Pichtjulen, Nikit			4
Last Name Firs		Rank S	erial No.
Unit 10-969.4	4 June 1945	Organization 130 Pulmonary	
Place of Death	Date of Death	Cause of D	eath 645482
Time and Date of Burial	Name of Cemetery	Name or Coordina	
Grave Number Row Number	Plot Number	Туре	of Marker
isposition of Identification Tags: Buried with	th body Yes 🗖 No 💢 Attac	ched to Marker Yes No	
No Identification Tags How were remains identified?	Identification		
What means of identification were by			
		ta di 1800 de la companya de la comp Companya de la companya de la compa	
determine Right or Left use Decea	sed's Right and Left.		
ho is buried on: 'Mayalolk'			79
eceased's Right: Name	Serial No. Rank	Organization	Spive Na.
eceased's Left: Name	Serial No. Rank	Organization ₂	Grave No.
Signature or Name, Reak and if possible Organizat	tion of person furnishing above Data when	other than officer reporting burial.	
THE TOTAL SHEET STATE AND AND THE TOTAL STATE ST	If print of identification tag is		
	at print of identification mg as	Caxaova	
	Emergency Addressee		
		Name	
		Address Own	2
	Religion		
st only Personal Effects Found on Bo			
	Evacuated by	307 (K fr. 11 g. 69.	
	\mathcal{L}		

H.Q. SOL 9/5/44 500M/8/.

I DECEASED UNIDENTIFIE Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following: Laundry Marks: Height: Number of Rifle: Weight: Color of Eyes: Wear Glasses? Is Tooth Chart Attached? Color of Hair: 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. Left Hand Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.: This man was a patient in HAMP WORPITAL, & D-969149 Balle. Germany one month Dr. Presser, a German doctor in this hospital treated this patient for TBC puls. patient gave his name as Mchtjulen Mkit, *************** Thumb 1/3 38131999 Ca. C 77 Hed Br. TOOTH CHART If this is an Isolated Burial, make a Sketch of the Location. oriented with Permanent Landmarks. If more space needed 00 00 attach separate sheet. Indicate North. D; Bridges 8 9 Deceased's Left Indicate: missing natural teeth by \times ; crowns by \odot ; fillings by by \odot linking anchor teeth; replacements by artificial teeth $\overline{\times}$ 10 2 3 3 N N --

N 2

9 9 --

Upper

Charactéristics:

Other Data