

Guard Goes Berserk, Turns Gun On War Prisoners' Tent; Kills Eight, 20 Others Hurt

By CARL WELTI

Salina, Utah, July 9—(UP)—A 23-year-old private, who had never aimed a shot at the enemy during eight months overseas, was in military custody today after he fired a .30 caliber machine gun into a tentful of sleeping German prisoners of war, killing eight and injuring 20 others.

Col. Arthur J. Ericsson, commander of the base camp at Ogden, Utah, of which the Salina camp is a branch, said Pvt. Clarence V. Bertucci, New Orleans, "for no apparent reason" sprayed a full belt of machine gun bullets on the slumbering prisoners.

Eight died almost immediately and six of the wounded were in critical condition.

The shooting occurred about 12:30 a. m. yesterday, some two hours after the prisoners normally retire.

Col. Ericsson said Bertucci was taken into immediate custody and "given an opportunity to explain his action." His statements were expected to be released today with the filing of a formal charge against him.

Apparently Berserk

"Bertucci apparently went berserk and for no apparent reason cut loose with the mounted gun and kept shooting until he ran out of ammunition," Ericsson told reporters.

Ericsson said the young private's army record, while not exemplary, indicated he had experienced no previous trouble with the prisoners.

The colonel said Bertucci, a veteran of four and a half years in the army, twice had been before a summary court martial. On one occasion, he was fined \$30 and sentenced to three months hard labor for refusing to go on guard duty and another time was restricted to company limits for breaking rules.

(In New Orleans, members of Bertucci's family were shocked to learn of the shooting. They insisted Bertucci had never harbored animosity for Germans. A brother, James, said Bertucci had been ill during the past year and had been a patient in several army hospitals.)

Ericsson said a partially reconstructed story of the incident showed that Bertucci was alone in a guard tower overlooking the POW tents at the time of the

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Went Berserk



Pvt. Clarence V. Bertucci, above, of New Orleans, 23-year-old trooper, turned a machine gun on a group of sleeping German prisoners of war at Salina, Utah, killing eight and injuring 20 others. The soldier, who said "I'm not sorry," has been placed under observation of Army doctors. (NEA telephoto.)

U.S. Soldier Guard Kills Eight German POW's At Utah Camp

SALINA, Utah (AP)—Machine-gun bullets fired by an American soldier killed eight Germans and injured 20 others asleep in a prisoner of war camp.

Why the soldier turned loose the barrage was a question still publicly unanswered today.

The shooting occurred early yesterday, a half hour after PFC. Clarence Bertucci of New Orleans, La., had gone on duty as a guard at the cap housing prisoners working in central Utah farm fields.

Col. Arthur Ericsson, commander of the prisoner of war camp at Ogden, of which the camp here is a branch, said Bertucci, 23, suddenly fired from his post in a guard tower into a tent area in which the prisoners were housed.

Three bursts of fire, including in all 250 shots and lasting no more than 15 seconds, ripped into the tents.

His ammunition expended, Bertucci yelled for more, Ericsson said, but was placed, instead, under arrest on orders of the branch camp commander, Lt. Albert I. Cornell.

In New Orleans, Bertucci's widowed mother said an Army officer who notified her of the incident expressed the opinion the soldier had gone "berserk."

"Something must have happened to him," said Mrs. Mary Bertucci, adding that she could not understand her son's action.

A board of inquiry interviewed Bertucci, officers and men at the camp and the prisoners. Bertucci's story, however, was not disclosed and Ericsson said it and other testimony would be handed on to the Security and Intelligence Officer at Ninth Service Command Headquarters at Fort Douglas, Utah.

Bertucci will be held in custody, Ericsson added, pending consideration of the inquiry board's report.

Bertucci was stationed with a field artillery unit in England for eight months but saw no battle action, Ericsson said.

Military officials said Bertucci had been subjected to three disciplinary actions, once for being absent without leave, once for refusing guard duty and once for missing a train. His sentences ranged up to three months.

SOLDIER ADMITS SHOOTING POW'S

Private Kills 8 Germans in Attempted Mass Slaying

Fort Douglas, Utah, July 9 (AP).—Col. Arthur J. Ericsson of the Ogden, Utah, Prisoner of War Command said today Pvt. Clarence V. Bertucci, 23, of New Orleans, had admitted planning the mass killing of German prisoners of war which he carried out by spraying .30-caliber machine gun bullets through their tents, killing eight.

Twenty other prisoners were wounded as Bertucci fired three bursts, a total of 250 bullets, from a guard's tower at the Salina prisoner of war camp 150 miles south of Salt Lake City yesterday.

Col. Ericsson said that the New Orleans soldier at a hearing shortly after the killings said he was not sorry about his act.

Ericsson said Bertucci had drunk several glasses of 3.2 beer at Salina about two hours before the shootings but there was no evidence that the soldier was under the influence of liquor when he was taken into custody.

Bertucci was brought to the Fort

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SOLDIER ADMITS SHOOTING POW'S

(Continued from Page 1)

Douglas Hospital for a complete examination. Col. C. R. Wing, director of the Security and Intelligence Division of the Ninth Service Command, said a full report would be made later.

Newspaper reporters were not allowed to see the soldier, who twice previously has been convicted at court martial of leaving his post and of failure to do guard duty.

HEADED FOR EUROPE

Washington, July 9 (AP)—President Truman today was two days out of Newport News, Va., headed for Europe and the Big Three conference.

Mr. Truman left Saturday aboard ship. He was accompanied by a group of advisers including Secretary of State James F. Byrnes.

He will meet Premier Stalin and Prime Minister Churchill in the Potsdam area near Berlin for their discussion at an unstated date.

In London, a Foreign Office spokesman said it was "pretty likely" that Mr. Truman would visit that city after the Big Three meeting.



Headline Tells Story of 8 POWs' Graves

By Stan Bowman
Tribune Staff Writer

Eight graves.

Eight headstones, all with the same date of death: July 8, 1945.

Those eight gravestones are in the Fort Douglas Cemetery, and are all marked as German prisoners of war who died that day.

But no one knew why. Why would eight POW's all die the same day? What was the story behind it?

Only One Answer

A query to present officers at the Fort Douglas headquarters got only one answer: "All we have is the record of the names, where the graves are and what the headstones say. All the history was sent to Department of the Army archives many years ago."

And, after all, there were no personnel still at the fort in 1976, 31 years after the deaths occurred in 1945.

But there was another source: The files of The Salt Lake Tribune.

And it was there that the story of the deaths of Otto Bross, Gotfried Gaad, Ernest Fuchs, and Hans Meyer — three underofficers (unteroffiziers) in the Third Reich—plus Walter Vogel, Fritz Stockmann, Adolf Paul and George Liske, all of whom are now interred in the fort cemetery was uncovered.

The headline blazoned: "POW Camp Guard Kills 8 Nazis."

And the story told how a camp guard just outside the city of Salina, Sevier County, had climbed to an unattended guard tower above a camp of German prisoners of war who were working to help bring in "war crops" in the area.

When he reached the top, he turned a machine gun onto the camp of 45 tents and sprayed 250 rounds — a full clip — of bullets into 30 of the tents.

He killed the eight German soldiers outright, and wounded 20 more, one of whom died later.

But 31 years later, no one on the staff at Fort Douglas knew the circumstances of the deaths. No one remembered how the young soldier from New

Orleans, La., left his bunk and climbed the tower and loosed the barrage of bullets that claimed nine lives.

The private who fired the shots was described by fellow soldiers as "dark, slender, soft-spoken and intelligent." He joined the Army in 1940 and although he spent eight months in England with a field artillery unit, he never saw battle action.

He had only been disciplined for three minor Army infractions.

Fires 250 Rounds

But at 12:25 a.m. the morning of July 8, 1945, he climbed into the tower, clutched the machine gun and fired 250 rounds in two rapid bursts into the tents of the sleeping prisoners.

Naturally, there was an Army investigation.

And on Aug. 17, 1945, the 9th Service Command announced after an investigation that the private, was "mentally unbalanced" when he had committed the act.

The ultimate disposition of the case

apparently was never announced, but the man was discharged from the Army.

Taken to Hospitals

At the time, the wounded men were taken to hospitals nearby, then transferred to Camp Kearns, then an Air Force base and now a suburb of Salt Lake City, and the Bushnell Hospital at Brigham City.

If you visit Fort Douglas Cemetery today, you will find two Italian, one Japanese and 21 German POW's from World War II buried there. Most are buried in the southeast corner of the cemetery.

In the far southwest corner is a monument and the graves of a number of German soldiers who died while being held as prisoners of war during World War I.

But as to the eight graves, all with the same date of death, the answer lies in the headline:

"Guard Kills 8 Nazis."

Hatred for Germans Given As Reason for Slayings

SALINA: July 10 (UP)—Pvt. Clarence V. Bertucci was under mental observation today after admitting that he sprayed machinegun bullets on a group of war prisoners while they slept, killing eight and wounding 20, because he "just didn't like Germans."

U.S. Private Kills 8 Nazi Prisoners

Turns Gun on Group, Wounds 20 Others

SALINA, Utah — (INS) — No sign of remorse over his act came today from a U. S. army private who went berserk with a machine gun, killing eight German prisoners of war and wounding 20 others, six seriously, in a prisoner of war camp at Salina yesterday.

"I'm not sorry," Pvt. Clarence V. Bertucci, 23, of New Orleans, was quoted by eyewitnesses as saying. "I'd do it again if I had a chance."

Bertucci was questioned by army authorities and placed under observation of army doctors. But no official statement was forthcoming in connection with an investigation ordered by Ninth service command headquarters at Fort Douglas, Utah.

Bertucci served overseas in England for eight months, but did not see combat duty. A period of brooding over Nazi atrocities committed against his former buddies who went into combat resulted in his conception of a "revenge plot," culminating in the machine gunning, some authorities believed.

Bertucci was on duty as a tower guard. He suddenly opened fire with his mounted machine gun about 12:30 a. m., spraying tents in which 230 German prisoners were sleeping until he ran out of ammunition. He then surrendered calmly to the officer of the day.

German POW's Wounded by American Guard



Six of the 20 German prisoners of war who were wounded when a tower guard fired a machine gun at them are seen here awaiting transfer to an army hospital at Brigham City, Utah. Eight German prisoners were killed when the guard, identified as Pvt. Clarence Bertucci of New Orleans, La., fired at the tents in which they slept at Camp Kearns, Utah. Bertucci is a veteran of overseas duty in England.

(International Soundphoto.)

Slain Nazi PW's Will Be Buried

FORT DOUGLAS, Utah, July 11 (INS).—Full military honors will be paid to the eight German prisoners of war killed by unauthorized bursts from an American soldier's machine gun, Ninth Service command officials announced today.

The funerals, scheduled to be held today, will be conducted under provisions of the Geneva convention. A small group of prisoners from the Salina, Utah, prisoner of war camp will be brought to Fort Douglas to attend the rites.

Regular German Flag

A regular German flag will be draped across each casket. A recent War department order prohibits the use of the Nazi flag of the Hitler era.

Pvt. Clarence V. Bertucci, 23, of New Orleans, named by Army authorities as the wielder of the machine gun that killed the eight Germans and wounded 20 others, is also at Fort Douglas.

It was announced he was confined for observation in a medical ward after telling officers he machine gunned the Germans at the Salina camp because he "didn't like Germans."

I Finally Did It'

"Many times I thought about shooting them—well, I finally did it," he was quoted as saying by Col. Arthur E. Ericsson. The private was also quoted as saying that he "wasn't sorry."

Guard Who Sprayed POW Tent With Gun Under Observator

SALINA, Utah, July 10—(UP)—Pvt. Clarence V. Bertucci was under mental observation today after admitting that he sprayed machine gun bullets on a group of war prisoners while they slept killing eight and wounding 20, because he "just didn't like Germans."

Col. Arthur J. Ericsson, spokesman for the branch prisoner camp near here, reported that Bertucci had been unable to account for his shooting orgy Sunday night, during which he fired a mounted gun from the guard tower where he was on duty.

Ericsson quoted Bertucci as saying that on several occasions he had been tempted to turn the tower gun on the prisoners and was "not at all sorry" for what he had done.

"He just didn't like Germans," the colonel said.

No other reason was given.

Bertucci, a veteran of four and one half years in the army, showed no signs of remorse. Col. Ericsson said. Ericsson added that despite repeated questioning, the 23-year-old New Orleans soldier had refused to elaborate on a statement that several times while on guard duty he had contemplated the killings.

Bertucci, the officer added, apparently had no personal basis for his hatred of the Germans. The youth's army service was limited to non-combat duty and, as far as was known, he had no close friends or relatives who had been killed or mistreated by the Germans.

Bodies of the eight dead prisoners were taken to Brigham, Utah, for burial and the 20 wounded, six reported in critical condition, were in hospitals near Salt Lake City.

GUARD SLAYS 8 PRISONERS

Says He's Not Sorry For Mass Murder

SALINA, Utah, July 9 (AP)—Pvt. Clarence V. Bertucci, New Orleans, tower guard who killed eight German prisoners of war and wounded 20 others in a shooting orgy at the branch POW camp near here said today that he was not sorry about the affair.

Col. Arthur J. Ericsson, commander of the base camp at Ogden, Utah, and spokesman at the Salina camp, reported that during questioning yesterday Bertucci said "he had planned a mass murder for some time," and "was not at all sorry" for yesterday's act.

Don't Like Them

Repeated questions as to why he turned a mounted machine gun on the sleeping men brought the same reply, Ericsson said.

"He just didn't like Germans."

No other reason was given.

The 23-year-old soldier answered questions calmly and freely with no apparent sign of agitation or concern about spraying a belt of 250 .30 caliber machine gun bullets into the tents in which the prisoners slept early yesterday morning.

Six of the prisoners were killed outright. Two died later in the hospital here. Six of the 20 wounded were reported still in serious condition today.

Bertucci, who surrendered quietly to a camp officer and another guard after exhausting the immediate supply of ammunition available for the tower, was taken to the army hospital at Ft. Douglas, where he is under medical observation.

REGISTRATION CARD—(Men born on or after February 17, 1897 and on or before December 31, 1921)

| | | |
|---------------|--|--------------|
| SERIAL NUMBER | 1. NAME (Print) | ORDER NUMBER |
| T 2884 | Clarence Vincent Bertucci (First) (Middle) (Last) | T 12106-A |

2. PLACE OF RESIDENCE (Print)

2703 Dryades St. New Orleans Orleans La.
(Number and street) (Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS

Same as 2

[Mailing address if other than place indicated on line 2. If same insert word same]

| | | |
|---------------------|-------------------|--------------------|
| 4. TELEPHONE | 5. AGE IN YEARS | 6. PLACE OF BIRTH |
| Ja. 3560 | 24 | New Orleans |
| (Exchange) (Number) | DATE OF BIRTH | (Town or county) |
| | Sent. 14, 1921 | La. |
| | (Mo.) (Day) (Yr.) | (State or country) |

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS

Mrs. M. Coleman Bertucci 2703 Dryades St. (Mother)

8. EMPLOYER'S NAME AND ADDRESS

Unemployed

9. PLACE OF EMPLOYMENT OR BUSINESS

(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

| RACE | | HEIGHT (Approx.) | WEIGHT (Approx.) | | COMPLEXION | |
|----------|-------------------------------------|---------------------|-------------------------------------|--------|-------------------------------------|-------------------------------------|
| White | <input checked="" type="checkbox"/> | 5-6 | 130 | | Sallow | |
| | | EYES | HAIR | | Light | <input checked="" type="checkbox"/> |
| Negro | | Blue | | Blonde | | |
| | | Gray | | Red | | Dark |
| Oriental | | Hazel | | Brown | <input checked="" type="checkbox"/> | Freckled |
| | | Brown | <input checked="" type="checkbox"/> | Black | | Light brown |
| Indian | | Black | | Gray | | Dark brown |
| | | | | Bald | | Black |
| Filipino | | | | | | |

Other obvious physical characteristics that will aid in identification.....

Small scar on left thumb

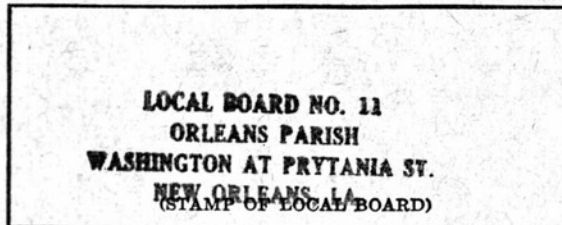
I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

None to my knowledge

Betty Laughlin
(Signature of registrar)

Registrar for Local Board 11 N.O. La.
(Number) (City or county) (State)

Date of registration December 19, 1945



(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)

DEATH CERTIFICATES OF THE MURDERED POWS

00004503442

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF UTAH
CERTIFICATE OF DEATH

State File No. 59
Registrar's No. 31

1. PLACE OF DEATH:
(a) County Sevier
(b) City or town Salina
(If outside city or town limits name Precinct)
(c) Name of hospital or institution:
Prisoner of War Camp
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Germany (b) County _____
(c) City or town _____
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME BROSS, Otto

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married or divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years.

7. Birth date of deceased November 16 1919
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
25 7 20 hr. min.

9. Birthplace Pferzheim Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W.D.P.M.G. Form 2

(b) Address _____

17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Douglas

18. (a) Mortuary Harold B. Welt Funeral Home

(b) Signature of funeral director _____

(c) Address Brian, U2 License No. 29

(e) Was body embalmed? Yes Embalmer's License No. 230

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1945
(Month, day, and year)

21. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____:

I last saw him alive on _____, 19____:

death occurred on the date stated above, at 12:30 a.m. DURATION

Immediate cause of death Exsanguination

Due to Gunshot wounds

Due to 10/6

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8, 1945

(c) Where did injury occur? Salina Sevier Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place P/W Camp (e) While at work? _____

(f) Means of injury gunshot

(g) Signature Paul B. Quinn Lt. Col. M.C.
8 July 1945 Bushnell Gen. Hosp.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 (a) County Salt Lake
 (b) City or town Salt Lake City
(If outside city or town limits name Precinct)
 (c) Name of hospital or institution: U.S. Veterans
(If not in hospital or institution give street number or location)
 (d) Length of stay: In hospital or institution 17 hrs.
(Specify whether
 In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Utah (b) County Sevier
 (c) City or town Salina
(If outside city or town limits write RURAL)
 (d) Street No. _____
(If rural give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME JAMES ILIFF REX

3. (b) If veteran, name was World War I 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Shuster

6. (c) Age of husband or wife if alive 54 years.

7. Birth date of deceased April 28 1887
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
55 11 19 _____ hr. _____ min.

9. Birthplace Salina Utah
(City, town, or county) (State or foreign country)

10. Usual occupation Stockman-Farmer

11. Industry or business Self

12. Name Wm. H. Rex

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Ivie

15. Birthplace Provo Utah
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. James Rex

(b) Address Salina Utah

17. (a) Removal (b) Date thereof 4-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina, Utah

18. (a) Mortuary Taylor Memorial Mortuary

(b) Signature of funeral director Marjorie Taylor

(c) Address 125 No. Main License No. 25

(e) Was body embalmed? Yes Embalmer's License No. 259

19. (a) April 19, 1943 (b) J. J. Howells
(Date received, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day, and year) April 17 1943

21. I HEREBY CERTIFY, That I attended deceased from April 16, 1943 to April 17, 1943

I last saw him alive on April 17, 1943

death occurred on the date stated above, at 4:25 p m. DURATION

Immediate cause of death _____

Basal skull fracture About 18 hours

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 1 month of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 16, 1943

(c) Where did injury occur? Salt Lake City, Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? Home (e) While at work? _____

(Specify type of place)

(f) Means of injury Fell downstairs

23. Signature F. J. CURTIS (M.D. or other) _____

Apr. 19, 1943 Address V.A.F. Hosp., S.L.C., Uta

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MOTHER FATHER

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH:
 (a) County Salt Lake
 (b) City or town Kearns
(If outside city or town limits name Precinct)
 (c) Name of hospital or institution: AAF Regional Station Hospital
(If not in hospital or institution give street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
 In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
Bad Peter Stal/Baden, Germany
 (c) City or town _____
(If outside city or town limits write RURAL)
 (d) Street No. Unknown
(If rural give location)
 (e) If foreign born, how long in U. S. A. 4 months years.

3. (a) FULL NAME Friedrich Ritter 31G 2602763

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married or divorced Married
 6. (b) Name of husband or wife Berta Ritter
 6. (c) Age of husband or wife if alive Unknown years.
 7. Birth date of deceased 13 November 1896
(Month) (Day) (Year)

8. AGE
 Years 48 Months 8 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Frankfurt-Main, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith T. Evans
 (b) Address Kearns, Utah

17. (a) Removed (b) Date thereof 7/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fort Douglas

18. (a) Mortuary Taylor Mort
 (b) Signature of funeral director [Signature]
 (c) Address 175 N. 11th License No. 117

(e) Was body embalmed? Yes (f) Embalmer's License No. 5519
 19. (a) July 14-45 (b) Edith T. Evans
(Date recorded, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 July 1945
(Month, day, and year)

21. I HEREBY CERTIFY, That I attended deceased from 8 July 1945 to 13 July 1945
 I last saw him alive on 13 July 1945

death occurred on the date stated above, at 5:40 pm DURATION
 Immediate cause of death Contused wound of Brain 7 days

Due to Multiple bullet wounds

Due to 166

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations Perforated Intestine PHYSICIAN

Of autopsy Same Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 7 July 1945

(c) Where did injury occur? Salina, Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? Prisoner of War Camp
 (e) While at work? _____

(f) Means of injury Wounded by machine gun fire
 23. Signature [Signature] (M.D. or other) _____
14 July 1945 Address Kearns, Utah

1. PLACE OF DEATH:
(a) County Sevier
(b) City or town Salina
(If outside city or town limits name Precinct)
(c) Name of hospital or institution: Prisoner of War Camp
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Germany (b) County _____
(c) City or town _____
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME LISKE, Georg
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
5. Color or race White 6. (a) Single, widowed, married or divorced Married
4. Sex Male
6. (b) Name of husband or wife Antonie Liske
6. (c) Age of husband or wife if alive Unknown years.
7. Birth date of deceased August 16 1913
(Month) (Day) (Year)

| 8. AGE | Years | Months | Days | If less than one day |
|--------|-----------|-----------|-----------|----------------------|
| | <u>31</u> | <u>10</u> | <u>22</u> | _____ hr. _____ min. |

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. D. P. M. G. Form 2
(b) Address _____
17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fort Douglas
18. (a) Mortuary Harold B. Felt Funeral Home
(b) Signature of funeral director _____
(c) Address Brigham, UT License No. 69
(c) Was body embalmed? Yes Embalmer's License No. 230
19. (a) July 19, 1945 (b) S. J. Foster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH July 8, 1945
(Month, day, and year)
21. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____;
I last saw him _____ alive on _____, 19____;
death occurred on the date stated above, at 12:30 a.m. DURATION _____
Immediate cause of death Exsanguination
Due to Gunshot wounds, peritoneal cavity
Other conditions 166
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(A) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 8, 1945
(c) Where did injury occur? Salina Sevier Utah
(City or town) (County) (State)
(d) Did injury occur in or about home on farm, in industrial place, in public place? P/W Camp (e) While at work? _____
(Specify type of injury)
(f) Means of injury Gunshot
Signature Frank B. Pearson (M.D. or other)
8 July 45 Brigham City Brigham City
(Date) (City) (County)

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

00004503439

1. PLACE OF DEATH:

(a) County Sevier

(b) City or town Salina
(If outside city or town limits name Precinct)

(c) Name of hospital or institution:
Prisoner of War Camp
(If not in hospital or institution give street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Germany (b) County

(c) City or town
(If outside city or town limits write RURAL)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A. years.

3. (a) FULL NAME STOCKMANN, Fritz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married or divorced Married

6. (b) Name of husband or wife Jutta Stockmann

6. (c) Age of husband or wife if alive Unknown years.

7. Birth date of deceased January 23 1921
(Month) (Day) (Year)

8. AGE

| | | | |
|-----------|----------|-----------|--|
| Years | Months | Days | If less than one day |
| <u>24</u> | <u>5</u> | <u>16</u> | hr. <u> </u> min. <u> </u> |

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. D. P. H. G. Form 2

(b) Address

17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Douglas

18. (a) Mortuary Harold B. Felt

(b) Signature of funeral director [Signature]

(c) Address Brigham, Utah License No. 69

(e) Was body embalmed? Yes (f) Embalmer's License No. 230

19. (a) July 19, 1945 (b) Dora Christensen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day, and year) July 8 1945

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19 ;

I last saw h. alive on 19 ;

death occurred on the date stated above, at 12:30 a.m. DURATION

Immediate cause of death Hemorrhage

Laceration of left lung

Due to

Due to Gunshot wounds

Other conditions 166
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence July 8, 1945

(c) Where did injury occur? Salina Sevier Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? W Camp

(e) While at work?

(f) Means of injury Gunshot

Signature Frank B. Palmer (M.D. or other) Bushnell Gen. Hosp.
Date 8 July 1945

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH:
(a) County Sevier
(b) City or town Salina
(If outside city or town limits name Precinct)
(c) Name of hospital or institution:
Prisoner of War Camp
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Germany (b) County.....
(c) City or town.....
(If outside city or town limits write RURAL)
(d) Street No.....
(If rural give location)
(e) If foreign born, how long in U. S. A..... years.

3. (a) FULL NAME FUCHS, Ernst
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married or divorced Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years.
7. Birth date of deceased January 19 1921
(Month) (Day) (Year)

8. AGE
Years Months Days If less than one day
24 5 20hr.....min.

9. Birthplace Kirchberg-Hunsrueck I, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business.....
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W.D.P.H.G. Form 2
(b) Address.....

17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Douglas

18. (a) Mortuary Harold B. Felt Funeral Home
(b) Signature of funeral director.....
(c) Address Brigham Way License No. 69

(e) Was body embalmed? Yes Embalmer's License No. 230

19. (a) July 19 1945 (Date received local registrar)
Frank B. Jensen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1945
(Month, day, and year)

21. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw him..... alive on....., 19.....

death occurred on the date stated above, at 12:30 a.m. DURATION

Immediate cause of death Ruptured heart

Due to.....

Due to Gunshot wounds

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8, 1945

(c) Where did injury occur? Salina Sevier Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? P/W Camp (e) While at work?
(Specify type of place)

(f) Means of injury Gunshot

23. Signature Frank B. Jensen (M.D. or other)
July 8 1945 Address Bushnell Gen. Hosp.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF UTAH
CERTIFICATE OF DEATH

State File No. 60
Registrar's No. 30

1. PLACE OF DEATH:
Sevier
(a) County.....
(b) City or town..... Salina
(If outside city or town limits name Precinct)
(c) Name of hospital or institution:
Prisoner of War Camp
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Germany (b) County.....
(c) City or town.....
(If outside city or town limits write RURAL)
(d) Street No.....
(If rural give location)
(e) If foreign born, how long in U. S. A..... years.

3. (a) FULL NAME MEYER, Hans

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married or divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years.

7. Birth date of deceased August 29 1920
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
24 10 10 hr. min.

9. Birthplace Messenthin, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Office Clerk

11. Industry or business.....

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. D. P. M. G. Form 2

(b) Address.....

17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Douglas

18. (a) Mortuary Harold B. Felt Funeral Home

(b) Signature of funeral director.....

(c) Address Brigham City, Utah

(d) Was body embalmed? Yes (e) Embalmer's License No. 230

19. (a) July 19, 1945 (b) Dora Christensen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1945
(Month, day, and year)

21. I HEREBY CERTIFY, That I attended deceased from
..... 19..... to..... 19.....

I last saw him..... alive on..... 19.....

death occurred on the date stated above, at 12:30 a.m. DURATION

Immediate cause of death Retroperitoneal

hemorrhage, massive traumatic

severance of left femoral vein.

Due to.....

Due to Gunshot wound

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 166

Of operations.....

Of autopsy as above

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8, 1945

(c) Where did injury occur? Salina Sevier Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place,
in public place? P/W Camp (e) While at work?.....
(Specify type of place)

(f) Means of injury Gunshot

23. Signature Frank B. Peterson (M.D. or other)
8 July 1945 Bushnell Gen. Hosp.
Address

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF
DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions
on back of certificate.

1. PLACE OF DEATH:
 (a) County Sevier
 (b) City or town Salina
(If outside city or town limits name Precinct)
 (c) Name of hospital or institution:
Prisoner of War Camp
(If not in hospital or institution give street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Germany (b) County.....
 (c) City or town.....
(If outside city or town limits write RURAL)
 (d) Street No.....
(If rural give location)
 (e) If foreign born, how long in U. S. A.....years.

3. (a) FULL NAME VOGEL, Walter
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1945.
(Month, day, and year)
 21. I HEREBY CERTIFY, That I attended deceased from
, 19..... to, 19.....
 I last saw h..... alive on....., 19.....
 death occurred on the date stated above, at 12:30 a. m. DURATION

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married or divorced Married
 6. (b) Name of husband or wife Emma Vogel
 6. (c) Age of husband or wife if alive Unknown years.
 7. Birth date of deceased December 17, 1912
(Month) (Day) (Year)

Immediate cause of death Hemorrhage, retroperitoneal.
Shock.

8. AGE
 Years 32 Months 6 Days 22 If less than one day
hr. min.

Due to.....

9. Birthplace Hossach-Franken Germany
(City, town, or county) (State or foreign country)

Due to Gunshot wounds, multiple

10. Usual occupation Professional Soldier

Other conditions.....
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings:
 Of operations.....

12. Name Unknown

Of autopsy as above

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. D. P. M. G. Form 2
 (b) Address.....

17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Douglas

18. (a) Mortuary Harold B. Falk Funeral Home
 (b) Signature of funeral director.....
 (c) Address Brigham License No. 69

(c) Was body embalmed? Yes Embalmer's License No. 230

19. (a) July 19 1945 Rosa Christensen
(Date received) (local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8, 1945

(c) Where did injury occur? Salina Sevier Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place,
 in public place? P/W Camp (e) While at work?.....
(Specify type of place)

(f) Means of injury Gunshot

Signature..... Frank J. ... (M.D. or other)
 July 8 1945 Address Bushnell Gen. Hosp.

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MOTHER FATHER

1. PLACE OF DEATH:
 (a) County Sevier
 (b) City or town Salina
(If outside city or town limits name Precinct)
 (c) Name of hospital or institution:
Prisoner of War Camp
(If not in hospital or institution give street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Germany (b) County _____
 (c) City or town _____
(If outside city or town limits write RURAL)
 (d) Street No. _____
(If rural give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME GAAG, Gottfried
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male race White 5. Color or _____
 6. (a) Single, widowed, married or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years.
 7. Birth date of deceased June 3 1916
(Month) (Day) (Year)

8. AGE
 Years 29 Months 1 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Worker

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W.D.P.M.G. Form 2

(b) Address _____

17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Font Douglas

18. (a) Mortuary Harold B. Felt Funeral Home
 (b) Signature of funeral director _____
 (c) Address Brigham (d) License No. 69

(e) Was body embalmed? Yes (f) Embalmer's License No. 230

19. (a) July 19 1945 (b) Acra Christensen
Date received local Registrar's signature (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1945
(Month, day, and year)

21. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____.

death occurred on the date stated above, at 12:30 a. m. DURATION _____

Immediate cause of death Exsanguination, hemothorax, right

Due to Lacerated right lung

Due to Gunshot wounds, multiple

Other conditions 166
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy as above

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8, 1945

(c) Where did injury occur? Salina Sevier Utah
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? P/W Camp (e) While at work? _____
(Specify type of place)

(f) Means of injury: Gunshot

23. Signature Frank O. Green (M.D. or other) _____
July 8 1945 Bushnell General Hospital

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MOTHER FATHER

0004503446