B42072
STAROSTIC
WILLIAM

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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 STAROSTIC William (b) Reg'l. No. B42072
2. (a) Arm of service Army (b) Unit 2 Pio Engineers (c) Rank Sapper
3. (a) Date of birth Jan 8 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment Stamford
4. (a) Place of enlistment Hamilton (b) Date of enlistment July 18 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) Public School 8th (Correspondence)
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Auto (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

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 Steels Aviation Ltd Address Hamilton Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Repair Aeroplanes
20. (a) Your specific occupation Labourer (b) Number of years' experience at this occupation with any employer 1½ years
21. (a) Did your employer promise definitely to give you employment on discharge? No (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 (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 4 (c) In what provinces did you have experience? Ont.

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.) Auto. Mechanics
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE July 20 1941 SIGNATURE William Starostic

Pte.

I. Regt. No. B-42072 Rank Pte. Unit 2/10 Dragoons Date 23-7-42

Name STARROSTIC W. Age 21 Place of Birth

Date of Enlistment Place of Enlistment Depot

Languages spoken English X Recruit A Med. Cat. Place Camp Niagara

II. M. Test Date 23-7-42

Test	Score	S.M.	
1	19		SUB-TOTAL
2	15		49
3	15		S.M.
4	25		SUB-TOTAL 48
5	23		S.M.
6	8		SUB-TOTAL
7	7		33
8	18		S.M.
Total	130	S.M.	GRADE 111
9			

Other Tests Name or Type | Date | Place | Score | Grade

III. Military Background

IV. Educational Background

V. Occupational Background

VI. Arm Desired

Work in Arm Desired

VII.

M.F.M. 196
100M—3-42 (3762)
H.Q.C. 8173

VIII. Summary

"Q" CARD COMPLETE

IX. Suggestions

X. Signature of Interviewer	N.C.O.	Officer

XI. Action Taken — Date of Action

Follow-up Q card complete. Re interviewed 12/3/43
Likeable youngster. Quite well adjusted to army and likes it.
Is not ambitious and has little leadership but should make an
excellent rifleman.

V. b. Green 1st.

Pvt. 1. G. H.

CONFIDENTIAL

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 17/7/42 Place Enlisted Hamilton Ont.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
17/7/42 – 30/12/42	Can.	Infty	2/10 Dragoons.	Pte.	Basic Training	
31/12/42 – 31/1/43	Eng.	Infty.	3 C.D.I.R.U.	Pte.	Basic Training	
1/2/43 –	Eng.	Infty	4 C.I.R.U.	Pte.	Basic Training	
			Q.O.R. Can.	–		
				A		

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
First Aid Course.	Aldershot	25/2/43 – 27/2/43	Qualified.	

46 Crime: Courts Martial Convictions ..... Major Offences ..... Minor Offences None.

Civil Convictions ..... Fines ..... Hospitalization None.

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Rifleman.			
Truck Driver	Civilian Trade		

55 Type of Service Desired (1) Rifleman. 123 (2) .....

Remarks re Outstanding or Limiting Factors

Deportment	Pleasant
Disposition	Good
Appearance (grooming)	Good.
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

Likeable Youngster. Quite well adjusted to Army and likes it. Is not ambitious and has little leadership but should make an excellent Rifleman.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent

Reason for Joining Cdn. Army (if ascertainable) Got first ~~Call~~ Call and thought might as well go active with friends

48 Suggested Possibilities for Employment (1) Rifleman. .....

(2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by N.B. Green Lieut Date Mar 10/43

Reviewed by ..... Date .....

B42072 | STAROSTIC | WILLIAM

Regt'l. Number | Last Name | First Name | Middle Names

CARDS PUNCHED

GORUP CONFIDENTIAL

C. Coy.

Soldiers Qualification Card

Unit 2/10 DRAGOONS ~~L.C.I.R.U. (ATT. 48 H of C)~~

1 Corps 2/10 DRAGOONS. (INFY.) (ATT. 48 H of C) 5

2 Nationality 08 Canadian | By Birth ✓ | By Naturalization | Country of Birth Canada.

3 6 Racial Origin Central European. (Ukrainian) 4 6 Language spoken in home: Other Ukrainian French English ✓

5 Age 22 2/12. 10/1/21. 6 Height 5' 9" 7 Weight 176. 8 Silhouette 1 2 3 4

Eyes 9 4 Colour of BROWN. 10 1 Acuity 1 2 3 10 Glasses 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects

14 Handedness R L A 15 1 Med. Category A1.

Cause

Attitude to own health To Medical attention

Health History

16 Education Level: Illiterate E 7 (16) S (Grade completed)

Conduct during school life

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. Cabinet Making (Night School.) (Course)

161 At Niagara Falls Tech School From—To 1937 – 1942. Completed

21 2. Niagara Falls Ont. (Course)

At From—To Completed

22 3. (Course)

At From—To Completed

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently English. Ukrainia (some)

02 Written well English

31 Feels Qualified as Truck Driver.

24 Main occupation: Description Truck Driver. Estimate of skill Skilled.

9418 Duration (from—to) 1937 – 1940. Weekly Wage $25.00

Employer's Name and Address Ravine Sand & Gravel Co Ltd. St. Davids Ontario

"A" CARD COMPLETE

50 "M"

Test	Score	SM	
1	19		S. Tot. 49
2	15		SM
3	15		
4	25		S. Tot. 48
5	23		SM
6	8		S. Tot. 33
7	7		SM
8	18		
Tot.	130	SM	Grade C
9			

51 OTHER MENTAL

Test

Score L. Grade

Date

52 MECHANICAL

Test

Score Grade

Date

52 CLERICAL APT.

Test

Score Grade

Date

53 TRADE TEST

1 Score G. Date

2 Score G. Date

3 Score G. Date

4 Score G. Date

54 OTHER

Test

Score Grade

Date

25 Second Most Important Occupation; Description: Electric Crane Driver & Crusher Feeder. Estimate of skill Limited.

2184 Duration (from—to) 1941 – 1942. Weekly Wage $33.00

Employer's Name and Address Lionite Abrasive Co Ltd. Niagara Falls. Ont.

26 Third Most Important Occupation: (1) Carpenters Helper (6 months) (2) Mechanic Helper (4 months) Estimate of skill Limited.

1544 Duration (from—to) 1940 – 1941 Weekly Wage (1) $24 (2) $15.00

Employer's Name and Address (1) Detroit River Construction Niagara Falls Ont. (2) Wells' Garage Niagara Falls. Ont.

Trade Union or Professional Society

Vehicles: 27 4 Heavy Truck W. R. 28 4 Light Truck W. R. 29 4 Auto W. R. 30 3 Motorcycle D. R.

31 4 Farm Tractor W. R. 32 1 Tracked Vehicle D. 33 Power Launch 34 Aeroplane

35 Accident Prone

Farming Experience: Wide Limited ✓

District Southern Ontario. Type Mixed Farming

Job promised after discharge Yes By whom? Name Lionite Abrasive Co Ltd

Address Niagara Falls. Ont.

Other provision for post-discharge occupation

Type of work desired Auto Mechanic.

Occupational history: Ambitious ✓ Accidental

Stable ✓ Erratic

36 Material Status: M S ✓ W D Sep.

2 Marital Problems (Remarks)

Age of wife Wife's attitude to Service Wife's Health

37 No. of Children No. Brothers 4 No. Sisters

Position in family 2nd 38 No. Dependents 1 (Partial)

Relationship of Dependents Mother.

Status of home in childhood

RELIGION - R. C.

39 Hobbies: Photography M S Radio Engines

7 Mechanics Other Cabinet Making.

40 Sports: (1) Hunting (2) Golf. (3)

JH Team Games and Position (1) Hardball (Catcher).

3 (2) Hockey (Anywhere) (3)

41 Ability to Entertain: Music: String Brass

Woodwind Percussion Piano Vocal

Theatrical Other

Mrs. Lena Starostic,
40 Portage Rd.
Stamford, Ont.

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-S-28.319 FD 369

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Nov. 27 194 4

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

STAROSTIC William Rfmn.
B-42072 Canadian Army

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.

ESTATES BRANCH DEC 8 1944 H.Q. OTTAWA. NATIONAL DEFENCE

GHF/JR

Director of Estates.

M.F.W. 77
16M-10-44 (5854)
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 ever 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. none		none		
2	Children of the Deceased and dates of their Births. none		none		
3	Father of the Deceased. Yes		Jacob Starostic	43	Died June 17, 1935
4	Mother of the Deceased. Yes		Lena Starostic	50	40 Portage Rd R.R. #3 Iroq. Falls Ont.
5	Brothers of the Deceased	Full Blood	John Joseph Starostic —	30	40 Portage Rd
			Fred Starostic —	2	Jan. 18. 1918
			Steve Starostic —	3	Dec. 24. 1920
			George Starostic —	22	H.M.C.S. V49165
			James Starostic —	7	Mar. 29. 1936
			Nick Starostic —	5	Jan. 1936
			Philip Starostic —	13	40 Portage Rd.
			Jack Starostic —	10	40 Portage Rd.
			Mike Starostic —	3 days	Oct. 1927
		Half Blood	none		—
6	Sisters of the Deceased	Full Blood	Mary Starostic	17	May. 2. 1934
			Victoria Starostic	5 days	Aug 15. 1926
		Half Blood	none		—

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
	Fred Jan. 18. 1918 Steve Dec 24. 1920 James Mar 29. 1936 Nick Jan. 1936 Mary May 2. 1934 Victoria Aug 15. 1926 Mike. Oct. 1927	none	none

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Starostic
9	Date of his birth.	Jan 10th 1921
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	Winnipeg man Jan 13./1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lachine 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) Ontario 19 yrs. (b) Stamford " " (c) Welland " " (d)
14	Nature of employment before enlistment.	Lionite Abrasive Ltd. Crusher operator
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.	40 Portage Rd.

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 knowledge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no knowledge.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	no knowledge
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Assurance Co. One thousand dollars in Canadian Territory. Lena Starostic
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:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. 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

*...Mother...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.

...Lena Starostic... {Signature of Informant}

...40 Portage Rd R.R. #3 Niag. Falls Ont. ...Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief ...Lena... *See above. ...Starostic... {Name of informant} is the* ...Mother... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at ...Niagara Falls,... this ...6th... day of ...December... 19...44

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

...Robert S. Dundas... Qualification ...a Commissioner, etc.

Address ...299 Queen Street, Niagara Falls, Ontario.

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

Received..... Checked.E..... Card.✓..... Observations.....

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-38-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit 2nd/10th Dragoons, CA (A) Regimental Number B-42072 ✓

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01/RTE

1. Surname STAROSTIC ✓
2. Christian Names William ✓
3. Present address 40 Portage Road, Stamford, Ontario, Canada.
4. Date of birth January 10th, 1921 ✓
5. Place of birth Canada (Country) Quebec (County or Province) LaChine (Town or Township)
6. Religion (state denomination) Roman Catholic ✓
7. Trade or Calling Labourer & Truck driver
8. Married, Widower or Single Single ✓
9. Name of next of kin Mrs. Lena STAROSTIC
10. Relationship Mother
11. Address of next of kin 40 Portage Road, Stamford, Ontario, Canada.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)
    (*b*) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, William STAROSTIC, do solemnly declare that the above particulars are true, and I 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.

Witness:- J B Pringle LV
Date 17-7-42

William Starostic (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

William STAROSTIC do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

William Starostic (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit 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 recruit 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, and the said recruit has made and signed the declaration and taken the oath before me,

at Hamilton, Ontario, Canada. this 17 day of July 1942

J. M. Secord Capt.

Captain, Recruiting Officer.

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

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

FINGERPRINTED

O.H.F. complet'd and forwarded to Records, M.D. No. 2, July, 1942.

Record of Service of STAROSTIC (Surname) William (Christian Names) Regimental Number B-42072

Qualifications		Educational Qualifications		
Military	Nil	High School or Collegiate	Niagara Falls Collegiate Night Classes - 5 years, Wood-Working Course. (Courses completed)	Graduation or Matriculation: Nil (specify)
Business or Professional	Nil			
Trade or Civil	Labourer	*College	Nil	
Technical	Nil	*University	Nil	
Languages	English and Ukranian		Nil	

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

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
5402		Joined on appointment T.O.S. 2nd/10th Dragoons, C.A. (A)	Pte.	17-7-42	2nd/10th Dragoons	Hamilton	D.O. 32	20-7-42
—		Having been granted special leave from 24-11-42 until 1-12-42 subject to exigencies of the service is entitled to receive .50¢ per diem in lieu of rations. Transportation Warrant No. A-257590	"	24-11-42	"	Debert	D.O. 98	24-11-42
2		Granted 14 dys. annual leave from 7-12-42 until 20-12-42 inclusive, subject to the exigencies of the service, and is entitled to receive .50¢ per diem in lieu of rations. Transportation Warrant No. A-223528	"	7-12-42	"	"	D.O. 104	4-12-42
		S.O.S. on proceeding to Cdn. Army Overseas	"	22-12-42	"	"	D.O. 113	23-12-42
		S.O.S. C.A. (CANADA) ON EMBARKATION	✓	29 Dec 42	3 CDN RU	U.K.		
✓		T.O.S. C.A. (OVERSEAS) ON TRANSFER	✓	30 Dec 42	"	✓	✓ 8	11 Jan 43
		Disembarked in U.K.	✓	7 Jan 43	"	✓		
Amended D.O. 24 29 Jan 43		TOS Struck off to 3 CDN RU	✓	8 Jan 43	"	✓		

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... William Starostic ..... Place ... Hamilton, Ontario .....

Place ..... Date ..... July 13/42. .....

Part 1. Information obtained from the recruit.

1. Age ..... 21 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	No	k. Ear disease	No
b. Tuberculosis or pleurisy	No	l. Eye disease	No
c. Bronchitis or asthma	No	m. Fits	No
d. Heart disease	No	n. Nervous or mental disease	No
e. Kidney or bladder disease	No	o. Syphilis	No
f. Stomach or bowel trouble	No	p. Gonorrhoea	No
g. Rupture	No	q. Have you ever worn glasses?	No
h. Varicose veins	No	r. Are you now or have you in the past received disability pension or compensation? If so, give details	No
i. Foot trouble	No		
j. Nasal trouble	No		

William Starostic
Signature of Applicant.

Part 2. Information obtained by medical examination. **THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history).

Nil

2. Height ..... 5 ..... feet ..... 7 ..... inches. 3. Weight ..... 163 ..... pounds.

4. Complexion ..... Medium .... Eyes ..... Brown Hair ..... Brown

5. Development ..... Good ..... Good / Fair / Poor

6. Chest measurement—Girth on full expansion ..... 38 ..... inches.
Range of expansion ..... 2 ..... inches.

7. Vision, right ..... 20/20 ..... left ..... 20/20 .....
With Glasses— right ..... left .....

8. Hearing, right C.V. 20 left C.V. 20

9. Condition of mouth and teeth ..... Good .....

10. The abnormalities (congenital and pathological) found on examination are as follows .....

Reflexes, urine, ears normal

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category ..... A1 .....

Special remarks when category lower than A .....

J.F. Houston, Maj — President
James Boyd, Maj — Member
F.E. Coster, Capt — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
13.7.42	Urine Sp. Gr. 1026		RE-EXAMINED 24/6/42 CATEGORY A1 CONFIRMED
13/7/42	X Ray 11.07 OK JHH		R D Thompson Capt R.C.A.M.C.
31/7/42	S.P. Vacc TABT	21.11.42	Re-Examined. Category A1 Confirmed.
14-8-42	S. Pox, TABT I,		R D Thompson Capt
4-9-42	" II,		
7.9.42	Cat. A1 confirmed		
22-11-42	TABT III		

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

Regtl. No. B-42072 Rank Pte Surname STAROSTIC Christian Name William

STATION	Date of Arrival at the Station	Dates of						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, and whether mercury has been given. 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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

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

Statement of the Service of No. B/42072 Rank Sheet No.

Name Starostic William

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
S.O.S.		SOS To 4 CIRU	Pte.	31/1/43	3 DN. DIV.	U.K.	26A.	31/1/43.
	I.O.S.	TOS on posting from 3 DIRU & posted to 4 CIRU	Pte	1 Feb 43	4 CIRU	U.K.	2	6 Feb 43
		Acid Jaundice from 4 CIRU to 3 Feb 43	Pte	1 Feb 43	3 CIRU ~~4 CIRU~~	U.K	1	1 Feb 43
		Passed Unit Dr M Case (wheeled)	Pte	15 May 43	4 CIRU	U.K	66	21 May 43
		Attd'd a unit Dr M Case (Tracked) Passed Case 1042 (Dust Neck)	Pte	29 May 43	4 CIRU	U.K	80	5 June 43.
		Att'd IAP 15/RCOPU. Pte ceased to be att'd to CMHQ and cease to be att'd to 4CIRU	Pte	18 June 43	4 CIRU	U.K	94	21 June 43
		Returned from CMHQ Case No 1042 (Dur Mech)	Pte	24 July 43	4 CIRU	U.K	128	27 July 43
		Trade Tested Dur. Mech "C"	Pte	22 July 43	4 CIRU	U.K	128	27 July 43
SoS		SOS on posting to QOR of C.	Pte.	28 June 43	4 CIRU	U.K	130	29 July 43
	TOS	TOS from 4 CIRU	Pte	29 Jul 43	QOR of C	U.K	37	3 Aug 43
Cl6		Proc on L/Cpl. HQ Case 801 Ser 18. Battle Drill Case Carriers	Pte	21 Nov 43 8 Jan 44	QOR of C	U.K.	4	9 Feb 44
Cl6		att'd 15 Inf Wksy C.T.S (Sap)	Pte	21 Nov 43 8 Jan 44	QOR of C	U.K	4	9 Feb 44
		Completes L/Cpl HQ Case 801 Qual "A"	Pte	8 Jan 44	QOR of C	U.K	4	9 Feb 44
C.26		Prtd T.P. Dr Mech "C"	Pte	3 Mar 44	QOR	U.K	12	10 Mar 44
		Embarked at U.K. on 1 June 44						
		Disembarked at France on 6 June 44	Rfn	-	QOR of C	21 Army Gp	30	15 June 44
		Reclassed as Dr. Mech M.V.C.	Rfn	8 June 44	QOR	21 Army	41	12 Sept 44
		Killed		17 Oct 44				

M.F.M. 1 & 2A
40/P & S/119

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
6.25	✓ SOS.	SOS Killed in Action (Dalmeck Mu. "6"	Rfn.	17 Oct 44	QOR	21 Aug.	51	27 Oct 44
MU39	✓	Killed	Rfn	17 Oct 44	QOR.	AEF	A506	24 Oct 44.

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
32	20-7-42	T.O.S. 2/10 Dragoons CA(A) eff. 17-7-42	
98	24-11-42	Granted leave. 24-11-42 to 1-12-42 ration allow. 50¢ a day.	
104	4-12-42	Granted furlough 7-12-42 to 20-12-42 ration allow. 50¢ per day.	
113	23-12-42	SOS 2/10 Dragoons to CDN ARMY Overseas eff 22-12-42	
8	11 Jan 43	T.O.S. C.A. (OVERSEAS) ON TRANSFER wef 30 Dec 42	
8	11 Jan 43	~~[illegible]~~ TOS 3 CDN. DIV. INF. REINF. UNIT. ~~fap~~ wef 8 Jan 43	
26A	31 Jan 43	S.O.S. 3 CDN. DIV. INF. REINF. UNIT TO ~~[illegible]~~ 4 CDN. ~~DIV.~~ INF. REINF. UNIT eff. 31 JAN 43	
2	6/2/43	TOS. 4CIRU fr 3 CDIRU eff. 1/2/43	
25	30/3/43	Pay Incr 150 eff 1/1/43	
30	6/4/43	9 Days PL & RA eff. 29/3/43-7/4/43	
66	21/5/43	attended unit Dm case wheeled Passed	
[illegible]	21/6/43	ATT FAP & 1 CORU on CMHQ case 1042 wef 18/6/43	
128	27 JUL 43	Ceases " " ~~[illegible]~~ " " 24 JUL. 43	
130	29-7-43	S.O.S. #4 C.I.R.U. ~~[illegible]~~ Q.O.R. of C wef 28 Jul 43	
128	27 JUL 43	Qual. Dr. Mech. Gr "C" (TP.BR.) 22 JUL. 43.	
37	3 AUG. 43	TOS QOR from 4CIRU wef 29/7/43	
44	24-9-43	Granted 7 Days PL with RA 8-15 Aug 43.	
52	23 NOV 43	Granted 7 Days PL & RA. 1-8 NOV 43	

M. F. M. 14
300M-5-41 (223-4)
H. Q. 1772-39-1662

NO. B-42072 RANK Pte. NAME STAROSTIC, William

*MARRIED
*WIDOWER
*SINGLE

PLACE OF ENLISTMENT Hamilton, Ontario. 9 DATE 17-7-42

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
32	26-7-42	PTE	NA	AS	1.30	NO	Next of kin as below
25	30/3/43				1.50		1/1/43
12	10-3-44.	RFN.	'C' DRV.	MECH.	1.75		3 MAR. 44.

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs. Lena STAROSTIC (MOther) 1-8-42. 40 Portage Road, ~~Stamford~~, Ontario. NIAGARA FALLS.	R.R. 3 JUNE-44	25.00	

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
NA			
APPLIED 5/7/44	MOTHER.		

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.

OCCUPATIONAL FORM COMPLETED

CONTINUATION CARD M.F.M. 14

Regimental No..... Name.....

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
7	9 FEB 44	Proceeded on Course 801 Ser 18 (CARRIER) 21 NOV 43 to 9 JAN 44
7	9 FEB 44	Having Completed Course 801 Ser 18 (CARRIER) qualifies "Q"
12	10/3/44	Granted 1st Pay as Dr. Mech. "C" wef 3 Mar 44
9	25/2/44	Granted 7 Days L & PA 4-11 Feb 44
		KILLED IN ACTION 17 OCT 44

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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(1) Name of Officer or Other Rank STAROSTIC WILLIAM
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank B-42072 Pte.

(3) Unit 2nd/10th Dragoons, C.A. (A)

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

NA

(7) Are you a widower? No

(8) Have you any children? NA Number of boys NA Girls NA

Names and ages NA

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

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

Name NA

Postal Address NA

[SEE OTHER SIDE]

RECORDS M. D. 2

(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 appointment or enlistment?.....No..

If so, state her full name and Postal Address .....NA.....

.....

.....

(11) Is your father alive?.....No.....

If so, state name and address, occupation.....

.....NA.....

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

(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 appointment or enlistment.....

.....NA.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....NA.....

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mrs. Lena STAROSTIC.....

40 Portage Road, Stamford, Ontario, Canada

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....NA.....

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?.....NA.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....No.....
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 appointment or enlistment.

If so: state the following particulars:—

Relationship .....NA.....

Full Name .....NA.....

Postal Address .....NA.....

Amount contributed monthly during the past six months.....

.....NA.....

(18) Are you insured?.....Yes.....

If so, in what Company?.....Metropolitan Life Insurance Company.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....Yes.....
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.

William Starostic
(Signature of officer or man)

Date 20-7-42

J. F. Secord, Captain,
for Officer Commanding 2/10th Dragoons, (AF)

Date 20-7-42

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-42072 RANK Rifleman SERVICE UNIT Queen's Own Rifles of Canada (CA)

NAME STAROSTIC, William

DATE OF BIRTH DAY 10-th MONTH January YEAR 1921 Date enlisted:17-7-42

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 40 Portage Road, STamford, Ont.

NAME ADDRESS D.A.B. Mrs. Lena Starostic

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 2611A H.Q.405-S-28319

CASUALTY DETAILS Killed in action DATE 17-10-44

FRANCE

S/L 2254
O/S 2nd/10 Dragoons

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

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

DATE 31-10-44

MCL

OFFICER I/C RECORDS

Lt. 6 220

COPY FOR DOCUMENT FILE

(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
		3 C D I R U	S.O.S. C.A. (CANADA) ON EMBARKATION	U K	29 Dec 42	Pte	
		✓	T.O.S. C.A. (OVERSEAS) ON TRANSFER	✓	30 Dec 42	✓	D.O. # 8
		✓	Disembarked in U K	✓	7 Jan 43	✓	11 Jan 43
		✓	Attd fap to 3 C D I R U	✓	8 Jan 43	✓	
		"	Ref D.O. 8 & 11 Jan 43 "Attd fap" amended to read "T O S"	"	8 Jan 43	"	24 & 29 Jan 43
		"	D.O.D. to 4 C I R U	"	31 Jan 43	"	26A / 31 Jan 43
		3 C I R U	Att fap to 3 C I R U 1 - 3 Feb 43	"	1 Feb 43	"	1 - 1 Feb 43
		4 C I R U	T.O.S. from 3 C D I R U & posted to 4 C I R U H of C	"	1 Feb 43	"	2 - 6 Feb 43
		"	GRANTED REGT RATE OF PAY $1.50 HAVING COMPLETED 6 MOS PROFICIENT SERVICE	"	1 JAN 43	"	25 30 MAR 43
		"	P.L. with R.A. (7 days + 48 hrs)	"	29 Mar 43	"	30 6 Apr 43
		"	Qual "Passed" on unit D & M crse (wheeled)	ending	15 May 43	"	66 21 May 43
		✓	On unit D & M Crse (tracked) "Passed"	✓	29 May 43	✓	80 5 June 43
		✓	On CMHQ Crse 1042 (Dvr Mech) and att fap to 1 C O R U	✓	18 June 43	✓	94 21 June 43
		"	Ret from above Crse & ceases att 1 C O R U	U K	24 JUL 43	"	128
		"	Qual Dr Mech Gr "C" (TTBR)	"	22 JUL 43	"	128 27 JUL 43
S.O.S.		"	S.O.S. to Q O R of C (FU)	"	28 JUL 43	"	130 29 JUL 43
	T.O.S.	Q.O.R	T.O.S. from 4 C I R U	Field	29 Jul 43	Rfn	37 - 43
25 Jan 44	O.C.	"	Pro on CMHQ Crse 801, Sec 18, Battle Drill (Carrier)				
			att 5 Wing CTS fap from 21 Nov 43 to 8 Jan 44	"	21 Nov 43	"	7 - Feb 44
25 Jan 44	"	"	Qual "Q2" on CMHQ 801, Sec 18, Battle Drill (Carrier)	"	8 Jan 44	"	7 - Feb 44
4 Mar 44	"	"	Trade pay, Dr. Mech. Group "C"	"	3 Mar 44	"	12 - Mar 44
			Emb. U.K.	"	1 Jan 44	"	30 - Jul 44
			Disemb. FRANCE	"	6 Jan 44	"	
	"	"	Reclassified as Dr Mech MV "C"	"	8 Jan 44	"	41 - Sep 44
19 Oct 44	"	"	SOS killed in action (Dr Mech MV "C")	"	17 Oct 44	Rfn	51 - Oct 44

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 2nd/10th Dragoons, C.A. Regimental Number B-42072

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	STAROSTIC	2/10 Dragoons, C.A.	
2. Christian Names	William		
3. *Substantive Rank and Appointment		48th H. of C	
*Acting Temporary or Local Rank			
giving date			

*To be entered in pencil to facilitate alteration.

4. Place of birth	Lachine, Quebec	(18) Medical		
5. Date of birth as declared on attestation (A)	Jan 10th/1921	Category	Date	Authority
6. Date of enlistment	17-7-42	A 1	13-7-42	MFM 2
7. Place of enlistment	Hamilton, Ontario			
8. Residence at time of enlistment	Stamford, Ontario			
9. (B) Special conditions (if any) of enlistment or rate of pay				
10. (C) Any subsequent variations of conditions of service				
11. Religion	Roman Catholic			
12. If married, state date		(19) Next of kin (entries to be made in pencil)		
13. Trade on enlistment	Labourer	Mrs. Lena Starostic (Mother)		
14. Corps, trade and grade	MV	40 Portage Road, Stamford		
15. (D) Qualifications	Driv. mech. Gr. "C"	Ontario		
16. (E) Miscellaneous entries				
		(20) E		
		(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.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Lena Starostic Mother

ADDRESS: 40 POrtage Rd., Stamford, Ont .

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Lena STAROSTIC, (ENGLISH)

1831

ADDRESS: 40 Portage Road, STAMFORD, Ont.

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 8972

(2)

(3) DESP. FEB 14 1945
REGN No. 13742

17-10-44

AWARDS—CANADIAN ARMY (ACTIVE)

1831

GEAG.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-28319

STAROSTIC, William	B-42072	Rfmn	Q.O.R. of C.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star Defence Medal War Medal, 1939-45 ~~CVSM & Clasp~~	3437- 27-10-45

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No B-42072 Rank Rifleman Name STAROSTIC, William

Unit Q.O.R. of C. Date of death 17th Oct. 1944

Died at ~~France~~ Holland

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-S-28319

N/K Mrs. Lena Starostic Relationship Mother

Address 40 Portage Road, ~~Stamford, Ont.~~ R.R.#3, Niagara Falls, Ontario.

Remains buried in Cemetery

MR.179071 sheet 22 SW In corner of pear orchard by farm house E of highway. Holland

Grave location

CHK

OVER-

REBURIAL

Adegem Canadian Military Cemetery,
Adegem, Belgium.

Grave 9, row E, plot 2.

H & CR Form Despd. JAN 29 1947

Photographs
Despatched
NOV 8 1947

BURIAL REPORT TO N.K. JAN 2 1946

RETURN TO BUR. OF STAT. APR 9 1945

ROYAL MESSAGE DESP'D. NOV 22 1944

CAN. MESSAGE DESP'D. DEC 14 1944

5M-10-44 (M-4414)

File No 405-S-28,319

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B-42072. Name STAROSTIE William P.A.

Rank on Discharge Rfmn. Date of Discharge 17-10-44.

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 17-7-42.	to 29-12-42.	
	from	to	
United Kingdom	from 30-12-42.	to 17-6-44	
	from	to	
Italy	from	to	
Northwest Europe	from 6-6-44	to 17-10-44 K/A.	
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star OK

---------- ----------

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

NO RIBBON DESPATCH

Verified by N. Renaud

Date 29-8-46

Carded AUG 30 1946

IIA 165

405-S-28,319

P-A

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME STAROSTIC William

RANK RFN

UNIT QUEENS OWN RIFLES AEF

PLACE & DATE OF BIRTH QUEBEC ~~10 Jan 1921~~

REGTIMENTAL NO. B/42072

NEXT OF KIN & ADDRESS MOTHER.
Mrs. Lena STAROSTIC,
40 Portage Road,
STAMFORD. Ont.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 17 Oct 44

PLACE OF DEATH

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL.

DATE OF BURIAL 19 Oct 44.

CEMETERY In corner of pear orchard by farm house E. of highway. 1/25000. Sh.22 SW 179071.

PLOT NO ROW GRAVE 4

DEATH CERT.NO

RELIGION Roman Catholic

DATE 20 Oct 45.

(M. BEUTEAU) Capt.,
for COLONEL
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

MT

H.Q. 405-S-28319
(D.R. 2(D))

2nd January, 1946.

Mrs. Lena Starostic,
40 Portage Road,
Stamford, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your son, B42072 Rifleman William Starostic, have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row E, plot 2, of Adegem Canadian Military Cemetery, 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.

/EMA

405-S-28319
(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. B.42072, Rifleman William STAROSTIC, of the Queen's Own Rifles of Canada, Canadian Army, was killed in action on the 17th of October, 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.
November 27th, 1944.

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH {County or District of IN THE FIELD (HOLLAND) Township of .....
If in City, Town or Village ..... (Name) Street ..... House No .....
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....

3. PRINT FULL NAME OF DECEASED STAROSTIC (Family name) William (Given name or names in usual order)

RESIDENCE No. 40 Street Portage City, Town, Village or Township Stamford Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M			Single

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH January (Month) 10 (Day) 1921 (Year)

10. AGE in

Years	Months	Days	If less than one day old
23			....hrs. or....min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Labourer

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

13. Date deceased last worked at this occupation .....

14. Total years spent in this occupation .....

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME Deceased

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Person giving information sign here .....
Address Director of Records, Ottawa.
Relationship to deceased Dept. of National Defence.

21. Place of Burial, Cremation or Removal Holland.
Date of burial or removal .....

22. Burial Permit was issued by .....
Address .....

23. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH October (Month) 17 (Day) 1944 (Year)

25. I HEREBY CERTIFY that I attended deceased from: .....19.....to.....19.....
and last saw h..... alive on.....19.....

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) Killed in action

due to

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. .....

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

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

27. If a woman, was the death associated with pregnancy? .....

28. Was there a surgical operation? .....Date of operation .....19.....
State findings .....Was there an autopsy? .....

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? .....Date of injury .....19.....
(State which)
Manner of injury .....
(How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home,** or in **public place** .....

Signed by .....**M.D.**
Address ..... **Date** .....19.....

30. Division Registrar's Record No. .....

31. Filed .....19..... .....
(Division Registrar)

OVERSEAS CASUALTY CANADIAN ARMY

APR 9 1945

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER NAME: William (CHRISTIAN NAMES) STAROSTIC (SURNAME)

REGISTER NO. D-8299
FILE NO. 405-S-28319
DATE 6-8-45
SERVICE NO. B-42072
FINAL RANK OR RATING Rfmn.
DATE OF DISCHARGE 17-10-44

PAYEE Mrs. Lena STAROSTIC,
ADDRESS 40 Portage Rd., R.R. #3, Niagara Falls, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE 17-10-44

		$ ¢
A. TOTAL QUALIFYING SERVICE 810 — NO. OF DAYS 824/30 EQUAL TO 27 COMPLETE PERIODS AT $7.50		202.50
B. QUALIFYING OVERSEAS SERVICE — No. of Days 658 LESS 14 INELIGIBLE DAYS, EQUAL TO 644 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		161.00
		363.50
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE		
PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$ .25	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .83	
TOTAL	$ 3.83 X7 = $ 26.81	
NO. OF DAYS 658/183	X$ 26.81	96.40
D. WAR SERVICE GRATUITY		459.90
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		459.90

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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
PJ	

TREASURY	
CHECKED BY	DATE
	13/8/45

SERVICE REPRESENTATIVE

Form No. 1

Register No. D-8299

Nominal Roll No. D-173

H.Q. File No. 405-5-28319

TO: P.M.G.

D8299

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
B-42072	RFN	STAROSTIC	WILLIAM

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 17 JUL 42	T.O.S.	T.O.S.
S.O.S. 17 Oct 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 824	Total Days	Total Days

824 DAYS

TOTAL SERVICE

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	166		166
OVERSEAS SERVICE	658		658
Totals	824		824
Add Non-qualifying Service			
TOTAL SERVICE			824

EMBARKATION DETAILS:

1. Date S.O.S. Overseas TOS O/S 30 DEC 42

2. Date S.O.S. Overseas 17 Oct 44

REMARKS:

KILLED IN ACTION
17 Oct 44

Computer's Signature C. Hulon

Checker's Signature W. E. Davis, Sgt.

Date Computed 9 Apr '45

all docs show above date
T.O.S.
W.E.D.

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

W.O. Leng. Capt.
(C.L. Laurin) Colonel,
Director of Records.

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, William STAROSTIC (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of Stamford, in the County of Welland

Province of Ontario, Labourer (Civil Occupation)

Regimental No. B-42072, Unit 2/10 Dragoons, (AF), 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 Lena STAROSTIC of 40 Portage Road, Stamford, Ontario, Canada, all my estate both real and personal, whatsoever and wheresoever situate, for her own sole use and benefit.

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 Mrs. Lena STAROSTIC, (Name) 40 Portage Road, Stamford, Ontario, Canada (Address)

Housewife (Civil Occupation), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 20th day of July 19 42

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.

William Starostic (Signature of soldier)

First witness sign here.

(5) Signature Donald Fritchard

Civil Address 249 Walter Avenue, Hamilton, Ontario, Canada

Civil Occupation Accountant

Second witness sign here.

Signature M Bluritt

Civil Address 45 York Street, St.Catharines, Ontario, Canada

Civil Occupation Bookkeeper

(Witnesses are not to be beneficiaries.)

[OVER]

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: STAROSTIC (Surname) William (Christian Names) No.: B42072

Rfn. (Rank) C.A. O/S (Unit) 17-10-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 163.14

Date: 13-7-45 ..... Other Credits .....

Total 163.14

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Lena Starostic, 40 Portage Rd., R.R. # 3, NIAGARA FALLS, Ontario. (sole beneficiary under will)	163.14

P4. TO TREAS. 28-9-45, qw.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$163.14

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ..... B.42072 Rfmn. Starostic W. (Dec'd) .....

RECEIVED FROM ..... Cdn 2nd Ech 21 A Gp .....

CHECKED BY ..... B.131628 Sgt. Smith, E. L. DATE ..... 13 Feb 45 .....

AND ..... D.106961 Pte. Glick, I. .....

1	Metal Ring (plain)		

ORIGINAL, DUPLICATE, TRIPLICATE } To Officer i/c Estates with original inventory, if any.

QUADRUPLICATE—with effects.

E. L. Smith Sgt
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
15 FEB 1945
BRANCH
HEADQUARTERS

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No B 42072 Rank and Name STAROSTIC. W. Pte.

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

(~~Transfer~~ or Discharge)..... on 17th October. 1944.

Reason Death Authority : C.C.L."A" 506 d/27th Oct.44.

The following is a statement of the account of the above-named from 1st October. to 31st October, 1944. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	133	75
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ 25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	25	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :			Def Pay Interest		14
To Balance Cr Free	153	14			
To Balance Cr Deferred	10	00	By Balance Dr		
Total	188	14	Total	188	14

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

Remarks:

Assnd Pay $25.00 (M) Stopped eff Nov:1944.

Compiled by E.G.Ripley.

Checked by B.M.Wadsworth

Date 12th May .1945,

Certified correct

for Chief Treasury Officer, Overseas

MW

42 Portage Rd.
Stamford,
Ont.
Aug 31/45

ESTATES BRANCH
SEP 4 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Department of National Defence.
Estates Branch.
Ottawa.

Dear Sirs. —

Owing to the fact Mrs Lena Starostic is unable to write I have signed to the effect she has received her deceased sons effects. Receiving them in perfect condition.

Hoping this meets with your approval.

Sincerely yours.

(Miss) Frances J. Wallace.

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

405-S-28,319

DAY LETTER ☐

NIGHT LETTER ☐

MR

CASUALTY (REPORT DELIVERY)

OTTAWA 24 OCTOBER 1944

TO:- MRS LENA STAROSTIC
40 PORTAGE ROAD
STAMFORD ONT

8038 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT B42072 RIFLEMAN WILLIAM STAROSTIC HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION SEVENTEENTH OCTOBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID WMD

DIRECTOR OF RECORDS