS <i>Milwaukee, Wisconsin</i>		ARM OR SERVICE <i>AC</i>	DATE OF BIRTH <i>11 Jun 1924</i>
PLACE OF DEATH <i>Germany</i>	CAUSE OF DEATH <i>Killed in action</i>		DATE OF DEATH <i>28 Mar 1945</i>
STATION OF DECEASED <i>European Area</i>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <i>20 Apr 1943</i>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (Name, relationship, and address) <i>Valentine Antkowiak, grandfather, 931 East Clarke Street, Milwaukee, Wis.</i>			
BENEFICIARY (Name, relationship, and address) <i>Mr. Valentine Antkowiak, grandfather, same as above Lorraine Tesky, aunt, Pewaukee, Wisconsin</i>			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	<input checked="" type="checkbox"/> NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

BATTLE       NON-BATTLE

Finding of death has been issued previously under Sec 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 29 Mar 46. This Report of death based on information received since that date is issued in accordance with Sec 9, of said Act, and its effect on prior payments and settlements is as prescribed in Sec 9.

*File  
21 Apr 49  
Wingfield*

BY ORDER OF THE SECRETARY OF THE ARMY  
~~REGISTERED OFFICIALS OF THE WAR~~

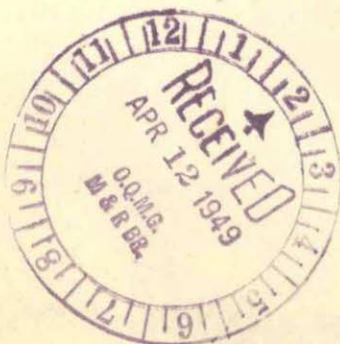
*J. Collins*

ADJUTANT GENERAL

REPATRIATION  
RECORDS BRANCH

APR 12 4 01 PM '49

MEMORIAL DIVISION



**WAR DEPARTMENT OF THE ARMY**  
 THE ADJUTANT GENERAL'S OFFICE  
 WASHINGTON 25, D. C.

949 APR 01  
09  
18

**—BATTLE CASUALTY REPORT**

AG 201	NAME GRZONA LEROY J ASN 36816710	GRADE SGT GRS	DATE CAS. REPORT RECEIVED
NAME AND ADDRESS OF E. A.	VALENTINE ANTKOWIAK 931 EAST CIARKE STREET MILWAUKEE WISCONSIN		DATE TELEGRAM SENT  4 Apr 49

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON, THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRANDSON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	FOR J STATUS	SHIPMENT NUMBER
SGT	GRZONA, LEROY J.	36816710	AC		J	090011 U-1X
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE
KILLED IN ACTION		IN GERMANY		DAY	MONTH	YEAR
				28	MAR	45

REMARKS: AG 201 /30 MAR 49/  CORRECTED COPY

MEMO DET UNIT APPROVED OIC CAS SEC PAB. PL SIEGENDORF. CAUSE PLANE CRASH. SOURCE OF INFO CORRECTED COPY OF GRS FORM NO. 1 RPT OF BURIAL. SEE MSG FOR DETAILS. STA AND PL OF DEATH ETO. FOD ISSUED PREV UNDER SEC 5, MPA SHOWING PRESUMED DATE OF DEATH 29 MAR 46. RPT OF DEATH BASED ON INFO RECD SINCE THAT DATE ISSUED IN ACCORD WITH SEC 9 OF SAID ACT AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS. IS AS PRESCRIBED IN SEC 9. REPORTS OF DEATH ISSUED 6 Apr 49 mo

HOME ADDRESS: MILWAUKEE MILWAUKEE COUNTY WISCONSIN

PROCESS IN ACCORD WITH OPER BUL 35, 1945. ROUTE TO LTR SUB-UNIT FOR NOTIF. COPY OF NOTIF LTR TO BE FWD TO DET UNIT FOR OQMS.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED <input checked="" type="checkbox"/>		FORM 41	AG 201 REQ
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO		DATE	
PREVIOUSLY REPORTED	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	(AS INDICATED BELCIV)	
FILE NO.	MESSAGE NO.	TYPE DED	DATE AND AREA 9 Mar 46, ETO
		E. A. NOTIFIED 29 Mar 46	
FORWARDED TO	SPEC. IDEN.	C. & P.	TELEGRAM
			LETTER
			CERTIF.
			F. REL.
			CORRES.
			REPAY.
			S. R. & D.
			NON-DEL.
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECKED BY <i>Ar. Under</i>
			REVIEWED BY <i>A. C. B.</i>
DISTRIBUTION "A"	<input type="checkbox"/> 31 COPIES	DISTRIBUTION "B"	<input type="checkbox"/> COPIES



REPATRIATION  
 RECORDS BRANCH  
 APR 8 2 31 PM '49  
 MEMORIAL DIVISION



FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by the Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant LeRoy J. Grzona, Army Serial Number 36,816,710, Air Corps, to be dead. He was officially reported as missing in action as of the 28th day of March 1945. For the purposes stated in said Act, death is presumed to have occurred on the 29th day of March, 1946.

BY ORDER OF THE SECRETARY OF WAR

*George M. Weir*

Acting ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	Yes	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
11 Jun 1924	Milwaukee, Wisconsin	20 Apr 1943	YEARS	MONTHS	DAYS	
			Under	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mr. Valentine Antkowiak	Grand-father	931 East Clarke Street Milwaukee, Wisconsin

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Mr. Valentine Antkowiak	Grand-father	931 East Clarke Street Milwaukee, Wisconsin
NAME	RELATIONSHIP	ADDRESS
Lorraine Tesky	Aunt	Pewaukee, Wisconsin

REMARKS

Distribution 56

Circumstances of disappearance: This enlisted man was a crew member of an aircraft which fell out of formation after entering a heavy cloud bank in the vicinity of Burgernheim, Germany.

FILE

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provision of Section 5 of the Act of 7 March 1945 (Public Law 490 731) (Cong.) as amended, upon direction and delegation by the Secretary of War, The Chief Casualty Branch, The Adjutant General's Office, finds Sergeant Jerry J. Green, Air Corps, Serial Number 28,016,710, Air Corps, to be dead. The was officially reported as missing in action on the day of March 1945. For the purposes stated in said Act, death is presumed to have occurred on the day of March 1945.

BY ORDER OF THE SECRETARY OF WAR

*Jerry M. [Signature]*  
ADJUTANT GENERAL  
CHIEF CASUALTY BRANCH

SUMMARY OF INFORMATION

NAME	JERRY J. GREEN	
DATE OF BIRTH	12 Dec 1925	
HOME ADDRESS	Milwaukee, Wisconsin	
DATE OF ENTRY OF SERVICE	21 Jan 1942	
TYPE OF SERVICE	Army	
EMERGENCY ADDRESSES	Grand - 521 East Olive Street Father - Milwaukee, Wisconsin	
RELATIONSHIP	Grand - 521 East Olive Street Father - Milwaukee, Wisconsin	



Distribution 1A

This crew member is a private first class who was killed in action on 7 March 1945. His name is listed on the Army of Burmese, Burma.

THIS FORM PRESCRIBED BY AND IS IN FULL COMPLIANCE WITH THE PROVISIONS OF THE ACT OF 7 MARCH 1945 (PUBLIC LAW 490 731) AS AMENDED, WHICH AUTHORIZES THE SECRETARY OF WAR TO MAKE SUCH PROVISIONS AS HE DEEMES NECESSARY FOR THE PROPER CARRYING OUT OF THE PURPOSES OF SAID ACT.

Form prescribed by  
Comptroller General, U. S.  
7 October 1944WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON 25, D. C.

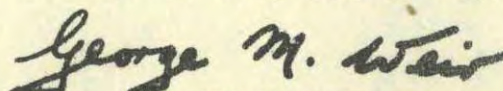
5641

469,426  
BT

## FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by the Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant LeRoy J. Grzona, Army Serial Number 36,816,710, Air Corps, to be dead. He was officially reported as missing in action as of the 28th day of March 1945. For the purposes stated in said Act, death is presumed to have occurred on the 29th day of March, 1946.

BY ORDER OF THE SECRETARY OF WAR



 ADJUTANT GENERAL  
Acting CHIEF, CASUALTY BRANCH

## SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	Yes	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
11 Jun 1924	Milwaukee, Wisconsin	20 Apr 1943	YEARS	MONTHS	DAYS	
			Under	three	years	

## EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mr. Valentine Antkowiak	Grand-father	931 East Clarke Street Milwaukee, Wisconsin

## BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Mr. Valentine Antkowiak	Grand-father	931 East Clarke Street Milwaukee, Wisconsin
Lorraine Tesky	Aunt	Pewaukee, Wisconsin

## REMARKS

Distribution 56

Circumstances of disappearance: This enlisted man was a crew member of an aircraft which fell out of formation after entering a heavy cloud bank in the vicinity of Burgernheim, Germany.

**WAR DEPARTMENT**  
 THE ADJUTANT GENERAL'S OFFICE  
 WASHINGTON 25, D. C.

469426

R 08 15 09

*Hyman*

**—BATTLE CASUALTY REPORT**

AG 201	NAME GRZONA, LEROY J ASN 36 816 710	GRADE SGT <del>GRS</del>
NAME AND AD. DRESS OF E. A.	VALENTINE ANTKOWIAK 931 EAST CLARKE ST MILWAUKEE WISCONSIN	

DATE CAS. REPORT RECEIVED  
~~EX-100~~  
 8 APR 45

DATE TELEGRAM SENT  
 9 APRIL 1945

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
SGT	GRZONA LEROY J	36816710	AC	ETO	I	095
HAS BEEN	TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
	MISSING IN ACTION	GERMANY SINCE	28	MAR	45	9

RELATIONSHIP  
~~GRANDSON~~

IF FURTHER DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED

REMARKS:

CORRECTED COPY

CJA

**ACTION BY PROCESSING AND VERIFICATION SECTION:** REPORT VERIFIED  FORM 43  AG 201 REQ.

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO  DATE

PREVIOUSLY REPORTED NO.  YES  (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO:  SPEC. IN.  TELEGRAM  WOUNDED  LETTER  CORRES.  S. R. & D.  CERTIF.  M. & M.  NON-DEL.

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED BY: *Gardner 9 April 45* REVIEWED BY: *J. Hyman*

DISTRIBUTION "A"  34 COPIES (ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.) COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B"  \_\_\_\_\_ COPIES (ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.) COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 Hardesty Avenue  
Kansas City 1, Missouri

RTB:DM:db  
January 31, 1946

In Reply Refer To: 469426

Mr. Valentine Antkowiak  
931 East Clarke Street  
Milwaukee, Wisconsin

FEB 11 1946  
MAIL CONTROL

Dear Mr. Antkowiak:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your **grandson, Sergeant Leroy J. Grzona:**

**2 Cartons and contents**

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending final determination of the owner's status.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

*Harry Niemiec*  
HARRY NIEMIEC  
2nd Lt. QMC  
Chief, Correspondence Branch

Incl--  
Envelope

Receipt acknowledged:

*Mr. Val. Antkowiak*  
(Signature of Bailee)

*Feb. 6, 1946.*  
(Date)

469426

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES	CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
<p>Mr. Valentine Antkowiak ✓  931 East Clarke Street ✓  Milwaukee, Wisconsin ✓</p> <p>Sgt. Leroy J. Grzona ✓  36 816 710 ✓  469426 M ✓</p>			LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
			REMOVE BL'DSTAINED
			REMOVE DAMAGED
			FILMS REMOVED
			DIARY REMOVED
RTB:DM:dbs	SUMMARY COURT DATA		DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		1-31
REMARKS			MAIL REVIEWER (initials)
			SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			SHIPPING CLERK
			ROUTING
			ACCOUNTING BRANCH
			WAREHOUSE
			FILE

ORDER FOR ACTION

<b>ATTACHMENTS</b> UNBOUND INVENTORY <input checked="" type="checkbox"/> G. R. OR SUB GR LABEL WILL OR POWER OF ATTY. TALLY IN FORM 43 <input checked="" type="checkbox"/>	<b>EFFECTS INVENTORY</b> <b>ARMY EFFECTS BUREAU</b>	<b>STATUS</b> DECEASED MISSING P. O. W. ABANDONED UNKNOWN
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BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL	
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL	
BOOKS	BRUSHES	PEN, FOUNTAIN	
BRACELET, IDENT.	CASE	PHOTOS	
CAMERAS	CLOTH, WASH	PIPES	
CLOTHING <input checked="" type="checkbox"/>	COATS	RINGS	
MISC. ARTICLES <input checked="" type="checkbox"/>	FOOTLOCKER	SCARFS	
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS	
RIBBONS, DECORATION	GLASSES	SOCKS, PR.	
SHORT SNORTER	GLOVES, PR.	STATIONERY	
SOUVENIR MONEY	HANDKERCHIEFS	TIES	
SOUVENIRS	HEADWEAR	TOBACCO	
TESTAMENTS	JACKETS	TOILET ARTICLES	
TOWELS & WASHCLOTHS	KITS	TOWELS	
U. S. MONEY (AMOUNT) <input checked="" type="checkbox"/>	KNIVES	TROUSERS, PR.	
WATCH	LETTERS	TRUNKS, PR.	
WINGS	LIGHTERS	UNDERWEAR	

<b>CONTAINERS ADDRESSED TO</b>  <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 50px;">DAMAGED</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 150px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 250px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 350px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 450px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 550px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 650px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 750px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 850px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 950px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 1050px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 1150px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 1250px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 1350px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 1450px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; 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top: 2350px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 2450px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 2550px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 2650px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 2750px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 2850px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 2950px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3050px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3150px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3250px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3350px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3450px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3550px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3650px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3750px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 3850px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; 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left: -100px; top: 17550px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 17650px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 17750px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 17850px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 17950px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 18050px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 18150px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; left: -100px; top: 18250px;">ANDRY</p> <p style="font-size: 2em; color: purple; transform: rotate(-90deg); position: absolute; 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ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

1 wrist watch crystal missing not in running order

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above items were not in the containers inventoried by me.

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

ABWA EFFECTS BOBEAU  
EFFECTS INVENTORI

GRZA

LEROY J. SGT.

6710

RAY

PALLET

BOX

TALLY

6241

TYPE PKG

CTN.

**REGISTER OF DENTAL PATIENTS AT  
STA. HOSP. FAAF, FLORENCE, S. C.**

(1) SURNAME

(2) CHRISTIAN NAME

**Grzona, LeRoy J. 36816710**

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

**Cpl**

**Sq. S**

**F10 RTU (LB) 9-B**

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

**19**

**W**

**Wisc.**

**1 1/12**

(10) DISEASE OR INJURY WITH  
LOCATION, COMPLICATIONS,  
SEQUELAE, ETC.

**T. Imp I13**

(11) DATES AND NATURE OF TREATMENTS  
AND OPERATIONS

**Adm. Ex  
Exam  
T. Anes On  
6/27  
6/27**

(12) RESULTS AND REMARKS

**Survey C1-1  
C.I. Ritchey  
C1-1-4 N. Siegel**

*Charles L. Ritchey*

Dental Corps, U. S. A.

**\*REPORT OF DENTAL SURVEY**

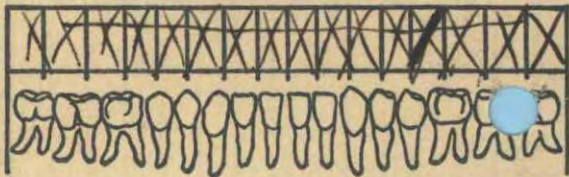
**UPPER TEETH**

Right
Left  
 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



**LOWER TEETH**

Right
Left  
 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS I

Occlusion   N  : Calculus.   None  , Slight, Medium, Heavy

Periodontoclasia   None  

Dental foci suspected:      Yes      No

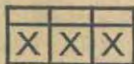
Other conditions   N  

Date   28 June  , 19  44  

Charles L. Ritchey  
 Major      Dental Corps, U. S. A.

\*Restorable carious teeth by O  
 Nonrestorable carious teeth by /  
 Missing natural teeth by X

Teeth replaced by denture  
 (horizontal line)



Teeth replaced by fixed bridge  
 (oval to include abutments)







**G-6710E**

226354 ✓

**LAUNDRY INVENTORY  
ARMY EFFECTS BUREAU**

117/117

DRY CLEANING		Do not use		LAUNDRY		Do not use	
TROUSERS, WOOL				SHIRTS, WOOL			
COAT, SERVICE, WOOL				TROUSERS, COTTON			
OVERCOAT, LONG				TIE, COTTON			
OVERCOAT, SHORT, WOOL			3	UNDERSHIRTS, COTTON ✓	12	3	✓
CAP, GARRISON				SHIRTS, DRESS, COTTON			
CAP, SERVICE			4	DRAWERS, COTTON ✓	16	4	✓
TIES, WOOL				SWEATSHIRTS, COTTON OR WOOL			
GLOVES, LEATHER OR WOOL				DRAWERS, WOOL			
SCARFS, SILK, RAYON, OR WOOL				SOCKS, COTTON, PR.			
SWEATERS				SOCKS, WOOL, PR.			
TRUNKS, SWIM				PAJAMA TOPS			
LEGGINGS				PAJAMA BOTTOMS			
BATHROBES				FATIGUES, 1 PC., COTTON			
BED ROLL				FATIGUES, TOPS, COTTON			
COMFORTER				FATIGUES, TROUSERS, COTTON			
				FATIGUES, CAP			
				BELT, COTTON			
				TOWEL, HAND			
			4	TOWEL, BATH ✓	16	4	✓
				CLOTH, WASH			
				GLOVES, COTTON			
				JACKET, FIELD			
				SUPPORTERS, ATHLETIC			
				HANDKERCHIEFS			
				SCARFS, COTTON			
				CASE, PILLOW			
				TRUNKS, GYM			
				SHEETS, COTTON			
				BAGS, BARRACKS			

TALLY NO. 6241    ORIG. NO. OF PKGS.    EXAMINING DATE 2-Jan-46    BOX NO.    SHEET \_\_\_\_\_ OF \_\_\_\_\_ SHEETS

NAME LEROY J GARRISON    A. S. N. 36816710 469426  
 ORGANIZATION    RANK Sgt    CASE NO. 551709

WAREHOUSE SPACE 1175    EXAMINED BY C Williams    SUPERVISOR'S OK [Signature]    LAUNDRY REMOVED FROM FOOTLOCKER

PACKAGE DESCRIPTION cm    WEIGHT    LISTED BY McDougal    CHECKED BY Smith    CHECKED AND PACKED BY Stiller    DATE FEB 4 1946    SHIPPED BY WHOM [Signature]

ARMY EFFECTS BUREAU  
LAUNDRY INVENTORY

6-6710E

6-6710E

QTY	DESCRIPTION	QTY	DESCRIPTION
	SHIRTS WOOL		TROUSERS WOOL
	TROUSERS COTTON		COAT SERVICE WOOL
	HAT COTTON		OVERCOAT LEAD
	BIGGERSHIRT COTTON		OVERCOAT SHORT WOOL
	SHIRTS DRESS COTTON		CAR GARCON
	DRAWERS COTTON		CAR SERVICE
	SEATBELT COTTON OR WOOL		TIE WOOL
	DRAWERS WOOL		GLOVES LEATHER OR WOOL
	SOCKS COTTON PK.		SCARF MILK BAYON OR WOOL
	SOCKS WOOL FS		
	PALANA TOPS		YOUNG SWIM
	PALANA BOTTOMS		LEGGINGS
	FATIGUES T SHIRT COTTON		BATHROBES
	FATIGUES T SHIRT COTTON		BED ROLL
	FATIGUES TROUSERS COTTON		
	FATIGUES CAP		
	BELT COTTON		
	TOWEL HAND		
	TOWEL BATH		
	CLOTH WASH		
	GLOVES COTTON		
	JACKET FLY		
	SUPPORTERS ATHLETIC		
	HANKERCHIEFS		
	BEARERS COTTON		
	CASE FILLOW		
	TRUNKS GYM		
	SHEETS COTTON		
	BAGS BIRKBECK		

Handwritten scribble or signature.

6710

DATE	REMARKS	WEIGHT	PACKAGE DESCRIPTION
DATE	REMARKS	WEIGHT	PACKAGE DESCRIPTION