

LLIED  
**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

15 June 1945

Date

Last Name		First	Initial	Rank	Serial No.
Meynick, Alexis				Pvt	79
Unit		Organization			
Red Cross, Germany		HBC-TBC Pulmonary			
Place of Death		Date of Death		Cause of Death	
1100 16 June 1945		8 June 1945		VK 645403	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
79 4		U.S. Mil. Cemetery, Margraten, Hol.		Cross	
Grave Number	Row Number	Plot Number		Type of Marker	
79	4	000		Cross	

Disposition of Identification Tags: Buried with body Yes ☐ No ☒ Attached to Marker Yes ☐ No ☒ QND tag

If No Identification Tags

How were remains identified?

**Certificate of Identification**

What means of identification were buried with the body?

QND embossed tag  
QND form #1

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

Who is buried on:

Deceased's Right:

Sachin

Name

Serial No.

Rank

Organization

Grave No.

79

Deceased's Left:

Pichtjulen

Name

Serial No.

Rank

Organization

Grave No.

80

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

Unknown

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

Evacuated by 607 Qd Cr. Reg. Co.

*Edwin H. Miller*  
Signature of Officer or other person reporting burial  
EDWIN H. MILLER, 1st Lt. QND  
607th Qd Cr. Reg. Co.

Verified by G.R.S. Officer

## 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.:

This is to certify that the name of the body of Alexia Maynick was obtained from the field medical Record WD Form #52D which was made at the hospital on admission.

C. F. SCHER  
Capt., M.C.  
RAMP Hosp.  
Red Cross, Germany

### TOOTH CHART

Deceased's Right														Deceased's Left																	
Upper							Lower							Upper							Lower										
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

Indicate: missing natural teeth by × ; crowns by ○ ; fillings by □ ; Bridges by ◇ linking anchor teeth ; replacements by artificial teeth ×

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C; 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.

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

15 June 1945

Date

Maynick, Alexis		Pvt		Unk.	
Last Name	First	Initial	Rank	Serial No.	
Russian Ally					
Bad Koen, Germany		3 June 1945		HBC-UBO Pulmonary	
Place of Death		Date of Death		Cause of Death	
1100 15 June 1945		U.S. Mil. Cemetery, Margraten, Hol.		YK 845432	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
79 4		000		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?

## Certificate of Identification

What means of identification were buried with the body?

GRS embossed tag  
GRS form #1

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

Who is buried on:

Deceased's Right:

Suchinin

Name

Serial No.

Rank

Organization

78

Grave No.

Deceased's Left:

Pichtjulen

Name

Serial No.

Rank

Organization

80

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

Unknown

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

Evacuated by 607 Gr. Reg. Co.

TRANSFERRED TO CUSTODY OF

NETHERLANDS GOVERNMENT

REINTERRED IN AMERSPOORT CEMETERY

PLOT ROW GRAVE

DATE 11/3/44 500M/8/ NOV 47

Signature of Officer or other person reporting burial

ROBIN H. MILLER, 1st Lt. GRC  
603rd Gr. Reg. Co.

Verified by G.R.S. Officer