

No 10 M. D. First Depot Battalion Manitoba Regiment

Regtl. No. D3347487

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Freedlund
 2. Christian name Ernest Emrek
 3. Present address Benito P.O. Manitoba Canada
 4. Military Service Act letter and number 508542J0
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
 5. Date of birth 18th November 1891
 6. Place of birth Torsaker Gafliborslan Sweden
(town, township or county and country)
 7. Married, widower or single Single
 8. Religion Lutheran
 9. Trade or calling Farmer
 10. Name of next-of-kin Lars Freedlund
 11. Relationship of next-of-kin Father
 12. Address of next-of-kin Benito P.O. Manitoba Canada
 13. Whether at present a member of the Active Militia No
 14. Particulars of previous military or naval service, if any None
 15. Medical Examination under Military Service Act :—
 (a) Place Winnipeg Canada (b) Date 14th June 1918 (c) Category A2

DECLARATION OF RECRUIT

I, Ernest Emrek Freedlund, do solemnly declare that the above particulars refer to me, and are true.

Ernest Emrek Freedlund
 (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>26</u>	yrs.	<u>7</u>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. Scar left shin Scar forehead
Height	<u>5</u>	ft.	<u>5</u>	ins.	
Chest measurement	fully expanded		<u>37</u>	ins.	
	range of expansion		<u>2</u>	ins.	
Complexion	<u>Dark</u>				
Eyes	<u>Brown</u>				
Hair	<u>Black</u>				

I hereby waive all claim for exemption and conditional leave of absence.

J. J. Shorgan Capt
 O. C. 1st Depot Battalion Manitoba Regiment
 Depot Btin. _____
 _____ Regt.

Place Winnipeg Canada Date 13th June 1918

PARTICULARS OF RECRUIT
PREPARED UNDER MILITARY SERVICE ACT 1917

(Form 20)

1. Name of recruit

2. Date of birth

3. Place of birth

4. Height in feet and inches

5. Weight in pounds

6. Complexion

7. Eyes

8. Hair

9. Education

10. Trade or profession

11. Date of enlistment

12. Date of discharge

13. Whether at present a member of the Army, Navy, or Air Force

14. Particulars of previous military or naval service

15. Date of discharge from last military or naval service

DECLARATION OF RECRUIT

I, the undersigned, being the parent or guardian of the above-named recruit, do hereby declare that the above particulars are true and correct.

[Signature]

(Signature of Recruit)

DESCRIPTION OF VOLLING UP

Particulars	Value	Remarks
Army or Navy pay		
Gratuity		
Compensation		
Expenses		
Other		
Total		

Date of completion of Volling Up

Place and date of completion

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Day Certificate.....

M 7 W 113-1
M 7 B 465-1
A 7 B 122-1
M 7 W 192-1

M. F. W. 62.
50M.-9-16.
H. Q. 1772-39-935.

1 - Franquill

DISCHARGE DOCUMENTS

H. Q. No.

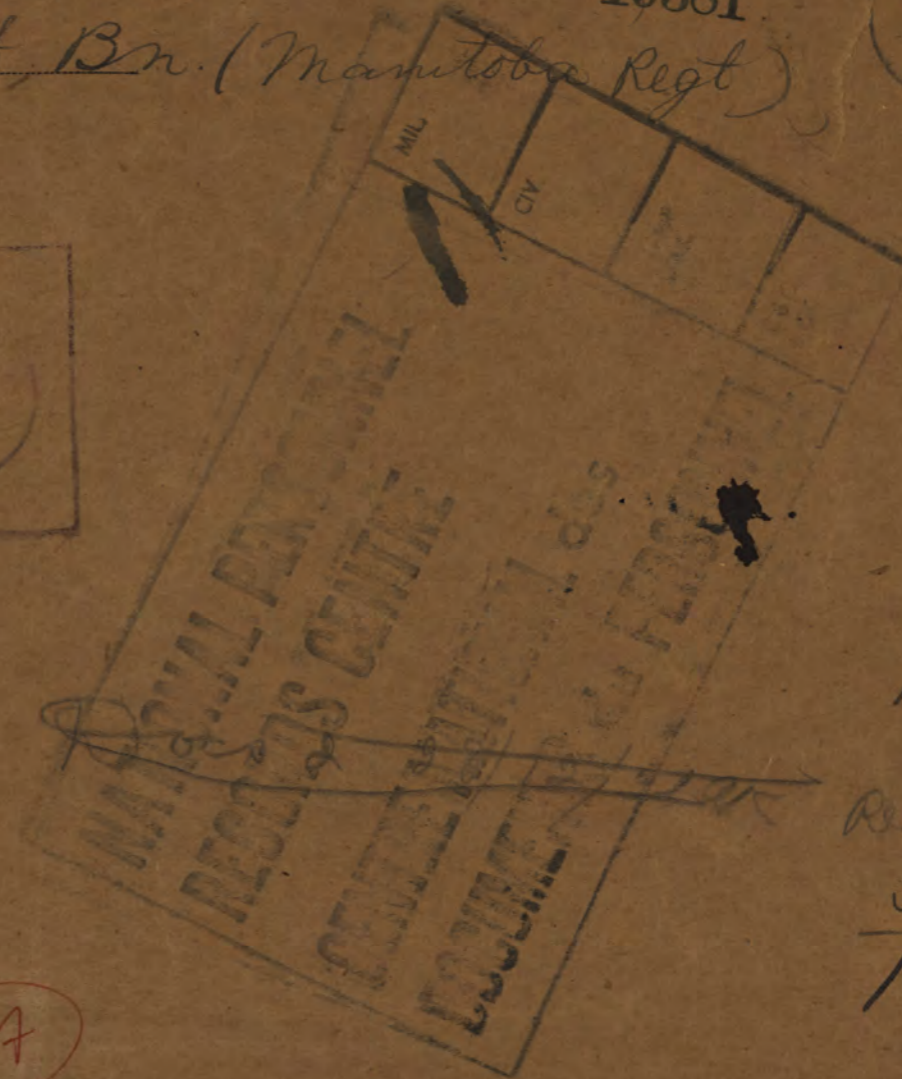
Name ~~FREEDLUND~~, ERNEST EMREK

Regt. No. 103347487 Rank Pte

19381

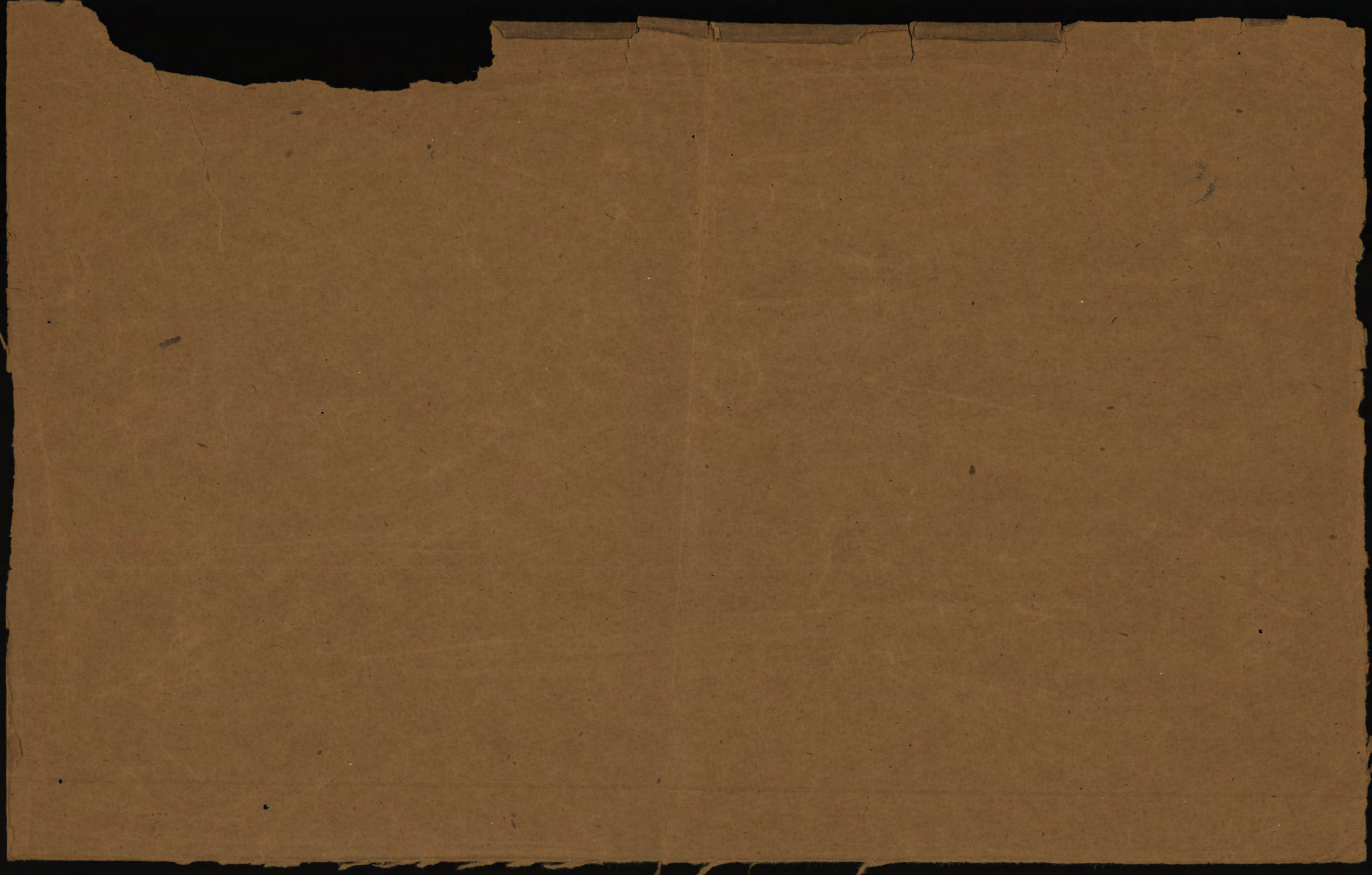
Corps 1st Depot Bn. (Manitoba Regt)

Deceased,



3297

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4-22
4-22
3-23
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3347487
I.D. number
No. d'identification

FREDLUND
Surname
Nom de famille

ERNEST EMREK
Given names
Prénoms

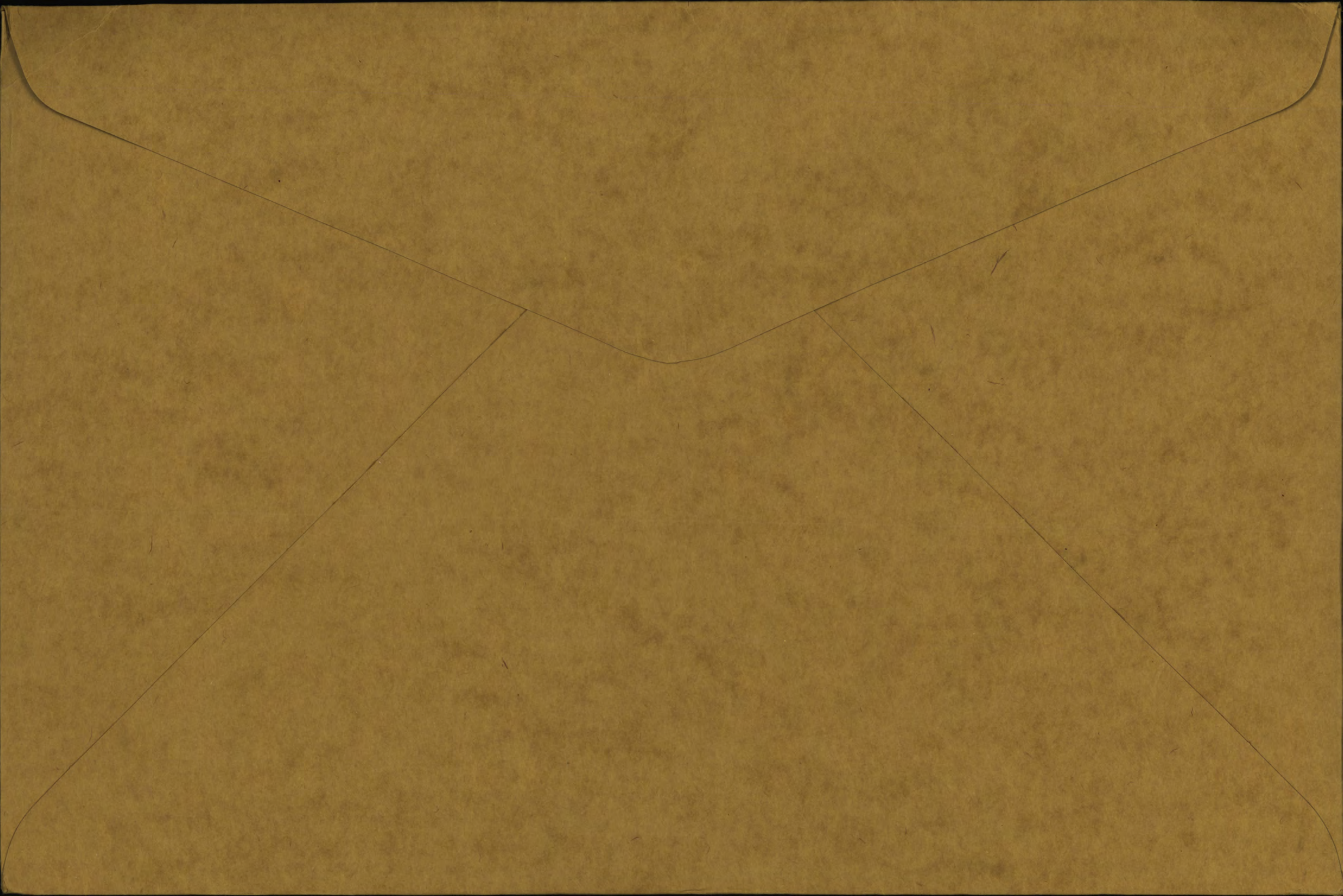
**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location
Lieu

3297

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



FRIEDLAND

on cas card.

649-F-11288

FREDLUND, Ernest E. Pte. 3347487. 1st. Dep. Bn.

*(Can Engrol
on cas card)*

Medals & Dec. (Mother) Mrs. Anna L. Fredlund,
Benito,
Man.

P & S. (Father) Lars Fredlund, Esq.,
Address as above.

M.A. 4

Memorial Cross (Mother) Mrs. Anna L. Fredlund,
Address as above.

Canada only

36474 B-

no 1000

~~M~~ 44323

FEB 7 1921

739

A.P. ✓

C. COY. 173

REG. NO.

3347487

NAME

Freedland Ernest Emrik

ENLISTED AT

DATE

13-6-18

CATEGORY

a 2

PREVIOUS SERVICE

W

NATIONALITY

CLASS OF ENLISTMENT

OCCUPATION

Farmer

WHEN ORDERED TO REPORT

WHERE

MARRIED OR SINGLE

Single

RELIGION

Lutheran Ep.

AGE

HEIGHT

WEIGHT

COLOR OF HAIR

EYES

COMPLEXION

CHEST MEASUREMENT, NORMAL

EXPANDED

NAME OF NEXT OF KIN

Lars Freedland

RELATIONSHIP

Father

ADDRESS

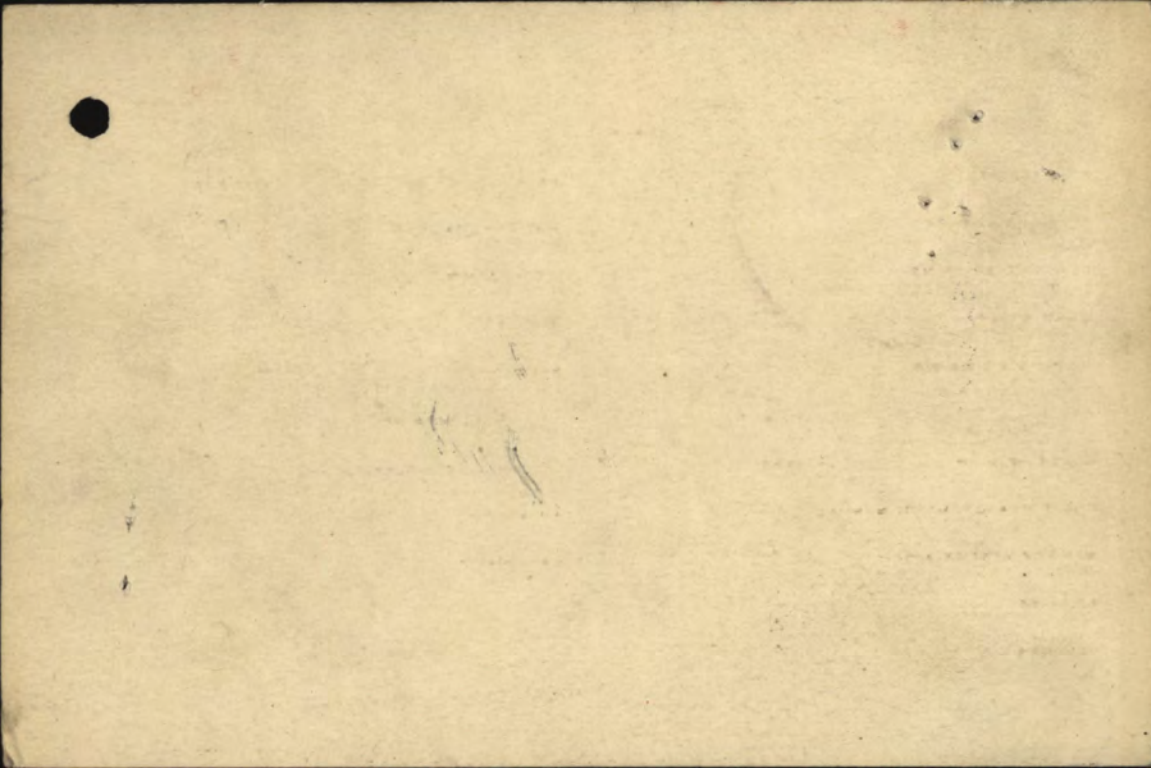
Benito, Man.

REMARKS

Not A.P. 1500
B2, 63

Mrs Annie Freedland
as above B

aw.



LEDGER NO. [✓]3880 - [✓]120. 20

SERIAL NO.

REG. NUMBER

3347487

NAME

Fredlaud E

RANK

Spv

CORPS

C. E. J. O

AGE

SERVICE

NAME OF HOSPITAL

Military General

PLACE

Montreal

DATE OF ADMISSION

30/9/18

DISEASE

Influenza (Pneumonia)

TRANSFERRED TO OTHER HOSPITALS

Died 5/10/18

OPERATION

DISCHARGED TO

IN CATEGORY

M. F. W. 2553.

50m.-6-18.
1772-39-1332

P. T. O.

REMARKS:.....

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C. COY.

S. }
A. }

Separation Allowance and Assigned Pay
CANADIAN EXPEDITIONARY FORCE

A. }
P. }

1. Name in full (Surname first)..... **FREEDLAND. wrneest Enrik**
2. Rank and Regimental Number..... **Pte 3347487**
3. No. of Battalion or Corps..... **1st Depot Battalion. M.R.**
4. Date of Enlistment..... **13/6/18**
5. Full name of Wife..... or
Widowed Mother..... or
Children's Guardian.....
6. Address.....
7. State ages of Children : Girls under 17..... Boys under 16.....
8. With whom do your Children reside?.....
9. Amount of Assigned Pay..... **15.00** 10. Name of Assignee..... **Mrs Annie Freedland (d)**
11. Address **Benito. Manitoba**

12. From what date is Assigned Pay effective?.....13/6/18.....
13. Date of Marriage?.....
14. Date Marriage Certificate examined by Paymaster.....
15. Have you made a previous Claim for Separation Allowance? Give particulars.....
16. Is Separation Allowance being paid on your Account to any person?.....
17. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place?.....
18. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
19. Name of Corps prior to enlistment in the C.E.F.

I hereby certify that the above is a true statement.

Ernest Emrick Fredlund
 Name of Soldier.

Signature of officer forwarding this application,

Unit.....

Date.....

S. A. Paid by.....From.....To.....

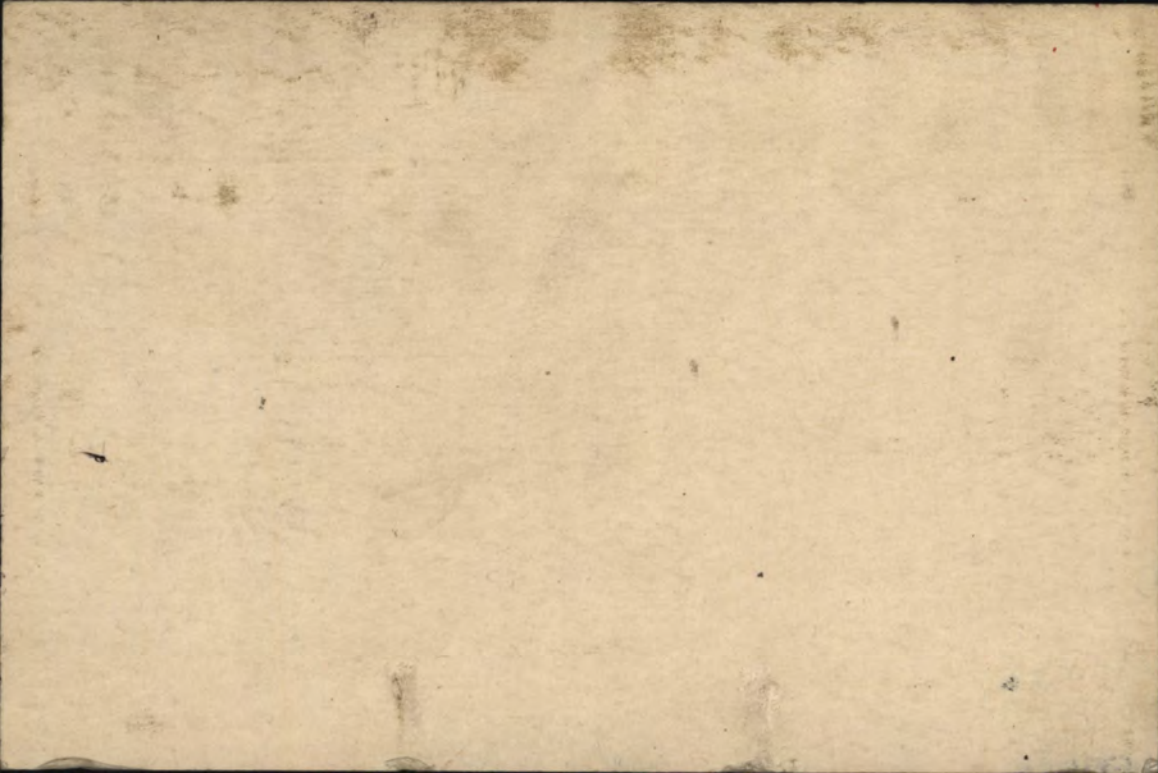
Paid by.....From.....To.....

6
10
18

Surname *Freedlund* H. Q.
Christian names *Ernest Emrick* M. D. No. *10*
Regtl. No. *3347487* Rank *Pte* T. O. S. 19.....
Unit *1st Dep Bn, Man Regt* D. O. Pt. II of.....
S. O. S. 19.....
Reason
Auth.

Next of kin *Freedlund, Lars* Relationship *Father*
Address *Benito P.O.,* Also notify:
Man.

BORN—Place *Sweden, Toraker, California* Date *Nov 18th, 1891*
ATTESTED—Place *Winipeg, Man.* Date *June 14th, 1918*
O/S R/C



LEDGER NO.

5445-213 -328

SERIAL NO.

A 12125

REG. NUMBER

NAME

Freidland E

RANK

Spr

CORPS

C E

AGE

29

SERVICE

NAME OF HOSPITAL

General

PLACE

Montreal

DATE OF ADMISSION

30-9-18

DISEASE

Influenza & Broncho Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

Died 5-10-18 8⁵⁰ A.M.

IN CATEGORY

M. F. W. 2553.

50m.-6-18.

1772-39-1332.

P. T. O.

REMARKS:

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*Name **Freedlund, Ernest** Rank **Pte** Regtl. No. **3347487**
 Original unit **Lat. Men Regt DD#4.** Present **DD#4.** M. or S. **M.** Age **27** Religion **Luth.** Fyle Depot **19-F-108.** Ref. H.Q.
 Port, ship, and date of arrival
 Next of kin **Lars Freedlund Bente Man. Canada**
 Address on leave
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation **Farmer** Date and place of enlistment **Winnipeg June 14th 1918.**
 Diagnosis **Cat. "D"** Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
7-10-18.	T.O.S. Hosp Section. DD#4. from O/Seas Draft. No. 81. Effective 28-7-18.	109-p-1.
8-10-18.	Deceased at Montreal General (7-10-18)	173-p-1.

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

Sweden

Farmer

Lutheran,

Single.

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

D.H.S.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname FREEDLUND Christian name ERNEST EMREK
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 508542 J C
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Benito, P.O. Manitoba, Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th. day of June 1918 1917, by the undersigned medical board sitting at WINNIPEG, MANITOBA, CANADA.

- 5. Age as stated 27 7/8 Years 7 Months. 6. Apparent age 27 Years 7 Months
7. Height 5 5 Feet 5 Inches. 8. Weight 128 Pounds.
9. Chest measurement { Minimum 35 Ins. Maximum 37 Ins.
10. Complexion Dark { Eyes Brown Hair Black
11. Physical development Fair { Good Fair Poor

- 12. Smallpox marks
13. Number of vaccination marks { Right arm 2 Left arm 1
14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar forehead

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Signature of Man Ernest Emrek Freedlund
Signature of Man Isaac H. ... President.
Member.

Vision R. Eye 20/20
L. Eye 20/20
Hearing R. Ear N
L. Ear N

Table with columns: Date, Result, VACCINATIONS, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 6/7/18 and 7/6/18.

Joined 13th. day of June 1918 at WINNIPEG, MANITOBA, CANADA.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entry for 1st Depot Battalion, Manitoba Regiment, D. 3347487, 13/6/18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man Ernest Emrek Freedlund

Impressions P. W. & D. L. July 16 Lt. E. J. P. P. b.

No. 1. 2242257

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1. On first line of report record of name to be used in red ink
 register in red ink.
 2. On examination the condition of patient's mouth to be marked on
 INSTRUCTIONS

67

11

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Standing Medical Board.

assembled at THE MONTREAL GENERAL HOSPITAL.

on the 7th day of October 1918.

by order of The O.C. M.D. #4. 3347487

for the purpose of examining the Late Number? Spr. Freidland, E. FREDLUND

Canadian Engineers' Training Depot,

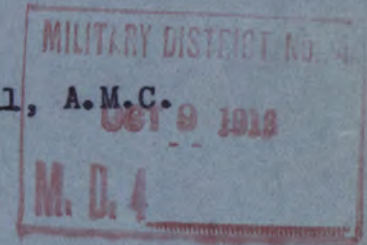
in accordance with Para #617 P.&A. Rgls. 1914

PRESIDENT.

Capt. R.E. Powell, A.M.C.

MEMBERS.

Capt. W.L. Barlow, A.M.C.



The Board having assembled pursuant to order, proceed to examine the Late Number? Spr. Freidland, E. Canadian Engineers' Training Depot, and find:-

1. He was admitted from St. Johns, Quebec on the 30th of September 1918, suffering from severe Influenza. Examination on admission showed that he was suffering from a severe infection with a high temperature. The chest showed signs of acute Bronchitis. Two days after admission signs of consolidation and blowing breathing were found and two small areas at the right base. His condition was not regarded as critical until Saturday night, the 5th inst., when his condition became critical. The pneumonia spread to both lungs and there was signs of almost complete consolidation of the right chest. The signs of the left chest were those of bronchial pneumonia.

2. He died at 8.50 p.m. on the evening of the 5th of October 1918.

Dated at Montreal, P.Q. 3.
October 7th 1918.

M. F. B. 303.

100m.-4-16.
H. Q. 1772-39-138.

Autopsy shows almost complete consolidation of the right lung. The left lung had numerous patches of broncho pneumonia. Cause of death being Pneumonia and acute Toxaemia.

R. H. Mackenzie Capt. Pres.
W. L. Barlow Capt.

I concur in the findings of the Board of Medical Officers here recorded.

R. H. Mackenzie
Lieut. Colonel
C. D. M. S. Mil. District No. 4

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Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. D3347487 Rank PRIVATE Name Ernest Emrek
C. E. F.

Enlisted (a) 13.6.18 Terms of Service (a) CEF Service reckons from (a) 13.6.18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) CIVIL Farmer
MILITARY

Report		Rec rd of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>AUG 5 1918</u>		<u>T. O. S. District Depot No. 4</u> EMBARKED DISEMBARKED		<u>JUL 20 1918</u>	<u>109</u>
<u>8-10-18</u>		<u>S.O.S. Dist. Dp. #4</u> <u>(Deceased)</u>	<u>Montreal</u>	<u>7-10-18</u>	<u>Dp. 0 Pt. 11 #173F1</u> <i>Leas Trae, Reimner</i> <i>A/</i> Lieutenant, Assistant Adjutant, District Depot No. 4.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. (P.T.O.)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

1. 21-1-7 Instruc

(23-)

21-1-8