A115596
GALOVICH
PETER

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25-7-44 635034

AWARDS—CANADIAN ARMY (ACTIVE) (1686)

M

500M—1-44 (3467) FEB.
H.Q. 1772-45-8

| SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT |
|---|---|---|---|
| GALOVICH, Peter Joseph | A.115596 | Pte. | 1st.Roy.H.R.of C. |

FILE NO. 405-G.16553

WAR SERVICE BADGE (CLASS) NO. G.S.#1047733 (6/1/88)

DATE DESPATCHED:

ADDRESS:

Repl

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|---|---|
| 1939-45 Star<br>~~France & Germany Star~~<br>War Medal<br>C.V.S.M. & Clasp | SENT ENVOY JAN 5 1987 |

8/12/87
~~12/11/87~~

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Rose GALOVICH, (MOTHER)

ADDRESS: 75 Beaumont Ave.,
MONTREAL, P.Q.

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 219

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. R. Galovich (ENGLISH)

DESP. NOV 1 1944
REGN No. 5093
(3)

(1686)
ADDRESS: 75 Beaumont Ave.,Montreal,QUE.,

6781-24-3-50

No A.115596 Rank Private Name GALOVICH, Peter Joseph

Unit Black Watch (R.H.R.) Date of death 25-7-44

Died at France

Cause Killed in action.

Death occurred on strength of Forces. H.Q. 405-G-16553

N/K Mrs. R. Galovich, Relationship mother

Address 75 Beaumont Ave., Montreal, Que.

Remains buried in Cemeter

MR 024602; St Martin De Fontenay, France.

CAK

Grave location

QUER-

BURIAL REPORT TO N.K. MAR 20 1946

RETURN TO BUR. OF STAT. NOV 24 1944

ROYAL MESSAGE DESP'D. SEP 16 1944

CAN. MESSAGE DESP'D. SEP 11 1944

REBURIAL

Bretteville-sur-Laize Cdn.Military Cem.
Bretteville-sur-Laize, France.

Grave 15, row E, plot 1.

HI & CR Form Despd. OCT 30 1946

Photographs
Despatched
AUG 30 1947

Received..... Checked..... Card..... Observations..... Accepted Trial Group completed & enfiguerprinted

ORIGINAL
DUPLICATE
TRIPLICATE } Copy designation to be shown by striking out terms not applicable.

M.F.M. 2
(Combining M.F.M. 103)
750M—4-43 (9375) (786-828)
H.Q. 1772—39—1645

Corps 1st Canadian Fusiliers C.A. Regimental Number A.115596

01/FUS

# CANADIAN ARMY

## ENROLMENT AND ATTESTATION PAPER

1. GALOVICH (Surname) PETER JOSEPH (Christian Names)
2. Present Address 73 Beaumont Ave. Montreal Que.
3. (a) Date of birth 25 Nov. 1917
   (b) Place of birth Canada (Country) Quebec (County or Province) Frontenac Ward (Town or Township)
4. (a) Place of birth of Father Poland (Country) Galicia (County or Province) Bokovin (Town or Township)
   (b) " " " " Mother Poland (Country) (County or Province) (Town or Township)
5. Nationality Canadian
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Roman Catholic
7. Trade or calling (a) Shoe Worker (a) Name and address of last employer: Galt Shoe Coy., Kitchener, Ontario.
   (b) How long employed 5 years
9. Married, Widower or Single Single If married, how many children N/A
10. Name of Next-of-Kin Rose GALOVICH 11. Relationship Mother
12. Address of Next-of-Kin 75 Beaumont Ave., Montreal, Que
13. Previous Service (Navy, Army or Air Force) Units and dates No.A-531272, Can. Fus. 11 Mar 42 to date 10 BTC 19 Feb 42 to 10 Mar 42: N.R.M.A. (A-531272)
14. (a) Former war service Nil
    (b) In the armed forces of what country NA
    (c) Dates of such Service NA
15. Decorations and medals, if any NA
16. I do solemnly declare that the above particulars are true

× P. J. Galovich
Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

### 16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the above named in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to,

at Vernon, B.C. this 4th day of April 1944

O.C. "B" Coy., Can. Fus.

Signature of Magistrate, Justice Attesting or Enrolling Officer.
Office or Rank and Unit or appointment.

**ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.**

### 17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, PETER JOSEPH GALOVICH, hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 4th April 1944

× P. J. Galovich
(Signature of Recruit)

### 18. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, PETER JOSEPH GALOVICH, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness Lt. E. Moore (Name) Capt. (Rank)

× P. J. Galovich
(Signature of Recruit)

### 19. The above named recruit has made and signed the declaration and taken the oath before me.

at Vernon, B.C. this 4th day of April 1944

O.C. "B" Coy., Can. Fus. C.A.

(Signature of Magistrate, Justice or Attesting Officer.)
(Office or Rank and Unit or appointment)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON WILFULLY MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

5107
10
3 JUN 44
1111121

Record of Service of GALOVICH (Surname) Peter Joseph (Christian Name) Regimental Number A.115596

## QUALIFICATIONS

Military .....

Business or Professional Nil

Trade or Civil Nil

Technical Shoe Worker

Languages Nil

Nil

## EDUCATIONAL QUALIFICATIONS

High School or Collegiate ..... (years completed) Graduation or Matriculation ..... (specify)

Nil

*College .....

*University Nil

Nil

* (Name of institution, courses or years completed, and degrees obtained to be shown)

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

| REPORT Date | REPORT From whom received | Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength. | Rank Shown | Effective Date | Unit | Place | AUTHORITY Part II D.O. No. Cas. List, etc. | AUTHORITY Dated |
|---|---|---|---|---|---|---|---|---|
| | | Granted 14 days furlough with pay from 10-11-42 until 23-11-42 and to draw | | | | | | |
| | | money allowance (50¢ per diem) in lieu of rations. T.W. #.A-262060 | Fus. | 10-11-42 | Can.Fus, | Vanc. | P.T.O. #172 | 13-11-42 |
| | | To draw pay of $1.50 per diem in accord with CARO 2772 Paras 2 & 3 | Fus. | 1-1-43 | " | " | " #16 | 28-1-43 |
| | | TOS GENERAL SERVICE FROM N.R.M.A. | " | 4 Apr.44 | Can Fus | Field | 28 | 12 Apf. 44 |
| | | Granted Emb. Leave 5 May 44 + | | | | | | |
| | | att. #4 D.D. f.a.p. except pay eff. 12 May 44. | " | 5 May | " | Vernon | #3 | 5 May 44 |
| | | Granted ration all. for 10 days | " | 5 May 44 | " | Debert | #5 | 22 May 44 |
| | | Ceases att. #4 D.D. f.a.p. except pay | " | 19May44 | " | " | #5 | " " |
| | | S.O.S., C.A. Canada 25 May 44 | | | | | | |
| | | T.O.S., C.A. Overseas 26 May 44 | | | | | | |
| | | Disembarked 2 June 44 | Fus. | | Can Fus | U.K. | #7 | 8 June 44 |
| | | T.O.S. | | | | | | |
| 624 | SOS | SOS to 1st Bat Royal Highs of C | Fus | 20 Jun 44 | Bn Can Fus | U.K. | 12 | 20 Jun 44 |
| | TOS | | | | | | | |

For additional entries use M.F.M. 1 and 2 (a)

## CERTIFICATE OF MEDICAL EXAMINATION

20. Surname GALOVICH Christian Names Peter Joseph

Reception Centre Vernon, B.C. Military District 11 Date 5 Apr 44

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 25 Eyes (Colour) Blue Hair Fair Height 5' 4½" Weight 132

Identification marks and scars Scar Lt. groin. another 4" below this Scar left instep- med aspect

22. Urinalysis (a) Albumen neg (b) Microscopic (if albumen positive) (c) Sugar neg

" recheck (a) " (b) " " (c) Blood sugar

23. X-Ray No. No record Laboratory No M1M103 Report Neg 19 Feb 42

### Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble no

(b) Nose, throat, sinus or ear trouble no

(c) Any broken bones or other injuries no

Head injuries no

(d) Spinal trouble no

(e) Foot trouble no

(f) Operations operation on lt. leg as child - cause unknown re-moval of pus

(g) Ruptures no

(h) Kidney or bladder trouble no

(i) Gonorrhoea no

(j) Varicose veins no

(k) Haemorrhoids no

(l) Rheumatism or joint trouble no

### Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/ 30 Lt. 20/ 30

(with glasses) Rt. 20/ Lt. 20/

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. neg Lt. neg

Nose neg Throat neg

Sinuses neg

Remarks and Diagnosis

upper dental plate

Pulhems grading H 1 E 1

H.S. Randall Lt

P.L. Brady Capt R.C.A.M.C.

(Signature E.E.N.T. Specialist)

26. Cranium Neg

Spine neg minor degree of dyhnosi

Extremities old scar - lt. groin

Hernia ~~min~~ neg

Genito-Urinary neg

Rectum neg

Varicose Veins neg

Feet neg

Abdominal neg

Remarks and Diagnosis

States operated on as child for removal of pus from left groin cause unknown

Pulhems grading P 1 U 1 L 1

H.S. Randall Lt. R.C.A.M.C.

(Signature of Surgeon)

## CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)
(m) Tuberculosis No
(n) Bronchitis or other lung trouble no
(o) Asthma or Hay Fever no
(p) Heart Disease no
(q) Rheumatic Fever no
(r) Kidney Disease no
(s) Stomach, Bowel or Rectal trouble Constipation
(t) Diabetes no
(u) Goitre no
(v) Syphilis no
(w) Fits or fainting no
(x) Nervous disorders no
(y) Have you been in the Active Army in this war? no
(z) Are you now or have you in the past received disability pension or compensation? no

R.J. Galovich
(Signature of Recruit)

Fr K Randall Capt
P.L. Brady Capt R.C.A.M.C.
(Witnessed by)

Certified True Copy

27. Physique: Good V Fair ..... Poor .....
Chest:
Full expansion 34 Range of Expansion 1½"
Lungs: Neg
Heart: B.P. Systolic 120 Diastolic 84
Abdomen neg
Skin neg
Glandular Systems neg
Remarks and Diagnosis:

PULHEMS Grading 1 P

Fr K Randall Capt
P.L. Brady Capt R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report Remarks and Diagnosis:

Pulhems grading M 2 S 1

Fr K Randall Capt
P.L. Brady Capt R.C.A.M.C.
(Signature of Psychiatrist)

### Part III

29. Category (or profile) to be assigned.

| | Year of Birth | P | U | L | H | E | M | S |
|---|---|---|---|---|---|---|---|---|
| 17 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | |

This category (or profile) is not to be changed. See note (c).

Fr K Randall Capt
P.L. Brady Capt R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

| Date | Use one line and write plainly. | Date | P | U | L | H | E | M | S | Signature of M.O. |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 26 Feb 44 | 1 | 1 | 1 | 1 | 2 | 1 | P. | Fr K Randall Capt L. Brady Capt |
| 23-3-44 | ½cc TABT } P.L.Brady Capt | | | | | | | | | |
| 23-3-44 | 1cc TYPOS } R.C.A.M.C. | | | | | | | | | |
| 30-3-44 | 1cc TYPOS } | | | | | | | | | |
| 21 Feb 42 | Vacc & TABT 1 MFM 103 | | | | | | | | | |
| 26 Mar 42 | TABT 2 " | | | | | | | | | |
| 4 Jun 42 | TABT 3 " | | | | | | | | | |
| 10 Jun 43 | Cat. "A" Conf. " | | | | | | | | | |
| 3 Jul 43 | Blood Group "O" " | | | | | | | | | |
| 11-4-44 | 1cc TYPHOS - P.L.Brady Capt | | | | | | | | | |
| 20-4-44 | Schick Neg. K.S.Randall | | | | | | | | | |

**NOTE:** (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

NRMA SOLDIER ATTESTED GENERAL SERVICE

(*To be completed in triplicate*)

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

FINGERPRINTED NOMINAL ROLL No. NOV 20 1942

RV = 20/20 LV = 20/20
RCV = 20' LCV = 20'

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

# ENROLMENT FORM

A-115-5-96

N.R.M.A. Serial Number of Notice of Call A-4966 Regimental Number A-531272

1. Taken on Strength of No. 1 N.R.M.A. Clearing Depot FEB 19 1942
2. Surname (Block Letters) GALOVICH
3. Christian Names (in full) Peter Joseph
4. Present Address 188 Waterloo Street Kitchener Ontario
5. Place of Birth Canada (Country) Quebec (County or Province) Frontenac Ward (Town or Township)
6. Date of Birth 25 Nov 17
7. Religion—Denomination R. C.
8. Physical Description: Height Weight Eyes Hair
   Complexion Identification marks
9. Married, Single, Widower? Single
10. Next-of-Kin Mrs. Rose Galvich (Name) Relationship Mother
    75 Beaumont ave Montreal PQ
    ~~188 Waterloo Street Kitchener Ont.~~ (Address) SEE INSIDE
11. Trade or Occupation Shoe Worker
12. Previous Naval, Military or Air Service 30 days Nov-Dec 40 # 10 BTC Kitchener Ont. (State Units and Dates of Service)
13. Preference, if any, for, R.C.N.? Army? Army (Arm of Service) R.C.A.F.?
14. Employment in War Industry, if any NIL

P. J. Galovich
(Signature of Man)

C. O. Bouchard Lt.
(Signature and Rank of Enrolment Officer)

19 Feb 42
(Date of Signature)

OCCUPATIONAL HISTORY FORM COMPLETED

## TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 10 at Kitchener Ont. Date 19 Feb 1942
   Completed 21 Days Basic Training.
   11 Mar 1942 [signature] Lieut.
   (Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. at Date
   Completed Days Advanced Training.
   Qualities of Leadership, Positive Becoming Evident? Dormant?
   Transferred to 1st Bn Tors Rus. Date 11-3-42
   (R.C.N., formation or unit of the C.A., R.C.A.F.)
   [signature]
   (Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre norm. Cat. A1 Re-exam. urine ears relieves [illegible]

RECORD OF SERVICE of CALOVICH (Surname) PETER JOSEPH (Christian Names) Regimental Number A-531272

## Qualifications

1. Naval, Military, or Air: Nil
2. Business or Professional: Nil
3. Trade or Civil: Shoe Worker
4. Technical: Nil
5. Languages, etc.: English (mother tongue) Can speak? Yes Can read and write? Yes Can drive a car? No Repair a motor? No Cooking experience? Yes Hobby? Yes

## Educational Qualifications

6. High School or Collegiate: Nil (years completed) Graduation or Matriculation: N/A (specify)
7. *College: N/A
8. *University: N/A

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

| Report | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force | Rank Shown | Effective Date | Unit | Place | Authority | |
|---|---|---|---|---|---|---|---|---|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| | | Joined on TRANSFER from N.R.M.A. Clearing Depot No. 1 | | | | | | |
| 23-2-42 | NO 1 NRMA CD | T.O.S. NO 10 BASIC T.C. (CA) FOR A/P | PTE. | 19-2-42 | # 10BTC | Kitchener | D. O. # 37 | 23-2-42 |
| 1-3-42 | # 10 BTC | Ceases to be attached to No 10 Basic TC and is SOS No 1 NRMA Clearing Depot upon being posted to the Canadian Fulisiers (CA) as members (H.D.) | Pte | 10-3-42 | # 10 BTC | Kitchener | D.O. #46 | 11-3-42 |
| 12-3-42 | #I NRMA | TOS CAN.FUS. on posting from # I NRMA C.D. | Fus. | 11-3-42 | Can. Fus. | Listowel | D.O. # 18 | 12-3-42 |
| 9-9-42 | Can. Fus | Attached for all purposes except pay to No 11 Ordnance Depot Coy Esquimalt B.C. | " | 10-9-42 | " | Otta. Pt. | D.O. # 138 | 9-9-42 |
| 6-10-42 | Can.Fus. | Attached to 15th (Vanc.) Coast Regt. R.C.A., C.A., York Island, B.C. for all purposes. | Fus. | 7-10-42 | Can.Fus. | Seaforth Camp | D.O.150 | 7-10-42 |
| 2-11-42 | Can Fus | Ceases to be att'd f.a.p. tp 15th (Vanc) Coast Regt. R.C.A.CA York Island, B.C. | Fus. | 1-11-42 | Can Fus | Vancouver | D.O. 165 | 2-11-42 |
| 13-11-42 | Can Fus | Granted 14 days Furlough with pay from 10-11-42 until 23-11-42 and to draw money allowance (50. per diem)in lieu of rations Warrant No.A-262060 | Fus. | 10-11-42 | Can Fus | Vancouver | D.O. 172 | 13-11-42 |
| 14-12-42 | Can Fus. | Gas Chamber D.M. | Fus. | 14-12-42 | Can Fus | Vancouver | | |
| 8-2-43 | Can.Fus. | To draw pay of $1.50 per diem in accord. with C.A.R.O. 2772 Paras. 2 & 3 | Fus. | 1-1-43 | Can.Fus. | Seaforth Camp | D.O. 16 | 28-1-43 |
| 20-3-43 | Can.Fus. | Awarded 7 days C.B. Forfeits 1 days pay under F.R.&.I. 149 (1) (a) A.W.L. from 2200 hrs 15-3-43 to 0630 hrs, 16-3-43 | Fus. | 17-3-43 | Can.Fus. | Vanc. | D.O. #52 | 17-3-43 |
| | | Change of Address of Next of Kin (Mother | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 14-12-42 | Can Fus. | Cas Clerk D.M. | Fus. | 14-12-42 | Can Fus | Vancouver | | |
| 8-2-43 | Can.Fus. | To draw pay of $1.50 per diem in accord. with C.A.R.O. 2772 Paras. 2 & 3 | Fus. | 1-1-43 | Can.Fus. | Seaforth Camp | D.O. 16 | 28-1-43 |
| 20-3-43 | Can.Fus. | Awarded 7 days C.B. Forfeits 1 days pay under F.R.&.I. 149 (1) (a) A.W.L. from 2200 hrs 15-3-43 to 0630 hrs, 16-3-43 | Fus. | 17-3-43 | Can.Fus. | Vanc. | D.O. #52 | 17-3-43 |
| 5-4-43 | Can.Fus. | Change of Address of Next of Kin (Mother) Mrs. Rose Gallovich 75 Beaumont Ave., Montreal Quebec. | Fus. | 1-4-43 | Can.Fus. | Vanc. | D.O. #61 | 1-4-43 |
| On Duty | to Reake | 12 July 43 to 18 Jan 44 | " | 12 July 43 | " | Field | 4 | 21 Jan 44 |
| 30 Days Special Leave with A | | 23 Jan 44 to 21 Feb 44 | " | 23 Jan 44 | " | " | 7 | 9 Feb 44 |
| awarded 168 hrs detention for AWL 2300 hrs 21 Feb 44 to 1000 hrs 25 Feb 44 (3 days 11 hrs) Conf. 4 days Pay under FR & I 149(1)(a) forfeits 7 days Pay under FR&I - 149(1)(b) Total forfeiture 11 days Pay | | | | | | | | |
| | | | Fus | 26-2-44 | Can Fus | Field | 16 | 10 Mar 44 |
| Ctd to Lee H.D. on becoming NRMA Soldier | | | " | 1 Dec 43 | " | " | 49 | 10 Dec 43 |
| | | SOS NRMA ON BEING ATTESTED FOR GENERAL SERVICE AND ALLOTTED | | | | | | |
| | | ACTIVE REGIMENTAL NUMBER A.115596 | " | 3 Apr.44 | " | " | 28 | 12 Apr.44 |

Regtl. No.....Rank.....Surname.....Christian Names.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief Details and Signature | Date | Brief Details and Signature | Date | Brief Details and Signature |
|---|---|---|---|---|---|
| FEB 19 1942 | X-ray chest neg. W.H. Carson Capt | 3.7.43 | Blood Grp "O" RH | | |
| FEB 21 1942 | Vaccination T.A.B.T. L.S. Hillis | | | | |
| 20-3-42 | 1 Issues cam. | | | | |
| 4-6-42 | — 3 C.C. Rosbaps | | | | |
| 11-6-43 | Cert. M.I. Corps C.P.-A. | | | | |

| STATION | Date of Arrival at Station | Dates of Admission into Hospital: Day | Month | Year | Dates of Discharge from Hospital: Day | Month | Year | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
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Page 4

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full PETER JOSEPH GALOVICH (b) Reg'l. No. A-115596
2. (a) Arm of service Infantry (b) Unit 1st Bn. Canadian Fusiliers C.A. (c) Rank Fusilier
3. (a) Date of birth 25 Nov. 1917 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que
4. (a) Place of enlistment #10 B.T.C. Kitchener, Ont. (b) Date of enlistment 19 Feb. 1942

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) 6 Years Public School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English, French, Ukranian (b) What languages do you read well? English, French

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10(a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes," state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No," state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10(a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer G. Stuart Co. Address Kitchener, Ont.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Boot Factory
20. (a) Your specific occupation Shoeworker (b) Number of years' experience at this occupation with any employer Five
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice N/A (b) Where was it located? N/A
23. (a) Number of years engaged in this business N/A (b) Have you made, or will you make plans to return to the same or a similar business on discharge? N/A

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? N/A

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Job
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 6th April 194 4 SIGNATURE P. J. Galovich

1st Bn Can Fus — Original

**This form will accompany the soldier's regimental documents at all times.**

DEPARTMENT OF NATIONAL DEFENCE
(Army)

# Personnel Selection Record

Canadian Fusiliers — Arm or Corps

Trade (if Tradesman or Trade Trainee)

Rifleman — Work in Arm (if Non-Tradesman)

I. A.115596.

| A 531272 | Fus | GALOVICH | Peter J | R | 25 | AI |
|---|---|---|---|---|---|---|
| Regt. No. | Rank | Name (surname first) | | A or R | Age | Med. Cat. |

| English | | Seaforth Camp, Vancouver, B.C. | 30 Mar 43 |
|---|---|---|---|
| Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed |

II. Revised Examination "M"

| #10 B.T.C. | | |
|---|---|---|
| Place Tested | Date Tested | By Whom |

| 97 | V | Subtests | 18 | 12 | 5 | 16 | 16 | 7 | 6 | 17 | Subtotals | 35 | 32 | 30 | English |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | Group | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 1–3 | 4–5 | 6–8 | English or French |

Other Tests

| Y.O.B | P | U | L | H | E | M | S |
|---|---|---|---|---|---|---|---|
| 17 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |

III. Educational Background

Completed Grade V in Montreal at 15 years of age. Average grades. Repeated 2 grades. Started at the age of 7. Left school to go to work.

IV. Occupational Background

9 years - Shoe worker- Kitchener, Ontario. Handwork

V. Military Background

30 days training - Kitchener, Ont. 1940 N.R.M.A. Called up 19 Feb 42.
1 month of B.T. at Kitchener. T.O.S. Can. Fus 10 March 42. 1 A.W.L.

VI. Other Personal History and Appraisal

Single - Parents living in Montreal. Father is grocer. 3 sisters. 4 brothers.
I C.A.(H.D).
Born 25 Nov 1917-Frontenac Ward, Montreal.
Religion - Roman Catholic - Regular attendance.
Health - good Height 5'6 Weight 140 lbs.
Reads a moderate amount - detective stories, pulp magazines.
Active in sports - basket-ball, baseball.
Had hobby of philately.
Smokes drinks moderately.

Slightly below average learning capacity indicated by M-score. Retarded education Grade V, Montreal at 15 years. 2 years repeated. Says was glad to get to work. Did hand work in shoe factory for 9 years. Average height and appearance. Ukrainian origin. Good-natured, cheeful chap of normal balance. Not leader type. Good conduct. Should make satifactory basic soldier.

VII. Recommendations

Continue in present employment - Inf. Rif. Non-T. Fusilier.

(Signed) A. H. Smith Lieut.
(A.H. Smith) Lieut. Army Examiner

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

Nanaimo, B. C., 15 June 43

Suitable for special advanced training in amphibious operations.

W.A. Wilander

(W.A.Wilander) Capt.
Army Examiner
H.Q. 6th Cdn. Div.

| Y.O.B. | P | U | L | H | E | M | S |
|---|---|---|---|---|---|---|---|
| 17 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |

Add Mil Back - All trg with unit as Rfn. On Kiska Ops. Enlisted Apr 44. MFM 6 - 1 AWL.

Suitable for overseas service C Inf C in operational unit.

Cdn Fus, Vernon, B.C. 13 Apr 44

J.E.R. Doxsee

(J.E.R. DOXSEE) Capt., A.E.

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER A115596 RANK Private SERVICE UNIT 1st Royal Highland Regiment of Canada (CA)

NAME CALOVICH, Peter Joseph

DATE OF BIRTH 21st November 1917 DATE OF ENLISTMENT 4-4-44

MARITAL STATUS Single RELIGION R.C.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. R. Calovich

ADDRESS 75 Beaumont Ave., Montreal, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9002-9609 H.Q. 405-C-16,553

CASUALTY DETAILS Killed in action DATE 25-7-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 25-8-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-89-1989-1990

LF

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

Read this whole Form and Instructions on other side before commencing to complete.

# WILL

M.F.M. 10
150M—10-43 (2314)
H.Q. 1772-39-1656

(1) I, Peter Joseph Galovich (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of

Province of Quebec, Shoeworker (Civil Occupation)

Regimental No. A-11 55 96, Unit 1st Canadian Fusiliers, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my Mother, Mrs Rose Galovich, 75 Beaumont Avenue, Montreal, Quebec, all my estate.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint John Galovich (Name), 75 Beaumont, Avenue, Montreal, Que. (Address)

Paper Worker (Civil Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 6th day of April 19 44

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

R. J. Galovich (Signature of soldier)

First witness sign here.

(5) Signature S. R. Storey
Civil Address 1071 Pine St. London, Ont.
Civil Occupation Clerk

Second witness sign here.

Signature Robert Goshgarian
Civil Address 61 Princess St., Hamilton, Ont.,
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

OFFICER I/C RECORDS
A. G. BRANCH
APR 20 1944
H. Q. OTTAWA
NATIONAL DEFENCE

WILL RECEIVED IN DOCUMENT SECTION
APR 21 1944
RECORD OFFICE
NAT. DEF. H. Q.

D. R. 10
JAN 16 1946

Fingerprinted & Photographed

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit #1 NRMA CLEARING DEPOT LONDON ONTARIO Regimental Number A-115596 ~~LU 5[illegible]~~

| | (17) Regiment or Corps | Unit (Battn., etc) |
|---|---|---|
| 1. Surname GALOVICH | | |
| 2. Christian Names PETER JOSEPH. | #10 BTC. Kitchener Ont. | |
| 3. *Substantive Rank and Appointment Fus. | Canadian Fusiliers. | |
| *Acting Temporary or Local Rank | | |
| giving date | | |
| *To be entered in pencil to facilitate alteration. | | |
| 4. Place of birth Frontenac Ward. Quebec, canada. | (18) Medical | |
| 5. Date of birth as declared on attestation 25th Nov. 1917 | | |
| (A) | Category / Date / Authority | |
| 6. Date of enrolment Enrol. 19th Feb 1942 H/4/44th Vernon B.C. Active | "A-1" / 19 Feb. 42 / MFM 103 | |
| 7. Place of enrolment Enrol. #1 NRMA Cl. Dpt. London Ont. | A1 / 10-6-43 / " 103 | |
| 8. Residence at time of enrolment Enrol. 188 Waterloo St. Kitchener Ont. | | |
| 9. (B) Special conditions (if any) of enlistment or rate of pay | YOB PULHEMS: 17 1 1 1 1 1 2 1 | |
| 10. (C) Any subsequent variations of conditions of service | | |
| 11. Religion R.C. | | |
| 12. If married, state date | (19) Next of kin (entries to be made in pencil) | |
| 13. Trade on enlistment Shoe Worker | | |
| 14. Corps, trade and grade | Mrs Rose Galovich (mother) | |
| 15. (D) Qualifications | 75 Beaumont Ave., Montreal, Canada | |
| 16. (E) Miscellaneous entries | (20) E. | |
| Reg'l pay $1.50 (1-1-43) | (21) E. | |
| | (22) E. | |

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

| (a) Report: Date | (a) Report: From whom received | (b) Unit | (c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | (d) Place of Casualty | (e) Date of Casualty | (f) Army rank as at (e) | (g) Army Form or other authority for entry to be shown |
|---|---|---|---|---|---|---|---|
| | | | T.O.S Can Res. | List'l | 11-3-42 | Pte | D.O. 18, d/12-3-42 |
| Ceases to be Member H.D. on becoming NRMA Soldier | | | | Fdd. | 1 Dec 43 | Fus. | D.O. 40 d/10 Dec 43 |
| 9 Feb 44 | 1st Bn Fus | | Granted 30 days leave with R.A. 23 Jan 44 to 21 Feb 44 | Vernon | 23-1-44 | Fus | D.O. 7 9 Feb 44. |
| | | | **Proceeded on Spec. duty to Kiska, Alaska** | **Field** | **12Jul43** | | |
| | | | **Returned to Canada.** | **Field** | **18Jan44** | **Fus** | **D.O. # 4 d/21 Jan 44** |
| Awarded 168 hrs. det. for an offence under Sec 15(1)AA., A.W.L. from 2300 hrs. 21 Feb 44. to 1000 hrs. 25 Feb 44. (Absent 3 days 11 hrs) Forf. 4 days pay under FR&I 149(1)(a). Forf. 7 days pay under FR&I 149 (1)(b). Tot. Forf. 11 days pay. | | | | Vernon | 26-2-44 to 3-4-44 | Fus | D.O. # 16 d/10-3-44 |
| | | | **Cdn Fus SOS as NRMA** | | | | |
| | | | **TOS on attestation** | Vanc | 4-4-44 | Fus | D.O. 28 d/12-4-44 |
| | | | S.O.S., C.A. Canada 25 May 44 | | | | |
| | | | T.O.S., C.A. Overseas 26 May 44 | A.R. | | Pte | D.O. 7 d/8 June 44 |
| | | | Disembarked 2 June 44 | | | | |
| | | | ~~T.O.S.~~ | | | | |
| | | | Granted embarkation leave | Vernon | 2-5-44 | " | D.O # 3 d/5-5-44 |
| | | | Attached # 4 D.D. FAP. E.P. | " | 5-5-44 | " | D.O # 3 d/5-5-44 |
| | | | Granted ration all. 10 days | Debert | 5-5-44 | " | D.O # 5 d/22-5-44 |
| | | | Leave attached # 4 D.D. FAP. E.P. | " | 19-5-44 | " | D.O # 5 d/22-5-44 |
| | | | S.O.S. to X-4 List Royal Highlanders of Can | Field | 30-6-44 | " | D.O # 12 d/30-6-44 |
| X4 Watch | 13 Bn | | TOS from 1 Bn Cdn Fus (CA) | | 1 Jul 44 | " | 23-Jul 44 |
| | | | **Embarked U.K. 17 Jul Disembarked France 18 Jul** | | | | 26-Jul 44 |
| X4 Black Watch | 4 Bn | | SOS to RHC | " | 20 Jul 44 | " | 26 1944 |
| | RNR | | Tgs from X4 List RNR (RW) | " | 21 Jul 44 | | Ho, 21 Jul 44 |
| | " | | SOS Killed in Action | " | 25 July 44 | | 48/46 |

**To be made out in duplicate**

M.F.M. 110
200M—2-41 (9404)
H.Q. 1772-39-1800

# PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(*a*) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

---

(1) Name GALOVICH PETER JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank A-531272 Pte

(3) Basic Training Centre #10 BTC Kitchener Ontario

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife NA

(6) If married, have you been regularly supporting your wife? If not—state reasons N/A

(7) Are you a widower? N/A

(8) Have you any children? N/A Number of boys N/A Girls N/A

Names and ages N/A

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N/A

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to enlistment?...N/A.....
If so, state her full name and Postal Address.....

(11) Is your father alive?.....YES.....
If so, state name and address, occupation.....DANIEL GALOVICH Grocer
75 Beaumont Ave. Montreal Que.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....N/A.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to enlistment.....N/A.....
Also state reason he has no other means of support—if partially supported by you, what is your reason for not providing full support?.....N/A.....

(14) Is your mother alive?.....YES.....
If so, state name and address.....75 Beaumont Ave. Montreal Que.

(15) If your mother is a widow, are you her sole or partial support?.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to enlistment.....N/A.....
Also state reason why she has no other means of support—if partially supported by you what is your reason for not providing full support?.....N/A.....

(17) Are you contributing to the support of any dependents, other than those shown above?...N/A.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.
If so, state the following particulars:—

Relationship.....N/A.....
Full Name.....N/A.....
Postal Address.....N/A.....

Amount contributed monthly during the past six months.....N/A.....

(18) Are you insured?.....YES.....
If so, in what Company?.....METROPOLITAN LIFE INS. CO.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....NO.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

P. J. Galovich
.....(Signature of recruit)

Date.....19 Feb 42.....1942.....

---

Dan Roso Major
.....A/Officer Commanding.....No. 10 B.T.C.....

Date...19 February.....1942.....

N.B. If parent(s) of the recruit concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

MFM 510
40/P & S/254 (3444)

# CANADIAN ACTIVE SERVICE FORCE
## OVERSEAS

District.....

Dispersal Area.....

# LAST PAY CERTIFICATE
## (All Ranks)

Regtl No. A.115596 Rank and Name Galovich, P.J. Pte.

of (Unit).....on.....

(~~Transfer or~~ Discharge).....to.....on 25th July 19 44.

Reason Death. Authority: C.C.L. "A"482. d/25th Aug 44.

The following is a statement of the account of the above-named from 1st July to 31st July 19 44. the inclusive date of transfer or discharge.

| Dr Particulars | Amount | | Cr Particulars | Amount | |
|---|---|---|---|---|---|
| Balance Dr from last account | | | Balance Cr from last account | 5 | 74 |
| First Monthly Payment AR. d/11.7.44 | 4 | 47 | Regimental Pay 31 days @ $1.50 | 46 | 50 |
| Casual Payments | | | Tradesmen's Pay.....days at.....$ | | |
| Payments on Transfer or Discharge | | | Additional Pay (Give particulars).....days at.....$ | | |
| Assigned Pay | | | Allowances (Give particulars).....days at.....$ | | |
| Regimental Charges | | | | | |
| Public Stoppages (Give particulars): | | | Def. Pay Interest. | | 15 |
| To Balance Cr Free | 7 | 92 | | | |
| To Balance Cr Deferred | 40 | 00 | By Balance Dr | | |
| Total | 52 | 39 | Total | 52 | 39 |

**BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF**

Remarks:

Compiled by B. McKercher.

Checked by Edlewick

Date 8th February, 19 45.

Certified correct D. Fowley
for Chief Treasury Officer, Overseas

AR.

F

CANADIAN MILITARY HEADQUARTERS No. 11278 6

RECORDS OFFICE

# C A S U A L T Y  R E P O R T

NAME (in full) GALOVICH, Peter Joseph

NO. A-115596 RANK PTE UNIT BLACK WATCH

HOSPITAL (U.K. only) In which death took place, if applicable _____

R.U. (U.K. only) to which posted on admission to Hospital _____

CASUALTY NOW KILEED ' DATE 25 JUL 44 LIST # A 482 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS _____

PREVIOUSLY REPORTED MISSING DATE _____

(L.S. APPLEFORD) Major
Officer i/c R.5 Wing CAS.SECT.

## NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete # 2)

2. NAME, (In full) _____

   RELATIONSHIP _____ ADDRESS _____

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE so state _____

   Date of Marriage, if known _____

## WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ _____ BENEFICIARY _____
   (Relationship)

   _____ EXECUTOR _____
   (Name) (Address)

2. BANK ACCOUNT - NAME OF BANK, etc. _____ A/c.No. _____

   ADDRESS _____

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN _____

4. Particulars of DEBTS, Remarks, etc. _____

Date OCT 9-1944

(B.E. WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS.

ORIGINAL - With WILL, if any to O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

25M-12-44 (6215)
H.Q. 1064-81-3

WSH-714 2 ARMY 7801

# DEPARTMENT OF NATIONAL DEFENCE
NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Peter Joseph (CHRISTIAN NAMES) GALOVICH (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-18570
FILE NO. 405-G-16553
DATE 4-2-46
SERVICE NO. A-115596
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 25-7-44

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44

| | $ | ¢ |
|---|---|---|
| A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 303/30 EQUAL TO 10 COMPLETE PERIODS AT $7.50 | 75.00 | |
| B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 251 LESS 3 INELIGIBLE DAYS, EQUAL TO 248 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION) | 62.00 | |
| | 137.00 | |

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

| | | |
|---|---|---|
| PAY | $ 1.50 | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ 1.25 | |
| ADDITIONAL PAY | $ | |
| | $ | |
| | $ | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | $ | |
| TOTAL | $ 2.75 | X7 = $ 19.25 |
| NO. OF DAYS 251/183 | | X$ 19.25 |
| | | 26.40 |

| | |
|---|---|
| D. WAR SERVICE GRATUITY | 163.40 |
| E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ | |
| OTHER DEDUCTIONS $ | |
| F. TOTAL AMOUNT PAYABLE | 163.40 |

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

ESTATES BRANCH FEB 19 1946 DEPT. OF NATIONAL DEFENCE OTTAWA

**CERTIFICATE** I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

| PREPARED BY | CHECKED BY |
|---|---|
| KRM | |

| TREASURY | |
|---|---|
| CHECKED BY | DATE |
| | |

SERVICE REPRESENTATIVE

21983

FORM No. 1

Register No. D-18570 Nominal Roll No. D-508

H.Q. File No. 405-G-16553

To: P.M.G.

## CANADIAN ARMY (ACTIVE)

### Computation of Service

WAR SERVICE GRANT

| Regt. No. | Rank when S.O.S. | Surname | Christian Name in Full |
|---|---|---|---|
| A-115596 | PTE | GALOVICH | PETER JOSEPH |

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

**Total Service**

| 1ST ENLISTMENT | 2ND ENLISTMENT | 3RD ENLISTMENT |
|---|---|---|
| T.O.S. 4 APR 44 | T.O.S. | T.O.S. |
| S.O.S. 25 JUL 44 MD O/S | S.O.S. MD | S.O.S. MD |
| Total Days 113 | Total Days | Total Days |

**Total Service** 113 DAYS

| — | Total Service | Less Non-qualifying Service | Net Service |
|---|---|---|---|
| **Western Hemisphere** | 52 | ✓ | 52 |
| **Overseas Service** | 61 | ✓ | 61 |
| Totals | 113 | ✓ | |
| Add Non-qualifying Service | | | ✓ |
| **Total Service** | | | 113 |

KISKA 190 61 251

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 25 JUL 44 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature [illegible]

Checker's Signature [illegible]

Date Computed 4 Jan 44

KILLED IN ACTION

N.R.M.A. SEVICE

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

UNDER REGT. No. A-531272
FROM 19 FEB 42 TO 3 APR 44
22 NOV 40 21 DEC 40
SEE ATTACHED FORM No 1
FOR N.R.M.A. SERVICE

## Details of Non-Qualifying Service

**Western Hemisphere—**

| Forfeits for | From | To | Effective Date | Days | Total |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | Total | |

**Overseas:** T.O.S. 26 MAY 44 T.O.S. T.O.S.

S.O.S. 25 JUL 44 S.O.S. S.O.S.

| | | | | | |
|---|---|---|---|---|---|
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H.Q. 405-G-16553 D.R.2(C)

20th March, 1946.

Mrs. R. Galovich,
75 Beaumont Ave.,
Montreal, Que.

Dear Madam:

Information has just been received from overseas that the remains of your son, A115596 Private Peter Joseph Galovich, have been carefully exhumed from the original place of interment and reverently reburied in grave 15, row E, plot 1, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

JJJ

File No 405 - G - 16553

# R E B U R I A L

NO A B115596

RANK PTE

NAME GALOVICH P J.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 15 Row E Plot 1

AUTHORITY 54-27-88-2 Vol. 20

Reburial list.

FOR COMPLETION AND RETURN BY

**Form P. 64**

Mrs. R. Galovich,
75 Beaumont Ave,
Montreal, P. Q.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-G-16,553 FD 477

# DEPARTMENT OF NATIONAL DEFENCE
## ESTATES BRANCH
### OTTAWA, ONT.

29 Sep 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

GALOVICH Peter J., Pte.

NO. A.115596 Canadian Army

ESTATES BRANCH JAN 15 1945 H. Q. OTTAWA. NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

CS/BGS

C. B. Stevenson Capt
for Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ev[redacted] had in each of the degrees specified below:

| Degrees of Relationship | RELATIVES required to be accounted for | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|
| 1 | Widow of the Deceased..... | ✓ | | |
| 2 | Children of the Deceased and dates of their Births..... | ✓ | | |
| 3 | Father of the Deceased..... | Jan. Galovich | age. 59. | 75 Beaumont Ave. Mt. Ave. |
| 4 | Mother of the Deceased..... | Rose. Galovich | age 59. | 75 " " " " |
| 5 | Brothers of the Deceased — Full Blood | Patrick. Michael Galovich | ages. 30. | 75 " " " " |
| | | Paul " | 25. | 75 " " CA. N. ARMY |
| | | John. " | 24. | 75 " " " " |
| | Brothers of the Deceased — Half Blood | | | |
| 6 | Sisters of the Deceased — Full Blood | Mary Galovich | Ages 31. | 75 " " " " |
| | | Olivia " | 27. | 75 " " " " |
| | | Anne. " | 19. | 75 " " " " |
| | Sisters of the Deceased — Half Blood | | | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | Names and ages of their children (if any) | | Address of their children |
| | | ✓ | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | Peter Joseph. Gnlovich |
| 9 | Date of his birth. | nov. 25th. 1918 Montreal. Que. |
| 10 | Place and date of his marriage. | none |
| 11 | Place and date of his parents' marriage. | Montreal. Que. July 19th / 1909 |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal. Que. |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a)<br>(b) Kitchener. Ontario. 5 yrs<br>(c)<br>(d) |
| 14 | Nature of employment before enlistment. | Shoe Builder. |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | no |
| 16 | Name place where deceased stated he intended to make his permanent home. | Montreal. Que. |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | no |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | no |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | no |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | 1-$50.00 6% war loan, at Royal Bank of Canada 356 St Lawrence Blvd. Montreal |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | none. |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<br>*(a)* His own separate board and lodging while on service.<br>*(b)* Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | no |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | no. |

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

## DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Jan Galovich Father —— of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Dan Galovich ..... Signature of Informant

75 Beaumont, Montreal, Canada ..... Address

---

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mr. Dan Galovich {Name of informant} is the* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 9th day of January 1945 A.D.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Rev. W. Sluzar ..... Qualification Parish priest

Address 6847 Des Erables, Ave, Montreal, Que

---

**NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.**

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Director of Estates

Regimental No. A 115596 Rank Private

GALOVICH Peter Joseph
Surname Christian Names

Unit 1st Royal Highland Regiment of Canada (CA)

Date of Death 25-7-44 Place of Death Overseas (France)

Next-of-kin Mrs. R. Galovich Relationship Mother

Address 75 Beaumont Ave., Montreal, Quebec.

M.F.M. 5 No copy of M.F.M. 5 in record Office to date

Will Will d/26-2-42, d/6-4-44 herewith

Date 15-9-44

ESTATES BRANCH SEP 21 OTTAWA NATIONAL DEFENCE

JEC/MB

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

# BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

**N'écrivez pas dans cet espace**

**DU DÉCÈS**

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue | No. | Hôpital ou institution

**2. SÉJOUR** — (a) dans l'hôpital ou l'institution ... *Années* ... *Mois* ... *Jours* | (b) dans la municipalité du décès ... *Années* ... *Mois* ... *Jours* | (c) dans la province ... *Années* ... *Mois* ... *Jours* | (d) au Canada (s'il s'agit d'un immigré) ... *Années* ... *Mois* ... *Jours*

**3. NOM DU DÉFUNT**

Nom de famille.....
(*Lettres moulées*)
Noms de baptême ou prénoms.....

**RÉSIDENCE**

**4.** Rue..... No.....
Nom officiel de la municipalité civile ou du canton.....
Comté municipal..... Province.....

| 5. SEXE | 6. NATIONALITÉ (Citoyenneté) | 7. ORIGINE RACIALE | 8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*) |
|---|---|---|---|
| | | | |

**9.** Si le défunt était marié, nom de son conjoint

**10.** LIEU DE NAISSANCE (Province ou pays)

**11.** DATE DE NAISSANCE.....
(jour) (mois) (année)

| 12. ÂGE DU DÉFUNT | Années | Mois | Jours | Si âgé de moins d'un jour |
|---|---|---|---|---|
| | | | | .....hrs. ou.....min. |

**OCCUPATION**

**13.** Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

**14.** Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

**15.** Dernière date à laquelle le défunt vaquait à ce travail

**16.** Nombre d'années occupées dans cette profession

| | 17. NOM | 18. LIEU DE NAISSANCE (Province ou pays) |
|---|---|---|
| PÈRE | | |
| MÈRE (Nom de fille) | | |

**19.** Lieu de l'inhumation, de l'incinération ou destination du transport

**20.** Date de l'inhumation.....19.....

**21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE**

(a) Nom de la paroisse ou église.....
(b) Municipalité civile de.....
(c) Comté municipal.....
(d) Date.....19.....
(jour) (mois) (année)

**N'écrivez pas dans cet espace**

## CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

**22.** Date du décès.....19.....
(jour) (mois) (année)

**23.** JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le
.....19.....jusqu'au.....19.....
que je l'ai vu vivant pour la dernière fois le.....19.....

### 24. CAUSE DU DÉCÈS

**I**

**Cause immédiate** Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. — (a).....

dû à

**États morbides, s'il y en a, ayant produit la cause immédiate** (Les indiquer dans l'ordre chronologique inverse de leur apparition). — (b).....

dû à

(c).....

**II**

**Autres conditions morbides** (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

**III** Si une maladie contagieuse est mentionnée à ce certificat, donner — (a) Date d'éclosion.....19.....; (b) Durée de la maladie.....jours

**25.** S'il s'agit d'une femme, y avait-il état puerpéral?.....

**26.** Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

**27.** Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19.....
(Spécifier)

Manière de la blessure.....
(Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

**Signature**.....**M.D.**

**Adresse**.....**Date**.....19.....

**28.** Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

**29.** Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

**(For English see other side)**

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

*Place an X over the word which applies to this municipality or this territory*
City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

**2. LENGTH OF STAY**

| (a) In hospital or institution | Years | Months | Days | (b) In municipality where death occurred | Years | Months | Days | (c) In Province | Years | Months | Days | (d) In Canada (if immigrant) | Years | Months | Days |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**3. NAME OF DECEASED**

Surname: GALOVICH (*Block letters*)

Given names: Peter Joseph

**4. RESIDENCE**

Street: No. 75

Official name of civil municipality or township: Beaumont

Municipal county: Montreal Province: Quebec

**5. SEX:** M

**6. NATIONALITY** (Citizenship):

**7. RACIAL ORIGIN:**

**8.** Single, Married, Widowed or Divorced (*Write the word*): Single

**9.** If married give name of wife or husband of deceased:

**10. BIRTHPLACE** (Province or Country):

**11. DATE OF BIRTH:** (Month) November (Day) 29th (Year) 1921

**12. AGE OF DECEASED**

| Years | Months | Days | If less than one day old |
|---|---|---|---|
| 26 | | | ....hrs. or ....min. |

**OCCUPATION**

**13.** Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Shoe Worker

**14.** Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

**15.** Date deceased last worked at this occupation:

**16.** Total years spent in this occupation:

| | 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | | |
| MOTHER (Maiden Name) | | |

**19.** Place of burial, cremation or removal: France.

**20.** Date of burial ....19....

**PLACE OF REGISTRATION OF THIS BURIAL**

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

Date ....19.... (Day) (Year)

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

**22.** Date of death ....19.... (Month) July (Day) 29th (Year) 44

**23.** I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

### 24. CAUSE OF DEATH

**I**

**Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) due to: Killed in action

**Morbid conditions, if any, giving rise to immediate cause** (stated in order proceeding backwards from immediate cause). (b) due to (c)

**II**

**Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**

**III** If a communicable disease is mentioned on this certificate, give (a) Date of appearance ....19.... (b) Duration of disease ....days

**25.** If a woman, was there a puerperal condition?

**26.** Was there a surgical operation? Date of ....19....

State findings: Was there an autopsy?

**27.** If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide Date ....19....
(State which)

Manner of injury
(How sustained)

Nature of injury

Specify whether injury occurred in **industry, in home, or in public place**

**Signed** ....**M.D.**

**Address** **Date** ....19....

OVERSEAS CASUALTY CANADIAN ARMY

**28.** Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

**29.** Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

**(Voir l'autre côté pour le français)**

NOV 24 1944

Do not write in this space

405-M-16553

# FIELD SERVICE MBR

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS } Black Watch ..... Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } A-115596 ..... Rank Fus

Surname Galevich ..... Christian Names N.G. .....

Died { Date 25 July 44 ..... Place France .....

Cause of Death* K/A .....

Nature and Date of Report A.F.W. 3014/ 93 ..... 25 Aug 44 .....

By whom made Cdn Sec GHQ 2nd Ech 21 A Gp. .....

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place France St Martin De Fontenay ..... Date 14 Aug 44 .....

By whom reported C.F. 024602 .....

State whether he leaves a Will or not { (a) in Army Book 64 ..... No .....

(b) as a separate document ..... Not Received .....

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

14

Station and Date } France ..... 6 Sept 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } A Racine Lieut ..... for Officer i/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

405-G-16553
(Records G)

# CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. A.115596, Private Peter Joseph GALOVICH, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 25th of July, 1944.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada,
September 26th, 1944.

17

9th September, 1944

Mrs. R. Galovich,
75 Beaumont Avenue,
Montreal, Quebec.

Dear Mrs. Galovich:

It was with deep regret that I learned of the death of your son, A115596 Private Peter Joseph Galovich, who gave his life in the Service of his Country in France on the 25th day of July, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

H. F. G. LETSON
Major General
Adjutant-General

Yours sincerely,

SEP 5 - 1944

(H.F.G. Letson),
Major-General,
Adjutant-General.

/EMA

13

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

[redacted] NUMBER A115596 RANK Private SERVICE UNIT 1st Royal Highland Regiment of Canada (CA)

NAME CALOVICH, Peter Joseph

DATE OF BIRTH 21st November 1917 DATE OF ENLISTMENT 4-4-44

MARITAL STATUS Single RELIGION R.C.

Black Watch (R.H.R.) Can

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother

ADDRESS 75 Beaumont Ave., Montreal, Que.

NAME ADDRESS D.A.B. Mrs. R. Calovich

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9002-9609 H.Q. 405-C-16,553

CASUALTY DETAILS Killed in action DATE 25-7-44

FRANCE

12

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 25-8-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

LF

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

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