ALLIED

Graves Registration
Form No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

18 June 1945
Date

Last Name	First	Initial	Rank	Serial No.
Pasohin	Alexander		Russian	

Unit	Organization
Hosp. N.2 Halle, Ger.	7 June 1945 Otitis, Media

Place of Death	Date of Death	Cause of Death
1100 18 June 1945	Margraten, Holland	VK 645482

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
297	12 ESL	Cross

Grave Number	Row Number	Plot Number	Type of Marker

Disposition of Identification Tags : Buried with body Yes ☐ No ☒ Attached to Marker Yes ☐ No ☒ GRS TAG

If No Identification Tags
How were remains identified? Signed statement

What means of identification were buried with the body?

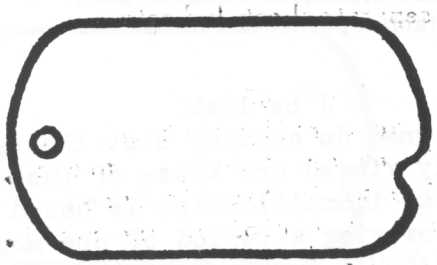
GRS Form 1 and embossed tag

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

Who is buried on :

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right :	Sartorell				296
Deceased's Left :	Chervix				298

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 bellow :

Emergency Addressee
Name

Address

Religion

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

Evacuated by 3046th QM Gr, Reg. Co.

Signature of Officer or other person reporting burial

EDWIN H. MILLER, 1st Lt. QMC
603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

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 :
Weight :
Color of Eyes :
Color of Hair :
Race :

Laundry Marks :
Number of Rifle :
Wear Glasses ?
Is Tooth Chart Attached ?

(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.

Left Hand — 4 — 3 — 2 — 1 — Thumb

Right Hand — 4 — 3 — 2 — 1 — Thumb

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

TOOTH CHART

Deceased's Left

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

Deceased's Right

Upper — Lower

Indicate : missing natural teeth by X ; crowns by ○ ; 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.

A TRUE COPY

8 June 1945

I, the undersigned do certify that the remains which I have personally viewed are those of Paschin Alemander, a Russian. My identification is based on personal acquaintance covering a period of one month.

S/LOUIS J. SMITH
T/LOUIS J. SMITH
T/3 33025717
Co. C 77th Med. Bn.

EDWIN H. MILLER, 1st Lt. QMC
603rd QM Gr. Reg. Co.

S. et C° 76992 - 887 M - 3-45

9 June 1945

1. I, THE UNDERSIGNED, DO CERTIFY THAT THE REMAINS WHICH I HAD PERSONALLY VIEWED ARE THOSE OF

PASCHIN, ALEXANDER — PVT — RUSSIAN
(NAME) (RANK) (ARM)

2. MY IDENTIFICATION IS BASED ON PERSONAL ACQUAINTANCE COVERING PERIOD OF one MONTHS.

3. This man was patient in hospital No. 11 Halle/Saale, Germany one month. Dr. Hofmann a german doctor in this hospital treated/ this patient for otitis media. The patient gave his name as PASCHIN, ALEKANDER.

(Signed) Louis J Smith

T/3
(Rank)

33025717
(ARM)

Co C. 77th Med Bn
(Orgn)

(To be filled in at cemetery)

IN FILE

IN FILE, NOT, grave, AT

CEMETERY.

(Signed)

(Rank)

(ORGN)