

G.R.S. Form #114-B

To The A. S. A.

8176

Soldier's sig

FULL NAME AXELSON, Olaf

JUN 1 - 1923

RANK Pvt.

SERIAL

1699368

DIVISION & ORGANIZATION Company A, 305th Infantry

77 Div

DATE OF DEATH 10-4-18

STATE FROM WHICH HE CAME

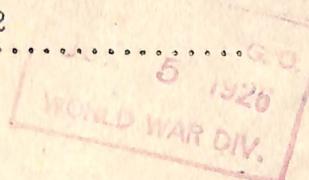
MEDALS OR DECORATIONS AWARDED

FINAL GRAVE LOCATION 12-1-21 16 21 E
Date Grave Row Block

Meuse-Argonne American Cemetery # 1232

Cemetery

AUDITED BY



GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

McEleen..... 1699368..... Olaf.....
(Surname.) (Number.) (First Name and Initials.)Private..... Co. A..... 115 Infantry.....
(Rank.) (Organization.)

DATE OF BURIAL..... Oct. 5, 1918.....

PLACE OF BURIAL..... Am. E. F. Cemetery, 6, Bazeilles.....

(Give Cemetery, Town and Department.) Map reference must
specify clearly what map is used.

GRAVE NUMBER..... 181.....

HOW MARKED: Name Peg?..... Cross?.....

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body?..... Yes.....

Was one fastened to name peg or
stake used as a grave marker?..... Yes.....If name unknown and tags missing, description and marks
should be given here:REPORTED BY: *Chas H. Bowles*
W. H. J. Bowles 2nd Lt. Q.M.C.
Buse Hospital, 116, A. 781
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

CODE SLIP

HEADING	S U B- HEADING	NO. OF COLS	CODE
NAME	Axelsen	5	1243-
BURIED	olaf		
	CEMETERY	1232	1
	GRAVE	16	16
	ROW	21	21
	FLOCK	E.	5
STATE	Ni	2	37
RANK	Prnt	1	2
DIVISION	77	2	77
ORGANIZATION	305-	3	305-
ARM	Inf	1	1
MARITAL	Father	1	2
NAME	Axelsen	3	
	Axel H		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER	Father	1	1
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	AU
DATE OF	MO.	1	APR 1 1932
TRIP	YR.	1	RS
ACCEPTANCE	29/514	1	PMY

XC-96 259
4/12/6

Axelsen, Olaf C 96 259 Pvt. Co. A, 305th Inf. N.Y.

Mother died 1908 - Norway

SM?

Loco?

Seebode

Father claims to have "married"
the 3rd time after M's
death. receives coins + vis
but gives no names.
Axel Henrik Axelsen

91 Barbu

Arendal - of Norway.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/14/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
AXELSEN, Olaf	Pvt	1699368	Co A, 305th Inf	10/4/18

STATE	CTY. NO. 1232	GRAVE	16	ROW 21	BLOCK E
-------	---------------	-------	----	--------	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
MOTHER		1907	
STERMOTHER (For the year prior to com- mencement of service)			
MOTHER THRU ADOPTION (For the year prior to commencement of service)			(F)
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)			<u>Andersens Axelsen</u> <u>#91 Barbu</u>
WIDOW (Who has not remarried)			<u>Arendal, Norway</u>

Single man
Veterans Bureau Claim Number 96259
29/156

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Axelson, Olaf	Pvt.	1699368	Co. A, 305th Inf.	10-4-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	16	21	E

NAME AND ADDRESS	<u>Check relationship</u>		<u>Living</u> - <u>Deceased</u>	<i>M died</i> <i>(7)</i> <i>M. Axel Henrik Axelsen,</i> <i># 91 Barbu,</i> <i>Arendal,</i> <i>Norway</i>
	MOTHER	STEPMOTHER (For the year prior to commencement of service)	:	
MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	:	
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	:	
WIDOW (Who has not remarried)	:	:	:	

Veterans Bureau Claim Number

29/156

96259

CORRECT NAME:

AXELSON, Olaf

1699368

Pvt., Co. A, 305th Inf. 77th Div.

Change to

AXELSEN, Olaf

1699368

Pvt., Co. A, 305th Inf. 77th Div.

1232

~~Foreign~~

Feb. 9, 1928

per phone advice AGO.

Pvt. Olaf Axelsen- 1699368-

was a member of Company A 305th Infantry when died, some of the records report him as being of Company A 115th Infantry, but phone report from the AGO 2/9/26 advise this is erroneous, as was of the 305th all of his service.

Hence the records of this office have been changed accordingly.

Name appears on the records of the CAS. list of the 305th Infantry.

E. Kensett Vail

E. Kensett Vail
Investigator.

*file
all offices*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Date 12/25/25

SUBJECT: Information required for Cemeteryal Division.

TO: The Adjutant General of the Army, World War Division, Washington, D.C.

1. It is requested that the items checked below be completed:

a. Surname Axelson Axelsen g. Date of death Oct 4, 1918
 b. Christian name Olaf h. Authority _____
 c. Serial number 1699342 i. Cause of death Brs. Liver
 d. Organization ORR j. Place of death _____
 e. Rank Pvt k. Place of burial _____
 f. Emergency Address _____
 l. Date of discharge _____

BODY DESCRIPTION

a. Date of enlistment _____ d. Height _____
 b. Age at enlistment _____ e. Weight* _____
 c. Color of hair _____ f. Fractures or breaks _____

DENTAL CHARTS

At Camp

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Upper right Upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Lower right Lower left

By Local Board

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Upper right Upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Lower right Lower left

REC'D
DEC 29 1925
WORLD WAR DIV

For The Quartermaster General:

John A. E. K. U.
2/4/25

25/446/EYS



E. K. U.
2/4/25

Letter

✓ Org. at time of death. Co A 305 Inf
Date assigned: Mar 4/18

✓ Over of Co. A 115 Inf. no record

✓ Date assigned -

✓ Date transferred -

✓ Org. to which assigned. -

✓ Over of Co. A 305 Inf. see above -

✓ Date assigned?

✓ Date transferred?

✓ Org. to which assigned?

Robert G. Davis,
Major General,
The Adjutant General,
By ESR

DEC 28 1925

In reply refer to:
293.8 G-R

17438

5 file
Dec. 4, 1922.

Mr. Christ Jilbrænde,
8683 Bay 21st,
Brooklyn, N. Y.

Dear Sir: The Quartermaster General desires that you be informed that the permanent grave of

the late Olaf Axelson, Private, Company A,
116th Infantry, is Grave 16, Row 21, Block E, Meuse-Argonne American
Cemetery. This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

MAILED

H. J. CONNER,
Assistant.

DEC 4 1922
22/1281/ARK

G.R.S.

hs
TICK

In reply refer to:

293.8 G-R

#17438

Dec. 4, 1922.

Mr. Axel Henry Axelson,
18 Hovet St.,
Frendal, Norway.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Claf Axelson, Private, Company A, 115th Infantry, is Grave 16, Row 11, Block E, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

MAILED

Very truly yours,

DEC 4 1922

G.R.S.

H. J. CONNER,
Assistant.

22/1281/ARK

DATE 12/1/21

1. NAME Axelson, Olaf SERIAL No. 1699368
 RANK Pvt. ORGANIZATION Co. A 115th Inf. 308-
 GRAVE LOCATION Amer. Bazoilles-sur-Meuse - Vosges 6
 CTY. NAME NUMBER
 800 8/1/21

92

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 92. Bazoilles-sur-Meuse. Vosges.
 GRAVE COMMUNE DEPT.

COORDINATES E.346-21. N.170-12. Map: Mirecourt NW 84.

CONCENTRATED TO No record of concentration.

DATE GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

Nothing of record.

SUBSEQUENT REBURIALS Not of record.

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR *W.H. Quarterman*
W.H. QUARTERMAN, Capt. F.A. USA.

3. FINAL GRAVE LOCATION 12/1/21 16 21
 DATE GRAVE ROW PLOT
 AUDITED BY
 M.M.E
 10/24/22 el
 6/28/22

Block

Meuse-Argonne American Cty. Romagne-sous-Montfaucon (Meuse) 1232
 CEMETERY

Duplicate

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

REPORT OF DISINTERMENT AND REBURIAL

Place Bazoilles, (Vosges) France.

Date September 26th 1921.

1. REMAINS OF AXELSON, OLAF.

SERIAL NUMBER 1699368.

RANK

Pvt.

ORGANIZATION Co. A 115th Inf.

305

200 of 100

2. Disinterred (date): September 26th 1921. From (give complete location) Grave 92.

American Military Cemetery, G.R.S. Code # 6, Bazoilles, (Vosges) France.

By: Group

2

Unit

Section 4.

3. Reburied (date):

In (give complete location):

Dec. 1, 1921, Meuse Argonne Cemetery # 1232, Gr. 16, Blk E, Row 21

By: Group Reburial S

Unit

Nature of reburial

Lined Casket

4. Report as to nature of original burial and condition of body upon disinterment:

Buried in uniform and wooden box. Body badly decomposed, recognition impossible.

5. (a) Identification tags: Buried with body? Yes. On grave marker? Yes.

(b) Other means of identification found upon disinterment, and general remarks:

No effects found.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) Unable to determine.

(b) Weight (estimated) -

(c) Hair—Color Apparently dark brown.

Quantity Unable to determine.

Characteristics None.

(d) Hair on face—Color None visible.

Location Unable to determine.

Quantity -

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None.

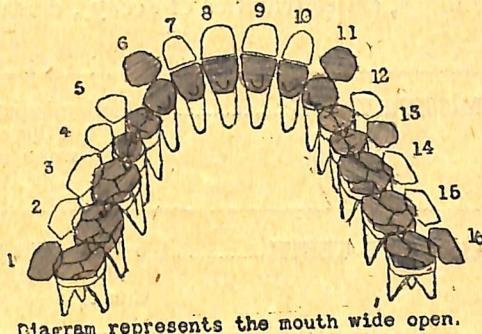


Diagram represents the mouth wide open.

(f) Wounds or missing parts (received at time of casualty)

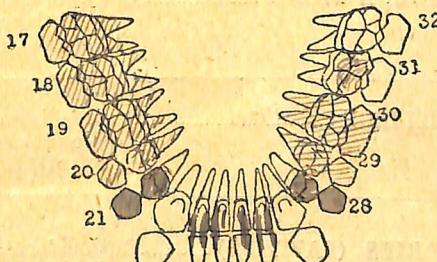
No. 12 Artificial tooth, Gold band to 11 & 13. None discernible.

No. 11 Artificial peg tooth.

Nos. 17, 18, 19, 20, 29, 30 Extracted.

Nos. 23, 24, 25, 26 Porcelain Fillings.

No. 31 Decayed. No. 32 Not grown.



21, 28, 23, 24, 25, 26, 27
Nos. 1, 6, 13, 16 Gold crown.
Nos. 2, 3, 4, 5, Artificial teeth,
Gold band to # 1 & 6.
Nos. 7, 8, 9, 10 Artificial teeth,
6 to 11.
Nos. 14, 15 Artificial teeth,
gold band to # 13 & 16.
No. 26 Gold filling.

7. Disinterment

supervised by

J. E. BENSON,

the,

Approved:

D. E. LOWRY,

hem

(Title) 1st Lt. Q.M.C.

8. Reburial

supervised by

A. U. Dufault

Approved:

James W. Younger,

(Title) Capt. Q.M.C.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
- (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :

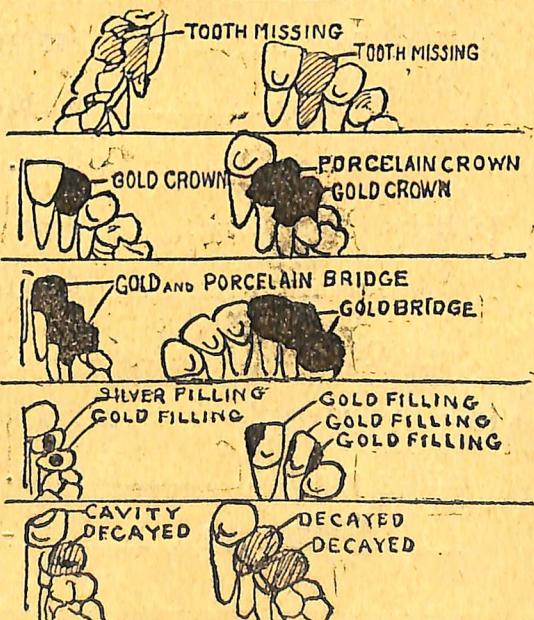
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :

BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :

FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :

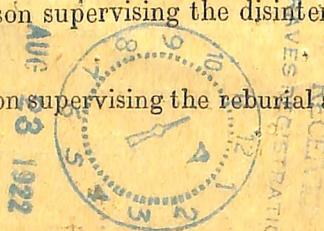
CARIES (CAVITIES) Outline location and size of cavity, shade in thus :

DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."



7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.



To be prepared in triplicate.

DATE September 26th 1921.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name	Axelson, Olaf	10. Name	O. AXELSON.
2. No.	1699368	11. No.	
3. Rank	Pvt.	12. Rank	
4. Org.	Co. A 305 115th Inf.	13. Org.	U.S.A.
5. D.D.	10-4-18	14. (a) D.D.	
6. C.D.	Broncho Pneumonia	(b) D.B.	

Discrepancy found upon disinterment

7. Grave No.	92	Sec.	15. Grave No.	Sec.
8. Plot		Row	16. Plot	Row
9.			17.	No Discrepancies.
18. Cemetery	Amer.		19. Commune or town	Bazoilles-sur-Meuse
20. Dept. or County	Vosges		21. Country	France
22. G.R.S. Hdqrs. Code No.	6			
23. Disinterred (Date)	Sept. 26th 1921.		By	J.E.BENSON.

24. Inscription on grave marker:

Name	OLAF AXELSON.	Serial No.	---
Rank	Pvt.	Organization Co. A 115th Ing. Grave 92.	

25. Was identification disc found on grave marker? Yes. On body? Yes.

T. H. Chun
Signature Junior Technical Assistant
T.H.CHUNN.

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Bottle record on body. No effects found. Form 16a accomplished.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial In uniform and burlap.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See number 10 and 13.

30. Body prepared and placed in casket: Date Sept. 26th 1921. By J.E.BENSON.

31. Casket sealed by J.E.BENSON.

Signature of Embalmer, (Supervisor)

J.E.Benson
J.E.BENSON.

SHIPMENT. (Show actual marking of box.)



32. Designation of body:

Name Axelson, Olaf

Serial No. 1699368

Rank Pvt. Organization Co.A 115th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse Argonne Amer. #1232 - Romagne-sous-Montfaucon

34. Casket boxed and marked (Date) September 26th 1921. By J.E.BENSON.

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector

D.E.Lowry

D.E.Lowry,
1st Lt. Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) September 26th 1921.

To point of Concentration Neufchateau, (Vosges) France.

(Name)

Convoyer

Signature Shipping Officer

Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

30 OCT 1921

To Permanent Cemetery Romagne-sous-Montfaucon, (Meuse) France.

(Name)

Convoyer

Signature Shipping Officer

WR.Buckley
WR.Buckley, Capt. Q.M.C.

40. Received: Date

G.R.S. Representative

41. Reinterred December 1, 1921, Meuse-Argonne Cemetery, # 1232

(Date)

42. Grave No. 16

Section

43. Plot Block E

Row 21

G.R.S. Representative

James W. Younger
James W. Younger,
Capt. Q.M.C.

COMPILE OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(a) Name AXELSON, Olaf Ser. No. 1699368
 (b) Rank Private Organization Co. A, 115th Infantry TYP. Vbb
 (c) Date of death 10-4-18 (d) Cause of death Broncho pneumonia CKR. ✓

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 92 Row - Plot - Sec. - TYP. Vbb
 (b) Emerg. Address Christ Gulbrandsen (uncle) 51 - Third Place, Brooklyn,

III. Files of soldiers dying from contagious diseases NO CARD New York
CKR. ✓

IV. A. G. O. DISPOSITION CARD:

no card in file - AER - 10-12-20
Date of receipt

(a) Name _____ (b) Relationship _____
 (c) Address _____
 (d) Remains to be brought to U. S. ? _____
 (e) To be interred in National Cemetery in U. S. at _____
 (f) Shipping instructions upon arrival of body in U. S. _____
 (g) Disposition instructions if not brought to U. S. _____

Examiner's Initials _____ Date _____, 1920.

V. A. G. O. CORRESPONDENCE shows communication from _____

, dated _____

confirming request in Par. IV., item _____, above, or requesting that _____

no correspondence

Examiner's Initials AER Date 10-12-, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

No request for disposition

(a) Cancellation memos referred to? *yes H.W.*

Examiner's Initials H.W. Date 10-12-, 1920.

COUNTRY FRANCE

CEMETERY NO. 6

SHEET NO. 23

Transferred to
House Unruhe 12-31-19

VII. G. R. S. Form No. 114 made

Typed

3, Checked by

RECEIVED BY

MAIL UNIT

, 1920.

VIII. FINAL ACTION

Following advice forwarded to Europe by

cable on

Central Div., 1920

letter on

Nov 17 1920, 1920

MAY 27 1921

PARAGRAPH 2 - NOT TO BE RETURNED (H.S.)

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be	
Body to be shipped to	

X. SUSPENSION REMARKS:

4-11/21 Letter to Mr. Christ Gulbrandson, uncle of deceased
returned unclaimed. H-4/28/21 RW

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE

WASHINGTON
Hoboken, N.J.

Jan 7 1921

FROM: Chief, Graves Registration Service, Q. M. C.

To: Mr. Christ Gulbransen, 51 - Third Place, Brooklyn, N.Y.

SUBJECT: Remains of Pvt. Olaf Axelson, #1699260, Co. A, 115th Inf.

305

2nd
1/10/26

The records of this office show that ~~you have requested that his body~~ no request has been
for the disposition of the remains.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Major, U. S. A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Was soldier married? Soldier's widow.			
Soldier's children. (Name oldest first.)	1 2 3		
Father			
Mother			
Brothers. (Name oldest first.)	1 2 3		
Sisters. (Name oldest first.)	1 2 3		

Date _____

Signature _____

Address _____

Relationship _____

IMPORTANT.—CAREFULLY read instructions before filling out this paper.

2-7860

(OVER.)

1920.

I, the undersigned, am the _____ and nearest living relative of the within-named
(Relationship.)
soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

RECEIVED BY
MAIL UNIT

MAY 27 1921

1. As stated on first page of this sheet.
2. To be returned to the U. S. and shipped to _____
(R. R. station.)
3. To be returned to the U. S. and buried in _____ National Cemetery.
4. To remain in Europe, for burial in a permanent American Cemetery.

(Name.)
Cemeterial Division
Overseas Project Sub (State.) on

Signature _____

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.
6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the inclosed envelope—pay no postage.

3-7860

I. LOCATION INDEX CARD:

(a) Name AXELSON, Olaf Ser. No. 1699368 }
 (b) Rank Private Organization Co. A, 115th Infantry } TYP vbb }
 (c) Date of death 10-4-18 Cause of death Broncho. pneumonia }
 305 }
 A.B. Y.P.C.

II. REGISTRATION CARD.-(Check Reg., Card Inf. against Loc. Ind. Inf.):

(a) Grave No. 92 Row - Plot - Sect. - TYP vbb
 (b) Emerg. Address Christ Gulbrandsen (uncle) 51 - Third Place, Brooklyn

III. Files of soldiers dying from contagious diseases. NO CARD CRK New York

IV. Information on which advice to Europe in letter of transmittal was based:

No card on file. No request for disposition.
 (H.S. 11-18-20)

V. Following advice forwarded to Europe by (cable on 192
 (Letter of transmittal on 192
NOV 17 1920

PARAGRAPH 2 - NOT TO BE RETURNED (H.S.)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. DEC 18 1920 192

VII. SUPPLEMENTARY REQUESTS

Date of Relationship
 and Source and name Desires Action taken

VIII. Form 115 received from G.R.S. Hoboken, N.J. 5-27- 1921

COUNTRY

CEMETERY NO.

SHEET NO.

A.R.S. FORM 115-A
 August , 1920

S-666/MB

FRANCE

6

23

MB 12-16-20

6-23
S-4/50/21

April 11th, 1921.

File No. 293.8 Cem.Div.Cor.Br.
(Axelson, Olaf.)

Mr. Christ Gulbrandsen,
51 Third Place,
Brooklyn, New York.

Dear Sir:-

The Department desires to be assured that no relative properly entitled to a voice in the disposition of the remains of your nephew the late, Private Olaf Axelson, Serial Number 1699368, Company A, 115th Infantry, is denied an opportunity of expressing his or her wishes. Kindly inform this office if the deceased is survived by widow, children, father, mother, brothers or sisters, giving the name and address of each.

If the deceased is not survived by the above mentioned persons, please state definitely if you desire the remains left in France for burial in a permanent American Cemetery, returned to the United States and shipped to you, or interred in the National Cemetery at Arlington, Va.

Your prompt attention to this matter will be greatly appreciated.

By authority of the Quartermaster General:
Mailed-O.P.D.

APR 13 1921

R. B. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:

F. C. PALLAS,
Executive Assistant

PP/11

CW

Phone Hoboken 3000
Extension 64 or 68

WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2, HOBOKEN, N. J.

6-23
S-4/30/21

April 11th, 1921.

File No. 293.8 Cem.Div.Cor.Br.
(Axelson, Olaf.)

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51 Third Place,
Brooklyn, New York.

Dear Sir:-

The Department desires to be assured that no relative properly entitled to a voice in the disposition of the remains of your nephew the late, Private Olaf Axelson, Serial Number 1699368, Company A, 115th Infantry, is denied an opportunity of expressing his or her wishes. Kindly inform this office if the deceased is survived by widow, children, father, mother, brothers or sisters, giving the name and address of each.

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Your prompt attention to this matter will be greatly appreciated.

By authority of the Quartermaster General:

R. E. SHANNON,
Captain, Q. M. Corps,
Officer in Charge.

BY:

F.C. Pallas
F. C. PALLAS,
Executive Assistant

Card Dept. #17438

MEMO FOR: G.R.S. representative, C.R.C.

SUBJECT: Information required for G.R.S.

I. Items checked are to be completed:

() Surname: Axelson
 () Number: 16399368
 () First name: Olaf
 () Rank: Pvt.
 () Company: A
 () Organization: 115th., Infantry
 () Date of death:
 () Cause:
 () Place:

Location of hospital:

Number " " D.
Class " " D.

() Relative: Crist Gulstrandson,
 () Relationship: Uncle,
 () Address: 51 ~~Hopmeade~~,
 Brooklyn, N.Y.
 () Authority:
 Cablegram No:
 Telegram from:

dated:

() Reported to Washington:
 C.C. Nos:

(Underscore the "official" C.C.)

() Remarks:

CHARLES C. PIERCE,
Lieut -Colonel, Q.M.C., U.S.A.

Initials of reporter:

1. G.R.S. Form No.1.

017438
HQ., GRS File
e

2. Soldier's No.

3. AXELSEN O.

Surname (block letters) 1st name & Initials

4. Pvt

a

305 Inf

2nd
1/2

Rank

Co.

Rgt & Corps

5.

Date of Death

Cause if Known

6.

Date of Burial

Cemetery

7.

Town-Commune (block letter) Dept.

8.

Grave No.

Plot No. or letter

9. Name tag?... Cross?... Headboard?... BTLE?...
Check method of marking

10. Buried with body?... Attached grave mark
Identification Tags

11. If name unknown, tags missing, give mark
and description

12.

Reference if intermented outside cemetery

13.

Give name of Chaplain-Burial Officer

Signed

Group..... Unit..... GRS

.....

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Axelson 1699368 Olaf
 (Surname) (Number) (First Name and Initials.)

Private Co. A. 115 Infantry
 (Rank) (Organization)

305
2000
Nov 26

DATE OF BURIAL Oct. 5, 1918

PLACE OF BURIAL Am. E. F. Cemetery #6, Bazoilles

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

GRAVE NUMBER 181

HOW MARKED ~~X~~ Name & Peg Cross Bottle

Headboard Box

IDENTIFICATION TAGS :

Was one buried with body? Yes

Was one fastened to name peg or
stake used as a grave marker? Yes

If name unknown and tags missing, description and marks
should be given here :

NOV 20 1918

REPORTED BY: *Chas J. Bowlus*

Chas. J. Bowlus, 2nd Lt. QMC
Buse Hospital #116, APO #731
(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.