

60

G.R.S. Form #114-B

To The A. G. O.

8176

Soldier's log

JUN 1 - 1926

FULL NAME *E* AXELSON, Olaf

RANK Pvt.

SERIAL 1699368

DIVISION & ORGANIZATION Company A, 305th Infantry

77 Div

DATE OF DEATH 10-4-18

STATE FROM WHICH HE CAME

NY

EDALS OR DECORATIONS AWARDED

none

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

Meuse-Argonne American Cemetery # 1232

Cemetery

AUDITED BY

[Signature]

MAY 11 1927
A. G. O.
WORLD WAR DIV

5 1926
WORLD WAR DIV.

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

.....*Swenson*.....*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. H. F. Cemetery 6, Bazailles*.....

(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 J. Bowler*

.....*Chas. J. Bowler, 2nd Lt. 115*.....
(Signature and Rank of Reporting Officer.)

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

CODE SLIP

HEADING	SUB- HEADING	NO. OF COLS	CODE
NAME <i>Axelsen</i>	<i>A X E</i>	3	<i>1 12 3-</i>
BURIED <i>Olaf</i>	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>16</i>	2	<i>16</i>
	ROW <i>21</i>	2	<i>21</i>
	FLOCK <i>E</i>	1	<i>5-</i>
STATE	<i>Ny</i>	2	<i>37</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>77</i>	2	<i>77</i>
ORGANIZATION	<i>305 -</i>	3	<i>305-</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL <i>Widower</i>	<i>No</i>	1	<i>2</i>
NAME <i>Axelsen</i>		3	
<i>Axel H</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Norway</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Father</i>	1	<i>1</i>
ELIGIBILITY	<i>Dead - 1907</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE 29/514		1	

AUL

APR 1 1932
RS

RMJ

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 comp + ris
but gives no names.

Apel Henrik Axelsen

91 Barbu

Arendal - 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.	GRAVE	ROW	BLOCK
	1232	16	21	E

	<u>Check relationship</u>	<u>Living - Deceased</u>
MOTHER	:	: <u>1907</u> :
STEPMOTHER (For the year prior to commencement 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>Arvid Henrik Axelsen</u> :
WIDOW (Who has not remarried)	:	: <u>#91 Barber</u> :
	:	: <u>Arendal, Norway</u> :

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.	1232	GRAVE 16	ROW 21	BLOCK E
-------	----------	------	----------	--------	---------

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

Veterans Bureau Claim Number 96259
29/156

CORRECTION 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, 1926

per phone advice AGO.

Pvt. Olaf Axelson- 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
and
H/O/26*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Date 12 Sept 15

SUBJECT: Information required for Cemeterial 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 Axelien g. Date of death Oct 4, 1918
 b. Christian name Olaf h. Authority _____
 c. Serial number 1699362 i. Cause of death Brs. Lunge
 d. Organization over j. Place of death _____
 e. Rank Priv 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

By Local Board

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

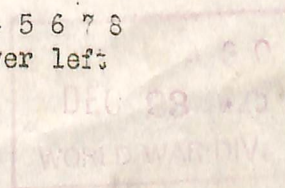
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
 Upper right Upper left

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

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

For The Quartermaster General:

25/446/EYS



E. K. V.
 m. 2/4/

Handwritten signature

Handwritten initials

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

✓ Loc of Co. A 115 Inf. no record
✓ Date assigned —
✓ Date transferred —
✓ Org. to which assigned. —

✓ Loc of Co. A 305 Inf. see above —
✓ Date assigned?
✓ Date transferred?
✓ Org. to which assigned?

Robert G. Davis,
Major General,
The Adjutant General.
By *Edg*

DEC 8 8 1925

In reply refer to:
293.8 C-R

17438

Dec. 4, 1922.

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

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

the late Olaf Axelsson, Private, Company A,
116th Infantry, is Grave 16, Row 21, Block E, Meuse-Argonne American Cemetery, Meuse-Argonne, 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.

Very truly yours,

MAILED

DEC 4 1922

22/1281/ARK

G.R.S.

H. J. CONNER,
Assistant.

he
ACK

In reply refer to:

293.8 C-R

#17438

Dec. 4, 1922.

Mr. Axel Henry Axelson,
18 Havel St.,
Arundal, Norway.

Dear Sir:

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

Very truly yours,

DEC 4 1922

G.R.S.

H. J. COMMER,
Assistant.

he

22/1281/ARK

DATE 12/1/21

1. NAME Axelson, Olaf SERIAL No. 1699368
 RANK Pvt. ORGANIZATION Co. A 115th Inf. *308* *8100* *2/10/20*
 GRAVE LOCATION Amer. Bazoilles-sur-Meuse - Vosges 6
 CTY. NAME NUMBER
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

Wm. H. Quarterman
 Wm. H. QUARTERMAN, Capt. F.A. USA.

3. FINAL GRAVE LOCATION 12/1/21 16 21 E
 DATE GRAVE ROW PLOT
 Block

AUDITED BY

M. M. E.

el

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

Date September 26th 1921.1. REMAINS OF AXELSON, OLAF. SERIAL NUMBER 1699368.RANK Pvt. ORGANIZATION Co. A 115th Inf. *305* *200 1/2*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 21By : Group Reburial S Unit Nature of reburial Lined Casket4. 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.

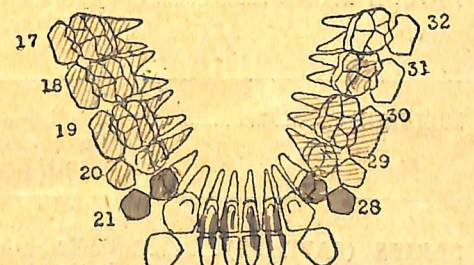
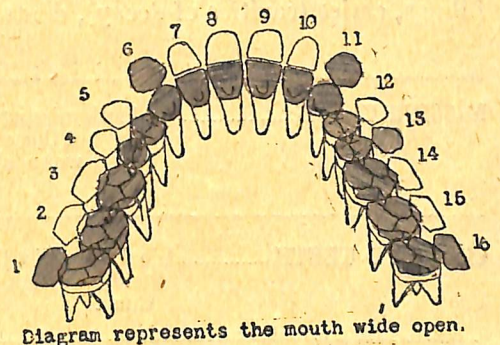
(b) Other means of identification found upon disinterment, and general remarks :

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.

(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.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.

21, 28, 22, 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.

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), bicuspid (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 :



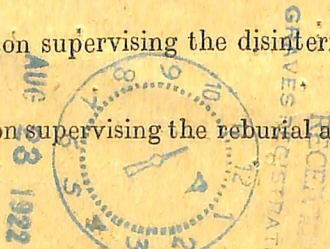
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :



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, Olaf10. Name O. AXELSON.2. No. 1699368

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Co. A 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 Discrepancias.18. Cemetery Amer.19. Commune or town Bazouilles-sur-Meuse20. Dept. or County Vosges21. Country France22. G.R.S. Hdqrs. Code No. 623. 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.

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.

SHIPMENT. (Show actual marking of box.)

Box No. C-10675

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.

Convoyer

Signature Shipping Officer

(Name)
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

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

Convoyer

Signature Shipping Officer

(Name)
W.R. 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.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

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

TYP. vbb
 CKR. 9

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 CKR. New York

IV. A. G. O. DISPOSITION CARD:

Date of receipt no card in file - 68R-10-12-20

(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 68R Date 10-12-, 1920.

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

No request for disposition

(a) Cancellation memos referred to? yes HBT

Examiner's Initials 26 HBT Date 10-12-, 1920.

COUNTRY FRANCE

CEMETERY No. 6

SHEET No. 23

Handwritten notes:
 1-2-21
 transfer to
 New York
 12347

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

RECEIVED BY
MAIL UNIT

Typed

3

Checked by

, 1920.

MAY 27 1921

VIII. FINAL ACTION

Following advice forwarded to Europe by

cable on

1920

letter on

NOV 17 1920
Cemeterial Division
Overseas Sub-Section

PARAGRAPH 2 - NOT TO BE RETURNED (H5)

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 Gulbrandson, 51 - Third Place, Bklyn, N.Y.
SUBJECT: Remains of Pvt. Olaf Axelsson, #1699262, Co. A, 115th Inf.

The records of this office show that ~~no request has been~~ 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.

_____, 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 _____

(Name.)

Cemeterial Division

Cemeterial Project Section (State.) on

(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.

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.

File -- 17438
COMPILATION OF DISPOSITION OF REMAINS DATA

See 115
11-21-20

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

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 CKR New York

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

No card in file. No request for disposition.
(U.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 (45)

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

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
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VIII. Form 115 received from G.R.S. Hoboken, N.J. 5-27- 1921

COUNTRY

CEMETERY NO.

SHEET NO.

U.S. FORM 115-A
August, 1920

6-666/MB

FRANCE

6

23

MB/2-16-20

6-23
S-4/30/21

April 11th, 1921.

File No. 293.8 Com.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, 116th 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.E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:

F.C. PALLAS,
Executive Assistant

77/11

Phone Hoboken 3000
Extension 64 or 66

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.)

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

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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 » »

- () Relative : Crist Gulbrandson,
- () Relationship : Uncle,
- () Address : 51 1st Ave.,
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 :

17438

1. G.R.S. Form No.1. HQ., GRS File

2. Soldier's No.
3. **AXELSER** O.
Surname (block letters) 1st name & initials

4. **Pvt** **A** **305-Inf** **2nd**
Rank Co. Bgt & Corps **2/10/2**

5. Date of Death Cause if Known

6. **AMERICAN MIL No. 6**
Date of Burial Cemetery

7. **BASILLIS**
Town-Commune (block letter) Dept.

8. **92** **6**
Grave No. Plot No. or letter

9. Name tag? ☒ Cross? ☒ Headboard? ☒ BATTLE? ☒
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 interment outside cemetery
;

13. Give name of Chaplain-Burial Officer

Signed **A. M. Bielawsky**
Group.....Unit **1**.....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)

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

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

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

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

HOW MARKED : ~~XXXXXX~~.....Cross?.....

~~XXXXXXXXXX~~.....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. J. Bowler, 2nd Lt. OMC

Buss Hospital #116, APO #731

(Signature and Rank of Reporting Officer.)

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