ALLIED

16634-5

REPORT OF INTERMENT

DATE OF REPORT: 13 May 54

TYPE OF REPORT: ☐ INITIAL ☒ SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
ID tags unable
to imprint

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
(FORMERLY UNKNOWN X 6092) Birkeser Suleyman	18226

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	3rd TAFC Brigade	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Caucasian	Unk	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Un Gok CT 063 075 Korea	Udt	Est May 53

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none): One (1)

WERE SUBSTITUTE TAGS PROVIDED? Three ☒ YES 3 ☐ NO GRS

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): Attached CIU case report # 26,456

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

Previously reported

SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY: UNMC TANGGOK, KOREA EP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
13 May 54	1000	Canvas Square	Star & Crescent	45	3	3996

WAS THIS A REBURIAL? ☐ YES ☒ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: Remains formerly stored in Mausoleum Zone Hq AGRSG 8204th AU APO 3

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY: General

PERSON CONDUCTING BURIAL RITES: GEORGE M. CARRALL REV M M

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form buried in burial bottl e eighteen (18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: Three ☒ YES 3 ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER: One ☒ YES 1 ☐ NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
EREN FADIL	PVT	18149	20 Bn 6th Co TAS	3995
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
END OF ROW				

SIGNATURE OF PERSON PREPARING REPORT: James L. Wilkinson
JAMES L. WILKINSON CPL QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: for Robert S. Robbins, 2/Lt. QMC
ROBERT S. ROBBINS CAPTAIN QMC

FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

BIRKESER, SULEYMAN 18226

30395-Army-AG Admin Cen-FEC-8/52-74M

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
Unk	Unk	Utd	Black	CT 063 075

BIRTHMARKS, SCARS, OR TATTOOS

None

LAUNDRY MARKS

None

WEAPON(S) WITH SERIAL NUMBER(S)

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing found on or w/remains

REMARKS

1. One (1) ID tag received w/remians bearing sn.
2. Remains received from Zone Hq AGRSG 8204th AU APO 3
3. Name, rank, org, cause, date and place of death taken from CIU case report #26 456

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS

See above

ALLIED

16634-5

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☐ INITIAL ☑ SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I.D. TAGS UNABLE
TO IMPRINT

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
FORMERLY UNKNOWN X-6692 BIRKESER, SULEYMAN	18226

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	3RD TAFC BRIGADE	ARMY

RACE	RELIGION	COUNTRY (If not U.S.)
CAUCASIAN	UNK.	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
UN-GON CT 063-075 KOREA	UDT	EST MAY 53

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none): ONE (1)

WERE SUBSTITUTE TAGS PROVIDED? ☑ YES ☐ NO THREE (3) GRS

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): ATTACHED CIU CASE REPORT #26456

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

SECTION 2. - BURIAL *(If other than in established cemetery, furnish overlay and attach)*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
13 MAY 54	1000	CANVAS SQUARE	STAR. CRESCENT	45	3	3996

WAS THIS A REBURIAL? ☐ YES ☑ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: REMAINS FORMERLY STORED IN MOUSOLEUM ZONE HQ AGRSG 8204 AU APO 3

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES
GENERAL	GEORGE M CARRALL REV. M.M.

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: ONE (1) COPY OF THIS FORM BURIED IN BURIAL BOTTLE EIGHTEEN (18) INCHES BELOW GRAVE MARKER AT HEAD OF GRAVE

IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER
☑ YES ☐ NO THREE	☑ YES ☐ NO ONE

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
EREN, FADIL	PVT.	18149	20 BN 6TH CO. TAS	3995
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
END OF ROW	—	—	—	—

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

BIRKESER, SULEYMAN 18226

30395-Army-AG Admin Cen-FEC-8/52-74M

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
UNK	UNK	UDT	BLACK	CT 063-875 KOREA

BIRTHMARKS, SCARS, OR TATTOOS

NONE

LAUNDRY MARKS

NONE

WEAPON(S) WITH SERIAL NUMBER(S)

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

NO CLOTHING FOUND ON OR W/REMAINS

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
	NO	FINGERPRINTS	TAKEN	

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
	NO	FINGERPRINTS	TAKEN	

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

1) ONE I.D TAG RECEIVED W/REMAINS BEARING SN.
2) REMAINS RECEIVED FROM ZONE HQ AGRSG 8204 AU, AP.03
3) NAME, RANK, ORG. CAUSE, DATE AND P.O.D. TAKEN FROM CIL CASE REPORT # 26456

REMARKS

ALLIED

16634-5

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
~~BIRKESER SULEYMAN~~ PVT 18226				13 May 54	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC Tanggok, Korea	45	3	3996	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Unk	Unk	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) ID tag received w/remains reads"18226"
2. One (1) CIU case report # 26,456 reads"BIRKESER SULEYMAN 18226"

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None noted

14. WAS BODY BURNED?	TO WHAT EXTENT?
☐ YES ☒ NO	
15. WAS BODY MANGLED?	TO WHAT EXTENT?
☐ YES ☒ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry merks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No PE or clothing found on or with remains

16634-5

ALLIED IDENTIFICATION DENTAL CHART

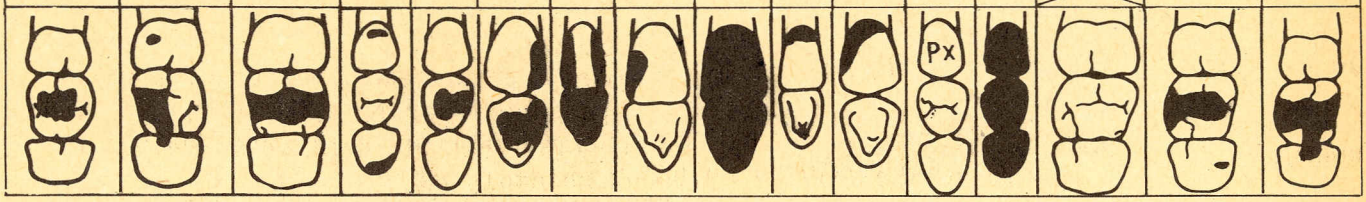
DATE: 13 May 54

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
BIRKESER SULEYMAN	PVT	18226

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	3rd TAFC Brigade	See DD form 551	Est May 53

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Un Gok CT 063 075	UNMC TANGGOK, KOREA	845	3	3996

RIGHT

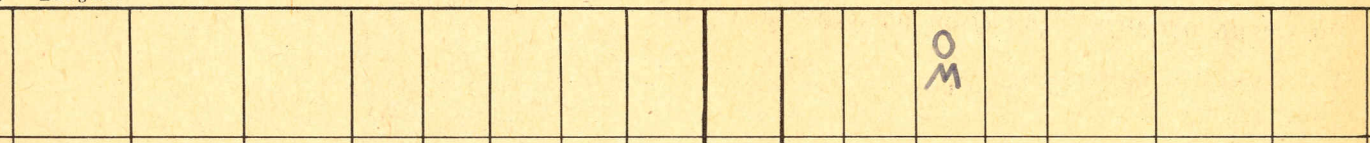


LEFT

1. O–AM.
2. DOL–AM.; F–AM.
3. MOD. GOLD FILL.
4. F–GOLD FILL.; ML–AM.
5. MO–AM.
6. ML–GOLD FILL.
7. 3/4 GOLD CR.
8. D–PORC. FILL.
9. PORC. CR.
10. F–PORC. FILL.; L–AM.
11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO–AM.; L–AM.
16. MODL–AM.

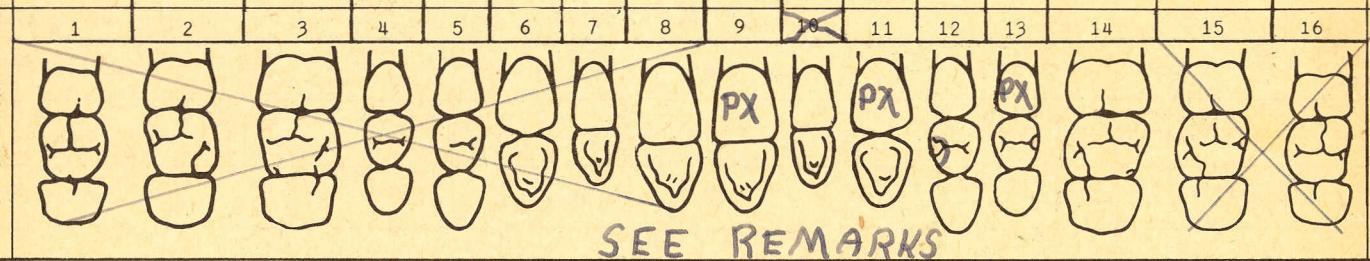
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES



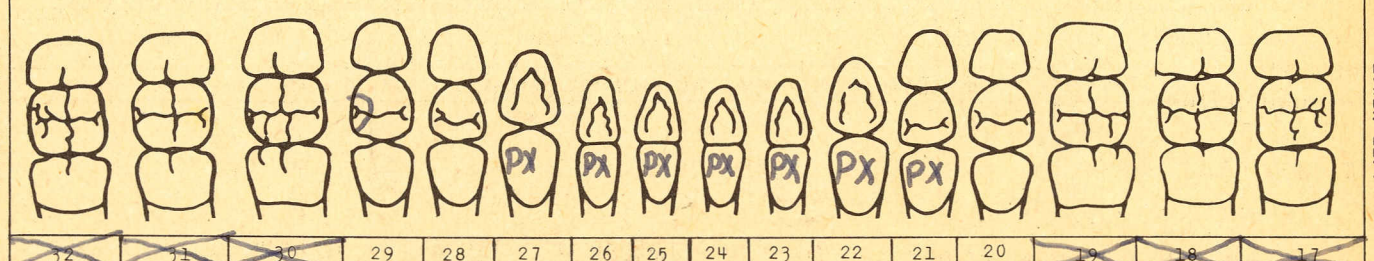
RESTORATIONS

UPPER RIGHT



UPPER LEFT

LOWER RIGHT



LOWER LEFT

RESTORATIONS

CARIES

O
D

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART
James L. Wilkinson
JAMES L. WILKINSON QMC CPL

VERIFIED BY GRS OFFICER
Elijah J. Brayton, 2/Lt. QMC
for ROBERT S. ROBBINS CAPTAIN QMC

DD FORM 1 SEP 51 569

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

BIRKESER, SULEYMAN 18226

SEE REVERSE SIDE

DENTURES *(Plates)*: DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. *(For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.)* SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

REMARKS *(If no abnormalities are found make notation to that effect)*

1. Maxilla missing through teeth # 15 and 16
2. Maxilla missing ffom Tooth # 9 through Tooth # 1

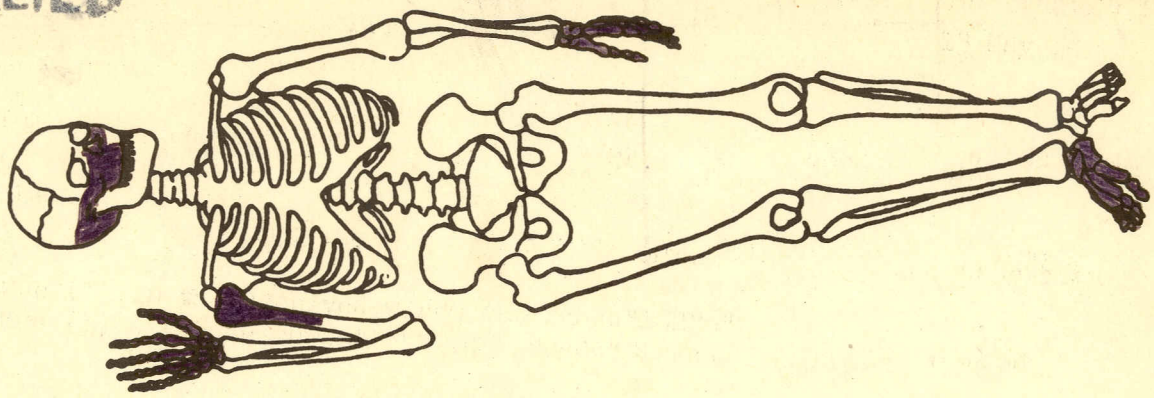
☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

16634-5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

BIRKESER SULEYMAN [illegible] 18226
UNMC TANGGOK, KOREA PLOT: 45 Row 3 Grave; 3996



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ (NUMBER) Decedents Based on the Presence of One or More of the Following Anatomical Parts:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
JAMES L. WILKINSON CPL QMC 114th QM CO (GRREG)	James L. Wilkinson CPL

QMC FORM 18 MAR 47 1044b

BIRKESER, SUEYMAN 18226

5762—FEC P&PC—9/50—250M

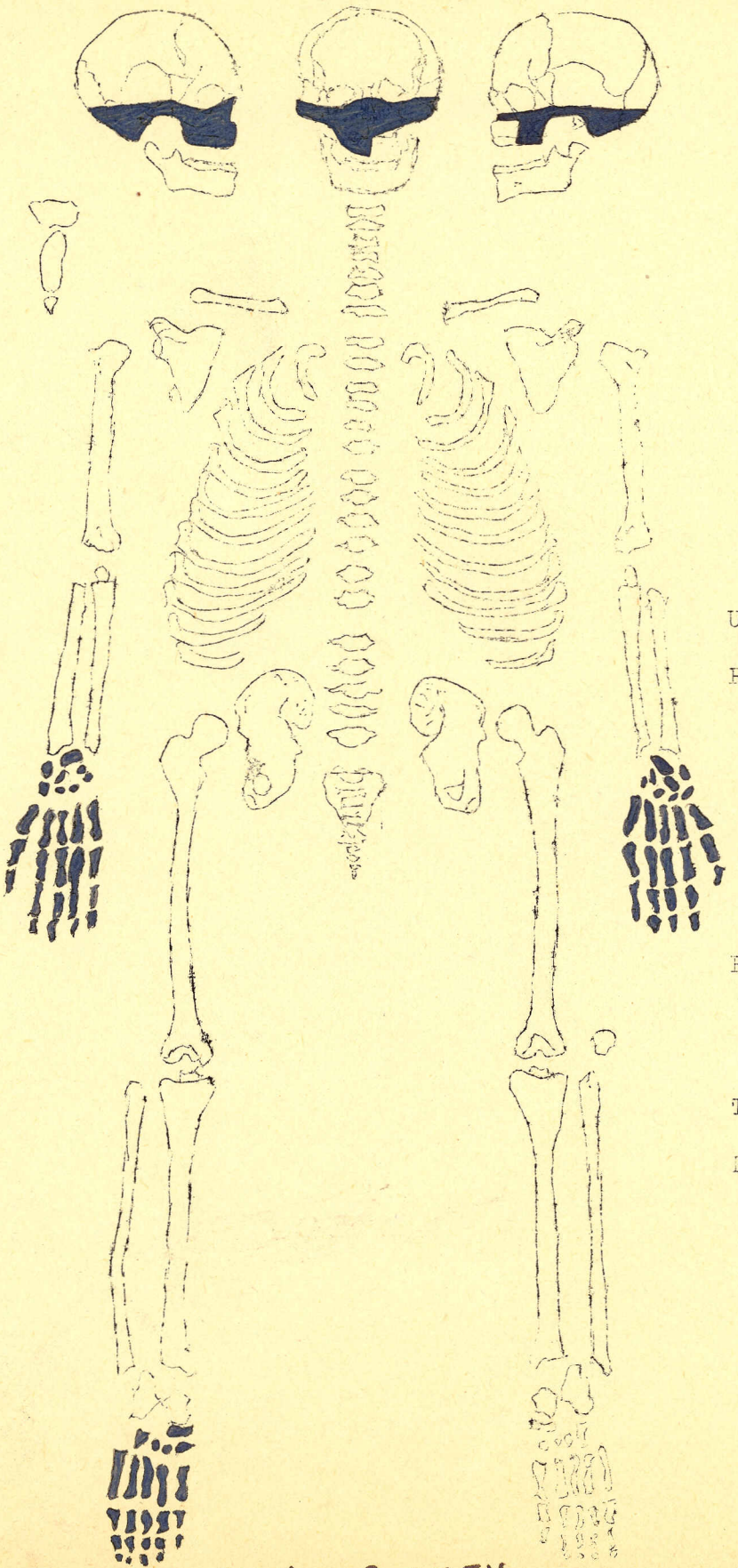
16634-5

SKELETAL CHART

Name or Unknown No (Black out parts of body not received)

RIGHT

LEFT



Skull

Humerus

Humerus

Ulna

Radius

Ulna

Radius

Femur

Femur

Tibia

Fibula

Tibia

Fibula

BIRKESER, SULEYMAN 19226