

D129337  
GOESKY  
WILLIAM



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Observations

ORIGINAL  
DUPLICATE  
TRIPPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2  
A.F.B. 271  
750M-5-42 (4398)  
H.Q. 1772-39-1645

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

Unit R.C.O.C. CA. Regimental Number D-129337

FINGERPRINTED  
PHOTOGRAPHED

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

- Surname: GORESKY
- Christian Names: William
- Present address: 126 Laurier Avenue West Montreal, Quebec, Canada
- Date of birth: 2 August 1919
- Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
- Citizenship: Canada (Of What Country are You Now a Citizen)
- Religion (state denomination): Hebrew
- Trade or Calling: Machinist Helper
- Married, Widower or Single: Single
- Name of next of kin: Mr Sam Goresky
- Relationship: Father
- Address of next of kin: 126 Laurier Avenue West Montreal, Quebec, Canada
- 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)
- Have you served in (a) an Active Formation or Unit of The Canadian Army? NO (Yes or No)  
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? NO (Yes or No) (If Yes, specify Unit and Period of Service)
- 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 GORESKY, 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.

Date: 22-6-42 X William Goresky (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness: (Name) (Rank) X William Goresky (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 MONTREAL SOUTH this 22ND day of JUNE 1942

[Signature] (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.

NO. 4 DISTRICT DEPOT A.F.

Cat A  
R.C.O.C.  
B Wing

01  
PTE



8000-

066

Record of Service of

GORESKY  
(Surname)

WILLIAM  
(Christian Names)

Regimental Number D-129337

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military.....NIL  
 Business or Professional.....NIL  
 Trade or Civil.....MACHINIST HELPER  
 Technical.....NIL  
 Languages.....ENGLISH

High School }  
 or }  
 Collegiate }.....NIL  
 (years completed)  
 Graduation }  
 or }.....NIL  
 Matriculation } (specify)  
 \*College.....NIL  
 \*University.....NIL

7 YEARS PUBLIC SCHOOL (MONTREAL)  
 \*(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.

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.	Dated
Joined on appointment 23-6-42 DRO TOS NO 4 DISTRICT DEPOT CA.	PTE	22-6-42	4DD	MTL S TH	4DDPTIINO 150	23-6-42
<del>25-6-42 4 DD SOS on transfer to CA(B)TC #41 Kingston</del>	<del>Pte</del>	<del>26-6-42</del>	<del>"</del>	<del>"</del>	<del>"</del>	<del>26-6-42</del>
10-7-42 4 DD Pt.11 No.153 d/26-6-42 para.25 sh. 6 "STRENGTH DECREASE" is cancelled.	"		"	"	" " 165	9-7-42
16-7-42 4 DD SOS on transfer to CA(B)TC #48 St-Johns, que	Pte	17-7-42	"	"	" " #172	17-7-42
19 July 42 T.O.S. for all our on transfer from No2, D.D.	"	18 July 42	TTC3	St. Jo ns	TTC3 Pt.-11-80	18 July 1942.
15-9-42 Tc48 S.O.S. FOR ALL PURP. ON TR ANS TO TC A/21 T.O.S. - C.O.C.T.C. on transfer from #48 BTC St John Que	"	15-9-42	TC48	"	TC48 PTII DO 127	15-9-42
Attached for A.P. to C.A.F.S. Hamilton	Pte	16-9-42	COCTC	B'field	220	16-9-42
Attached f.a.p. from A.21. C.O.C.,T.C.	"	5/10/42	"	"	D.O. # 236	5/10/42
Granted pay at the rate of \$1.50 per diem	"	6-10-42	C.A.W.S.	Hamilton	D.O. 240	9-10-42
Ceases to be att. f.a.p. on return to unit	"	1-1-43	"	"	D.O.25A	30-1-43
	"	12-3-43	"	"	D.O. 62A	12-3-43
Ceases to be attached F.A.P. at C.A.T.S. Hamilton on return to A21 COCTC	"	13/3/43	<sup>A21</sup> COCTC	B'field	67	19/3/43



Regimental D-129337

Rank Private

Sheet No. 2

M.F.M. 1 & 2 (a)  
25015-5-42 (4722)  
H-39-1646

Name GORESKY William

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Granted Furlough from 23-3-43 to 5-4-43 & issued with warrant #387442	Pte	23-3-43	A21 COCTC	B'field	74	26-3-43
Granted Jewish Passover leave from 18-4-43 to 22-4-43 P.O. 699.	"	18-4-43	"	"	110	7-5-43
Granted Jewish Passover leave from 26-4-43 to 28-4-43 P.O. 699	"	26-4-43	"	"	110	7-5-43
Qualified as Fitter Group A Grade III	"	17-6-43	"	"	151	24-6-43
Granted Emb Leave 20-8-43 to 30-8-43 & issued T.W. # 534913	"	20-8-43	"	"	205	24-8-43
Having qual as Fitter Group A Grade III reported to a TSCoy is granted trades pay	"	19-8-43	"	"	212	1-9-43
S.O.S. H. 21. S.O.S. R. Bonfield. Out on proceeding on Special duty	Private	20-10-43	A21-S.O.S.P.	Barrfield	254	20-10-43
Admonished and forfeit 1 days pay for absence without leave from 0900 hours. 17-10-43 to 2200 hours. 17-10-43.	Private		A-21 COCTC	Barrfield	253	19-10-43
<p>E'MB'D FOR O/S..... <b>OCT. 22 1943</b></p> <p>S.O.S. CDN ARMY (CAN)..... <b>OCT. 22 1943</b></p> <p>DIS'EMB'D..... <b>29 OCT 1943</b></p> <p>T.O.S. CDN ARMY (O/S)..... <b>2.3 OCT 1943</b></p> <p>REPORTED FOR DUTY AT.....</p>						
		23 Oct 43				
	Pte	20 Oct 43	1 CORU	UK.	270	2 Oct 43
	Pte	23 Dec 43	CORU	UK	317	23 Dec 43
	Pte	24 Dec 43	8CIBW/S	UK	49	31 Dec 43
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
	Pte	24 Dec 43	CORU	UK	516	22 Dec 43
	Pte	2 Jan 44	8CIBW/S	UK	5	4 Feb 44
	Pte	6 Feb 44	8CIBW/S	UK	7	11 Feb 44
	Pte	13 Feb 44	8CIBW/S	UK	9	25 Feb 44
	Pte	29 Jan 44	8CIBW/S	UK	7	11 Feb 44
	Pte	10 Feb 44	8CIBW/S	UK	9	25 Feb 44
	Pte	11 Feb 44	8CIBW/S	UK	11	10 Feb 44
	Pte	11 Feb 44	CORU	UK	38	12 Feb 44
	Pte	18 Apr 44	8CIBW/S RCOE	UK	19	6 May 44
	Pte	10 May 44		UK	21	6 May 44
	Pte	15 May 44	8CIBW/S	UK	23	29 May 44

Case T. P. as Fitter "C"

SOS

TOS

SOS to 8CIBW/S.

TOS for CORU.

Fitter "C"

Fitter "C"

Granted trades pay Fitter "C"

Reverts to reg rate of pay \$1.50. (Fitter "C")

Act for CORU.

Grant for CORU.

Trade pay. Fitter "C"

Reverts to reg rate of pay \$1.50. Fitter "C"

Trans to qual as Fitter "C"

"Failed". Fitter "A"

SOS to RCOE. RCOE

TOS for X4 RCOE

Transf from RCOE to RCEME.

RCEME



Regimental No. D129337 Rank .....

Sheet No. ....

Name GORESKY W.

M.F.M. 1 & 2 (a)  
250M-5-42 (4722)  
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

Rank Shown	Effective Date	Unit	Place	Authority	
				D.O. Number	Dated
Pvt	/	86 DB W/S	2199	31	15 July 44
Pvt	22 June 44	6 CIB W/S	2149	43	19 Oct 44
	28 Sep 44				
	50 Aug 44	8 CIB W/S	C1605		8 Dec 44
Pvt	25 Aug 44	6 CIB W/S	2149	34	24 Aug 44
Pvt	24 Aug 44	X-hr RPEME	21 AB	60	8 Sept 44
Pvt.	28 Mar 45	6 CIB W/S	21 AG.	14.	6 Apr 45
Pvt.	28 Mar 45	6 CIB W/S	21 AG.	14.	6 Apr 45

Embarked at... UK ... on... 14 June 44  
 Disembarked at... France ... on... 19 June 44  
21 June 44

OK DO 37/18 Quar  
 Awd 1 Good Conduct Badge  
 Adm 74 Bn Gen  
 Disch 74 Bn Gen

SOS  
OK TOS SOS from X 4 hr RPEME  
SOS to 6 CIB W/S RPEME  
TOS  
OK SOS SOS SOS to 6 CIB W/S RPEME  
TOS

OK Awd 4 dys FP. (abs 12 hr 15 mins) T/for 8 dys pay AA 15 (1)  
for 1 G.C. Badge.



# SERVICE AND CASUALTY FORM

3/14B MFM 4(a) (Part II)  
40/P&S/412 (6548)

(PART II)

Regiment or Corps..... Regimental Number D129337  
 Substantive Rank..... Surname Loesby Christian Names W  
 Acting Temporary or Local Rank.....  
 (To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
	6 CIB Wksp	RCEME	7 Jul 1 Good Conduct badge (7 days P.F.) Promoted to Sergeant on 9 Aug 45	7 Jul	28 Mar 45	Pte	14 - Apr 45
	6 CIB WKSP	WKSP	SOS to 5 CIB WKSP RCEME	"	25 Jun 45	-	24/45
	5 CIB WKSP	WKSP	TOS from 6 CIB WKSP RCEME	"	7 Aug 45	Pte	30/45
			AWARDED THE 1939/1945 STAR	"	8 Aug 45	"	30/45
			AWARDED THE FRANCE & GERMANY STAR	"		"	33/45
			SOS died of injuries from motor accident	"	3 Sep 45	Pte	33/45
						"	33/45



# 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

Search

Unit..... R.C.O.C. CA. ..... Regimental Number D-129337.....

<p>1. Surname..... <b>GORESKY</b></p> <p>2. Christian Names..... <b>WILLIAM</b></p> <p>3. *Substantive Rank and Appointment..... <b>Pte</b></p> <p style="margin-left: 20px;">*Acting Temporary or Local Rank giving date.....</p> <p style="font-size: 0.8em;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... <b>MTL. QUE. CAN.</b></p> <p>5. Date of birth as declared on attestation..... <b>AUG. 2nd. 1919</b></p> <p>(A).....</p> <p>6. Date of enlistment..... <b>22-6-42</b></p> <p>7. Place of enlistment..... <b>MTL. STH. QUE. CAN.</b></p> <p>8. Residence at time of enlistment..... <b>126 LAURIER AVE. WEST. MTL. QUE. CAN.</b></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <b>HEBREW</b></p> <p>12. If married, state date..... <b>SINGLE</b></p> <p>13. Trade on enlistment..... <b>MACHINIST HELPER</b></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries..... <i>Miscel:</i></p> <p style="margin-left: 20px;"><i>VACC 23-6-42</i></p> <p style="margin-left: 20px;"><i>TART { 23-6-42</i></p> <p style="margin-left: 40px;"><i>18-7-42</i></p> <p style="margin-left: 40px;"><i>4-9-42</i></p>	<p>(17) Regiment or Corps.....</p> <p style="color: red; font-size: 1.2em; text-align: center;">RCIME.</p> <p>Unit (Battn., etc).....</p> <p>(18) Medical.....</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> <tr> <td style="text-align: center;">"A"</td> <td style="text-align: center;">17-6-42</td> <td style="text-align: center;">M.F.M. 2</td> </tr> </table> <p>(19) Next of kin (entries to be made in pencil).....</p> <p style="color: blue; font-size: 1.2em; text-align: center;"><i>Mr Sam Goresky (Father)</i> <i>126 Laurier Ave West</i> <i>Mtl. Que. Can</i></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em; margin-top: 10px;"> <tr> <th style="width: 10%;">CFEF</th> <th style="width: 10%;">1st</th> <th style="width: 10%;">2nd</th> <th style="width: 10%;">3rd</th> <th style="width: 10%;">4th</th> <th style="width: 10%;">5th</th> <th style="width: 10%;">6th</th> <th style="width: 10%;">7th</th> <th style="width: 10%;">8th</th> <th style="width: 10%;">9th</th> <th style="width: 10%;">10th</th> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">R</td> <td style="text-align: center;">O</td> <td style="text-align: center;">S</td> <td style="text-align: center;">86</td> <td style="text-align: center;">23</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">MD</td> <td style="text-align: center;">MD</td> <td style="text-align: center;">MD</td> <td style="text-align: center;">MD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">4</td> <td style="text-align: center;">-</td> <td style="text-align: center;">19</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Category	Date	Authority	"A"	17-6-42	M.F.M. 2	CFEF	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	No	R	O	S	86	23						MD	MD	MD	MD								-	4	-	19							
Category	Date	Authority																																																	
"A"	17-6-42	M.F.M. 2																																																	
CFEF	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th																																									
No	R	O	S	86	23																																														
MD	MD	MD	MD																																																
-	4	-	19																																																

- 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		(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
Date	From whom received						
			E'MBKD FOR O/S. <b>OCT. 22 1943</b>				
			S.O.S. CDN ARMY (CAN). <b>OCT. 22 1943</b>				
			DIS'EMBKD..... <b>29 OCT 1943</b>				
		1 CORU	T.O.S. CDN ARMY (O/S) <b>23 OCT 1943</b>				
		1 CORU	REPORTED FOR DUTY AT	UK	30 Oct 43	PTE	270-71 Oct 43
		CATS	GR. PAY AT THE RATE OF 1.50 PER WEEK	HAMILTON	1-1-43	PTE	25A-30-1-43
		COCTC	QUAL FITTER. CRPA. BRIT. & GRANTED T-PAY	(SHELL)	19-8-43	PTE	212-1-9-43
		1 CORU	SOS to 8 Ban Inf Bde W/S	UK	23 Dec 43	PTE	317-23 Dec 43.
			(Fitter e)				
		1 CORU	Trades pay as Fitter e	UK	24 Dec 43	Pte	316-22 Dec 43.
	(Demand 1944)	1 CORU	TOS from 1 CORU (Fitt 'e)		24 Dec 43		49 31 Dec 43
			and the ban was med & class		15 Jan 44		6-44
			gross pay pay FIT 'C'		21 JAN 44		5 4 FEB 44
			and to 1000		6 MAY 44		7 11 MAY 44
			gross pay pay FIT 'C'		8 MAY 44		7 11 MAY 44
			gross pay pay FIT 'C'		10 MAY 44		9 25 MAY 44
			gross pay (C) 1000		13 MAY 44		9 25 MAY 44
			and TT FIT 'C'		11 FEB 44		11 10 MAR 44
1 May 44	X 4	8 CIB WS	SOS to X4LIST (RCOC) EA5b/1667	UK	18 Apr 44	Pte.	19 6 May 44.
13 May 44	X 4	RCOS	TOS from 8 C.I.B. 2kshp RCOC	UK	19 " "		15 4 May 44
	X 4	RCOS	SOS to 8 CIB Wkshp RCOC (Fitter e)		9 May 44		17 18 May 44
			TOS from X4LIST RCOC	UK	10 May 44	Pte.	21 20 May 44
			and to RCME		15 MAY 44	PTE	23 29 MAY 44
			and to UK 18 Jan 44. Demand Manual		21 JAN 44		21 11 44
10 Aug 44	"	"	SOS to X3 LIST RCME	UK	26 Jul 44	Pte	35/44
2 Sep 44	X 3	RCME	TOS X3 RCME	"	27 Jul 44	"	13-44
5 Sept 44	X 4	RCME	Posted to X4 list (13 Bn)	"	28 Jul 44	Pte	16/44
	X 4	RCME	SOS to 6 C.I.B. W/S		27 Aug 44		16/44
	X 4	RCME	TOS from X4 list RCME	France	25 Aug 44		34 - 24 Aug 44
			Awarded Ond Good Conduct		22 Sep 44		43 - Oct 44
			9 days PL to UK		14 Jan 45		4 - 26 Jan 45
			Returned from 9 days PL to UK		28 Jan 45		6 - 9 Feb 45
			Awarded as pay of 7 days pay				
			sent to A.A. 15711. AWB from 23 30 hrs				
			24 Mar 45: 11 45 hrs. 27 Mar 45: (allowant 12				
			hrs 15 mins) 7 days pay included FR 1149 (R)		28 Mar 45		14 - Apr 45
			7 days pay included FR 1149 (R) Total pay				
			8 days pay				



No. D-129337 RANK Pte <sup>FITTER 'C'</sup> NAME GORESKY, William  Married  
 Widower  
 Single

Place of  Appointment  Enlistment Montreal South, Que. Date of  Appointment  Enlistment 22 Jun 42

RATE OF PAY **NR 166**

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
150	23-6-40	Pte	—	AS	1.30	No	
25A	30-1-43				1.50	✓	off 1-1-43.
212	1-9-43	Pte	A III.		1.75		off 19-8-43.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Mrs. Annie Goresky (Mother) 126 Laurier Ave, W. Montreal, Que.	1-7-42	15.00
	1-10-43	23.00
Total.....		

DEPENDENTS' ALLCES. No. Deps. ....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

\* Outfit } Allce. \$ ..... Paid on .....  
 \* Clothing }  
 Rehabilitation Grant \$ ..... Paid on .....  
 \* Delete words which are inapplicable.

**M. F. M. 14**  
 200M-10-41 (2231)  
 H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act. (1910) \$ ..... P.A.  
 Occupational Form Completed..... **yes**



## CASUALTIES, ETC.

Part II D.O.		
No.	Date	
150	23-6-42	TOS DD4. Posted to "B" Wing. Eff 22-6-42.
165	9-7-42	DO 153 SOS is cancelled.
172	17-7-42	SOS on trans. to #48 St Johns Que. wef. 17-7-42
80	18-7-42	TOS T.T.C. for all pupp w.e.f. 18.7.42
127	15-9-42	SOS on trans to A21 <sup>D</sup> arriefield WEF 15-9-42
220	6-9-42	TOS A-21 TC from BTC 48 eff. 16-9-42.
236	5-10-42	SOS A-21 to CATS HAMILTON. EFF 5-10-42
240	7-10-42	TOS. CATS. Hamilton, eff 6-10-42
206A	28-12-42	New Year's leave with ration all. 28-12-42 to 2-1-43
25A	30-1-43	Pay increase to 1.50 eff 1-1-43
62A	17-3-43	DO. CATS Hamilton to A21 <sup>R</sup> obert G. Barriefield eff 17-3-43.
67	19-3-43	Att. A/P. to A21-COCTE - eff 19-3-43
74	26-3-43	Surlough. 23-3-43 - 5-4-43
83	6-4-43	A.W.L. 2200 hrs 4-4-43 (1st entry)
85	8-4-43	D.O. # 83 (A.W.L. entry) Cancelled.
110	7-5-43	Jewish Pioneer Leave 18-4-43 to 22-4-43 & 26-4-43 to 28-4-43.
202	24-8-43	Emb. leave 20-8-43 to 30-8-43.
212	1-9-43	Trades Pay "H" III. EFF 19-8-43.



MF.M. 14A  
200M-5-42 (4724)  
H.Q. 1772-39-1662

CARD SEQUENCE No. \_\_\_\_\_

No. D129337 RANK Pte. NAME Goresky William.  
CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DA		
254	20-10-43	SOS A21 TC TO SPEC DUTY OVERSEAS EFF 20-10-43	
253	19.10.43	Forfeits 1 days pay for AWH from 0900 hrs 17-10-43 to 2200 hrs 17-10-43	
270	31-10-43	TOS 1 CORU wef. 23-10-43... from C.A. Can & Ceases T.P.	
317	23-12-43	SOS 1 CORU wef. 23-12-43... to 801 Bn/630 Fitter "C"	
316	22-12-43	Granted TP Gp. "C" wef 24-10-43 (Fitter)	
49	31 DEC 43	TOS 801 Bn/630 from 1 CORU (FITTER C) wef 27 DEC 43	
4	28 JAN 44	Granted 7 Dps R.A.	wef 12-19 Jan 44
5	4 FEB 44	Ceases T.P. Fitter "C"	wef 21 Jan 44
6	5 FEB 44	Awd CVS M & Clasp	wef 15 JAN 44
7	11 FEB 44	GRANTED T.P. FITTER "C"	wef 29 JAN 44
7	11 FEB 44	ATT TO 1 CORU f ap	wef 6 FEB 44
9	25 FEB 44	C/ATT TO 1 CORU f ap	wef 12 FEB 44
9	25 FEB 44	CEASES T.P. FITTER "C"	wef 10 FEB 44
11	10 MAR 44	FAILED T.P. FITTER C	wef 11 FEB 44 & CEASES TO BE QUALIFIED
		SOS 801 Bn/630 TO X LIST RCOE (2 BN/C BRG)	wef 18 APR 44



D129337

CASUALTIES, ETC. GORESKY W.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
21	20 MAY 44	TOS 8 CIBWS from 9 BN 2 CBRC wef 10 MAY 44	
23	29 MAY 44	Trfd. fr B.C.O.C. to R.C.E.M.E wef 15 MAY 44 (PTE)	
31	15 JULY 44	EMBARKED UK 18 JUNE 44 DISEMBARKED FRANCE 21 JUNE 44	
		SOS TO X3 LIST wef 26 JULY 44 (ADM TO 2 CCS RCAMC)	
		TOS 6 CIBWS from XH List wef 16-8-44	
43	19.10.44	Awarded Best Good Conduct Badge wef 22 Jun 44	
43	26.1.45	RA 9 days PL wef 14 to 23-1-45	
14	6.4.45	On 28.3.45 awarded 7 days FP and for 7 days pay for offence under sec 15(1) AA-AWL from 23.30 hrs 26 Mar until 11.45 hrs 27.3.45 (12 hrs 15 mins). Half 1 day auto. Total for 8 days	
14	6.4.45	Half 1 good conduct badge wef 28.3.45	
24	7.7.45	RA 9 days PL in Nijmegen wef 25 Jun 45	
		SOS 6 CIB Whys to 5 (FB Whys wef 7 Aug 45.	
30	25-8-45	TOS 5 693 Whys from 6 693 Whys 8 Aug 45	
		SOS, <sup>5 693 Whys</sup> deceased wef 3 Sept. 45	



RECORD OF DRUGS ADMINISTERED.

DRUG	DOSE	TIME AND DATE GIVEN
A.T. Serum		
A.T. Serum		
MORPHIA		
MORPHIA		

MALARIA TREATMENT.

Date							
Atebrin (grms.)							
Quinine (grains)							
Other Drugs. Date and dosage							

MALARIA:— B.T.  M.T.  Q.  Clinical

DYSENTERY:— B.Ex.  E. Hyst.  Indef. Ex.

SULPHONAMIDES:—If drugs of the sulphonamide group are given, A.F. W3211 "Sulphanilamide label" must be used to record dosages.

No further entries will be made on this form when A.F.I 1220 is taken into use.

FIELD MEDICAL CARD.

\*Army No. D 129 337 Rank Pt. Service 3 3/12  
 Surname { BLOCK LETTERS } GORESKY Initials W  
 Unit C.R.E.M.E. Religion O.D. Age 26 1/2  
 \*In the case of P's.O.W., write Serial No. allotted by A.F. W3000.

Insert X in square alongside CORRECT answer. DO NOT CROSS OUT.

Battle casualty  Battle accident  Injury  Sick

R.A.P. Unit..... Date first seen 3 Sept 45

Date of wound or onset of illness.....

Diagnosis of Unit M.O.: D.O.A.

2nd Lt C.C.S.

Transferred to.....

Date..... M.O.'s Signature W.B. Demand Corp

Admitted to No.	Diagnosis:—	Date:—
.....Fd. Amb.		
.....F.D.S.		
.....		
.....		
.....		
.....		



CLINICAL NOTES AND TREATMENT.

(Dates and Units in which treated must be stated.)

D 8671 2 cdr CCS Sept 3 2359 hrs.

Head as above.

W. S. Byrnes  
Cdr

This card must NOT be destroyed. It must accompany the patient if he is evacuated to U.K. together with all temperature charts, additional clinical notes, etc., attached to the patient.



Additional Notes by Unit M.O. and Field Ambulance.

Army Form W3118.  
R.A.F. Form 3118.  
Naval Form M204.

FIELD MEDICAL CARD.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
Date of Wound or onset of illness }	Religion— <b>H E B.</b>
<b>AGE. 25</b>	

\*No. **D/29337** Rank **PTE.**  
Name **G O R E S K Y W**  
Unit **6 C.I.B. W/S**  
\* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. Accidentally Wounded. "Sick."  
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Disease*	Microscopic Diagnosis*				Malaria Treatment									
					Days	1	2	3	4	5	6	7		
Malaria	B.T.	M.T.	Q.	Clin.										
Dysentery	B.Ex.	Ehyst.	Indef. Ex.		Ateb. grms									
					Quin. grs.									

Date seen by him—

No. of Field Ambulance— **21 Can FDS**  
Date of admission— **21 Aug 44**  
Field Ambulance diagnosis—

**Infec. Diarrhoea.**

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

**21 Aug 44 0945 hrs NOTES.**

*Diarrhoea for 2 days - feels  
nauseated & weak 8-day  
Admit. N.P. WORRELL CAPT.*

**22 Aug 44**

*Return to DMA Hill*

\* Strike out where inapplicable



**CERTIFICATE OF MEDICAL EXAMINATION**

GORESKY WILLIAM  
goresky william

Date of Medical Examination

Name in full..... Place Montreal..... Date June 17, 1942.

**Part 1. Information obtained from the recruit.**

1. Age 22..... 2. Have you ever suffered from any of the following diseases?
- |                                   |           |  |           |
|-----------------------------------|-----------|--|-----------|
| a. Rheumatism.....                | <u>NO</u> | k. Ear disease.....  | <u>NO</u> |
| b. Tuberculosis or pleurisy.....  | <u>NO</u> | l. Eye disease.....  | <u>NO</u> |
| c. Bronchitis or asthma.....      | <u>NO</u> | m. Fits.....   | <u>NO</u> |
| d. Heart disease.....             | <u>NO</u> | n. Nervous or mental disease.....  | <u>NO</u> |
| e. Kidney or bladder disease..... | <u>NO</u> | o. Syphilis.....   | <u>NO</u> |
| f. Stomach or bowel trouble.....  | <u>NO</u> | p. Gonorrhoea.....   | <u>NO</u> |
| g. Rupture.....                   | <u>NO</u> | q. Have you ever worn glasses?.....  | <u>NO</u> |
| h. Varicose veins.....            | <u>NO</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>NO</u> |
| i. Foot trouble.....              | <u>NO</u> |  |           |
| j. Nasal trouble.....             | <u>NO</u> |  |           |

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

*William Goresky*  
Signature of Applicant

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

Medical Officer's Remarks on information as stated in Part 1 .....

1. Identification marks or scars..... One vaccination left arm. Scar abdomen.
2. Height 5 4 feet 6 1/2 inches. 3. Weight..... 171 pounds. Good  
Fair  
Poor
4. Complexion..... Medium Eyes..... Brown 5. Development..... Good. Fair  
Poor
- Hair..... Brown
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. Reflexes normal.
10. Blood Pressure:— S..... D..... (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis..... 7.6.1.5.2 N
12. The abnormalities (congenital and pathological) found on examination are as follows:—  
Overweight  
COLOR VISION ISHIHARA (CN) deviated septum, ears and throat neg.  
W.G. DALFE M.D.
13. Chest X-Ray..... N No. 127925 Laboratory at which taken P.T. 26 mtl

**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..... "A"

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

*H. Aubry* rank President *Henri Lesperance* rank Member *J.M. Roussel* rank Member  
H. AUBRY MAJOR HENRI LESPERANCE M.D. J.M. ROUSSEL CAPT.

Date..... June 17, 1942.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JUN 23 '42	<i>T. R. B. 16. Oberstion Capt.</i>	JUL 12 1943	RE-EXAM. CAT. <i>H. Aubry</i>
18-7-42	<u>3</u>	RE-EXAM. CAT. <i>H. Aubry</i>	Y.O.B. P U L H E M S
4-9-42	<i>T. R. B. 16. Oberstion Capt.</i>	AUG 6 1943	Y.O.B. P U L H E M S
JUN 23 '42	<i>Vacc 16. Oberstion Capt.</i>		Y.O.B. P U L H E M S
SEP 22 1942	Re-Examined Category <u>A</u> <i>H. Aubry</i>	OCT 4 - 1943	RE-EXAM. CAT. <u>A</u> <i>H. Aubry</i>
11-3-43	RE-EXAMINED NORMAL URINE; EARS AND REFLEXES; CATEGORY <u>A</u> <i>H. Aubry</i>		Y.O.B. P U L H E M S
JUL 12 1943	<i>J. M. Roussel</i>		Y.O.B. P U L H E M S

NOTE: Any corrections to entries made must be initialed by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.











## **REMEMBER—**

Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark, gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

**BE ON YOUR GUARD** and report any suspicious individual.

Militia Book M. 1 (Part I) Revised 1-10-42  
250M—10-42 (5040-2 & 5232)  
H.Q. 1772-39-1672

## **SOLDIER'S SERVICE BOOK**

(Soldier's Pay Book, Militia Book M. 1 (Part II)  
will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

### **INSTRUCTIONS TO SOLDIER**

1. You will be held **personally responsible** for the safe custody of this book.
2. You will **always carry this book** on your person when on duty, and on active service.
3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.
4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.



## (1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 129 337  
 Surname (in capitals) GORESKY  
 Christian Names (in full) William  
 Date of Birth Aug 2, 1919  
 Place of Birth Montreal, Que, Canada  
 Citizenship Canadian  
 Trade on Enlistment Machinist Helper

Nationality of Father at Birth Russia  
 Nationality of Mother at Birth Russia  
 Religion ~~.....~~ O.D.  
 Enlisted at Montreal, South, Que Canada  
 Date 22/6/42

Particulars of former  
 service (if any) i.e.  
 Regtl. No., Corps or  
 Regiment and per-  
 iod.

Signature of Soldier

Signature of Officer

Place Barrie Field, Ont., Date 17 Aug 43

CANADA



## (IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of  
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Sam Goresky	22/6/42
	Mother	Annie Goresky	22/6/42
3rd	*Brothers and Sisters	o Jack Goresky	9/8/43
		Thelma	9/8/43
		Harry	9/8/43
4th	Other Relations (stating relationship)		

\*State whether brothers are older or younger.

## NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.  
effect as a WILL (see pages 20 to 23)

Latest known Address in full

126 ~~LAURIER~~ West, Ave, 172<sup>nd</sup> Street, Montreal, PQ

do

do  
do  
R.C.A.F.







(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Army Trade school	5/10/42	[Signature]
Fitter GR III Group A	12/3/43	[Signature]
Completed 2 wks Refresh	[Blank]	[Signature]
course of T.O.P.E.T.	[Blank]	[Signature]
Lectures - 1 G.O.R.U.	18 Dec 43	[Signature]
T. Tested by STTB as DO 38	[Blank]	[Signature]
FITTER A Failed	d/12-2-44	B. [Signature] Capt.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	5/100 2nd	rifle	[Blank]	[Signature]
1943	F 25/110	Bren	[Blank]	[Signature]
1943	39/100	Sten	[Blank]	[Signature]
20 Nov	II C.I.	R.I.F. 12	L. D. [Signature]	[Signature]







(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
16/9/42	5/10/42	Under Instruction	<i>Refman</i>
13/5/43		" "	
28/6/43	23/8/43	" "	<i>Refman Lt.</i>
24 Dec 43	10/2/44	Fitter	<i>P. J. Courteney Capt</i>
11/2/44		Gen Duties	<i>P. J. Courteney Capt</i>

12

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
17/6/42	A.	Med Brd.		<i>Refman Lt.</i>
7/5/43	A.	Re-examined	11/3/43	<i>Refman Lt.</i>
6/8/43	A.	Re-exam.		<i>P. J. Courteney Capt</i>
	IIIIII	PULHEMS		

13







(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
Typhus Basates 8-	8-5-44	H. J. Mull Capt
Typhus 1cc	30.11.44	R. O. O'Leary Capt
T.A.B.T. 1/2cc	8.12.44	R. O. O'Leary Capt.
Typhus 1cc	24 Feb 45	C. J. Minnes. Maj

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T.	23/6/42	A. Green Capt
2	16/7/42	A. Green Capt
3	4/9/42	A. Green Capt
T.A.B.T. 1/2cc	31-10-43	J. R. Capt
Typhus 1/4cc	28-12-43	S. Schmidt Capt
" 1/2cc	6-1-44	L. O'Leary Capt
" 1cc	11-1-44	S. Schmidt Capt

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
23/6/42	A. Green Capt
7-2-44 1-R. O'Leary	R. O'Leary Capt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)  
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray Neg 127 925	17/6/42	A. Green Capt
Fuv. W. Neg 23/3/43	10/5/43	A. Green Capt
D. 177 Chlorine & Mustard Chamber Fog	23/7/43	A. Green Capt
CARDS COMPLETE		
Fingerprinted - 19-1-43		A. Green Capt
P.L.F.T.W. (7 days)	12-1-44	A. Green Capt
Awarded The #6d	5 Feb 44	A. Green Capt
CISMOC - 15/1/44		A. Green Capt
On 22 JUN 43 entitled to one R. Serv Chev - 23/5/44		A. Green Capt
On 22 Jun 44 entitled to 2 R. Serv Chev - 16-8-44		A. Green Capt
Received MFM 182	16-8-44	A. Green Capt
Embarked in UK	18-6-44	A. Green Capt
Disembarked in France	21-6-44	A. Green Capt







40/P&S/2438(5149)

A.F.W3084

Number .....  
Name .....  
Rank..... Religion.....  
Arm .....  
Branch if R.A.; Regt. if Foot Guards  
or Infantry

NOT to be filled in by Soldier.

Diagnosis .....  
Disposal .....

A.F.W3084

Number .....  
Name .....  
Rank..... Religion.....  
Arm .....  
Branch if R.A.; Regt. if Foot Guards  
or Infantry

NOT to be filled in by Soldier.

Diagnosis .....  
Disposal .....

A.F.W3084

Number .....  
Name .....  
Rank..... Religion.....  
Arm .....  
Branch if R.A.; Regt. if Foot Guards  
or Infantry

NOT to be filled in by Soldier.

Diagnosis .....  
Disposal .....

A.F.W3084

Number .....  
Name .....  
Rank..... Religion.....  
Arm .....  
Branch if R.A.; Regt. if Foot Guards  
or Infantry

NOT to be filled in by Soldier.

Diagnosis .....  
Disposal .....

P.Q. MTL. CAM

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the Soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....



MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)  
H.Q.1772-39-1672

CANADIAN ARMY

# SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. 0129357

Surname (Capitals) GORESKY

Christian Names in full William



CANADIAN ARMY OVERSEAS

LEAVE PASS

Pass No.....

Date *20 Jun 45*

No. *D129337* Rank *Pte* Name *Gousky .W.*

has permission to be absent from his unit from *0900* hrs *26 Jun 45*

to *0900* hrs *5 Jul 45* for the purpose of proceeding to  
*Nijmegen*



Orderly Room Stamp

*P.F. Orben Major*  
OFFICER COMMANDING  
6 CDN INF BDE WKSHP  
CANADIAN ARMY—OVERSEAS

(Unit Signature Stamp)



# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full..... Gorasky William..... (b) Reg'l. No. D-129537
2. (a) Arm of service..... ARMY..... (b) Unit..... R.C.O.C. CA...... (c) Rank..... PT2.
3. (a) Date of birth..... 2 AUG. 1919..... (b) Have you any dependents?..... No..... (c) Place of residence at time of enlistment..... Montreal
4. (a) Place of enlistment..... Montreal South..... (b) Date of enlistment..... 22-6-42

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 14 yrs..... (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.)..... 7 yrs 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?..... Yes..... (b) If so, for what occupation?..... Machinist..... (c) Did you finish it?..... No..... (d) If you did not finish it, how long did you serve at it?..... 1 yr
9. (a) What languages do you speak fluently?..... Eng Jewish..... (b) What languages do you read well?..... Eng.

## 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..... Domonion Engineering..... Address..... Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Ammunitions
20. (a) Your specific occupation..... Drilling Operator..... (b) Number of years' experience at this occupation with any employer..... 8 months
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..... (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?..... No..... (b) Do you feel competent to operate a farm?..... --..... (c) If so, in what kind of farming?..... --
25. (a) Were you born on a farm?..... No..... (b) How many years' actual farming experience have you had?..... --..... (c) In what provinces did you have experience?..... --

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

DATE..... 22-6-42..... 194..... SIGNATURE..... William Gorasky







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

43 CURRENT SERVICE: Date Enlisted 22/6/42 Place Enlisted Montreal-Canada

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
22/42	Can	10th	Longe Base	Pte	Gen Duties	
15/42	"	"	St Johns 2ue	"	Basic Training	
4/42	"	"	Barrifield Ont	"	Gen Duties	
4/42	"	"	Hamilton	"	Fitter Machinist	
12/42	"	"	Barrifield	"	Basic & Adv & reinforcement	
30/42	UK	"	F. C. D. R. U.	"	Reinforcement	

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
Fitter	Hamilton	4/42 To 12/42	Fitter -	17-111

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences.....  
 Civil Convictions..... Fines..... Hospitalization 1/3 food poisoning

49 Psychiatric

YEAR OF BIRTH	P	U	L	H	E	M	S
19	1	1	1	1	1	1	1

Designation	Degree of Proficiency	Date	Authority
Fitter	Group A - Grade IV	30-8-43	D.O. 212

55 Type of Service Desired (1) Fitter (2) Singer (Concrete Painter)

Remarks re Outstanding or Limiting Factors	
Department	<p><del>Personnel</del>. Low Machine partly due to lack of exp with tools. Seems of ab. intelligence. No great love for hard work. Pleasant personality.</p>
Disposition	
Appearance (grooming)	
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

48 Suggested Possibilities (1) Fitter (Mach)  
 for employment (2)

Interviewed by Montali hant Date 9-11-43  
 Reviewed by..... Date.....



RECORD OF SERVICE

No.: G.S. D 129337  
No.: NRMA

I. CHRISTIAN NAMES *WILLIAM*

SURNAME *GORESKY*

2. Date of Birth *2 Aug 1919*  
3. Date of enrolment NRMA  
4. Date of enlistment G.S. *22 June 1942*  
5. N. of Kin  
Relationship.  
6. Address of N. of Kin:  
7. Marital Status:  
8. Occupation on enlistment: *S  
Machinist Helper*

15. TRANSFERS, POSTINGS etc

WEF	UNIT	DO
<i>35 Sept 45</i>	<i>5 CIB W/S</i>	<i>2135</i>
<i>7 Aug 45</i>	<i>6 CIB W/S</i>	<i>35145</i>
<i>8 Aug 45</i>	<i>5 CIB W/S</i>	<i>30145</i>
<i>3 Sept 45</i>	<i>5 CIB W/S</i>	<i>34/45</i>

*Died*  
*101 to 5 6 33 W/S*  
*101 to 6 6 33 W/S*  
*SOS Died of injuries.*

9. RANK, ACTING OR CONFIRMED  
*Pte*

WEF	AUTH:
<i>22 June 42</i>	<i>Re 150-42</i>

10. SERVICE (Country)

FROM	TO	DAYS
<i>22 June 42</i>	<i>22 Oct 43</i>	<i>144</i>
<i>23 Oct 43</i>	<i>18 July 44</i>	<i>270</i>
<i>19 July 44</i>		<i>256</i>

*Canada*  
*U.K.*  
*N.W.F.*

*W/H*  
*O/S*

*488*  
*526*

11. HONOURS AND AWARDS

WEF	AUTH:
	<i>5 C/B W/S</i>
	<i>00 33145</i>

*AWARDED THE 1939-45 STAR*  
*Awarded France and Germany Star*

12. QUALIFICATIONS AND COURSES

PLACE	WEF	RESULT	AUTH.

13. HOSPITALIZATION

WEF	UNIT	DO or CL

16. MED CAT OR PULHEMS

Y	O	B	P	U	L	H	E	M	S

17. M.D. PREFERENCE:  
18. RE-ALLOC. PREFERENCE  
1.  
2.  
3.

14. PUNISHMENTS *W/H-1* *O/S-3*

WEF	UNIT	PLACE	D.O.	POINTS:
				<i>86</i>



R.C.O.C.

Non-tradesman.

48-3

"O" CARD COMPLETE

2

I. Regt. No. D-129337 Rank. Pte Unit. R.C.O.C. Date July 14, 1942.

Name Goresky, William Age 22 Place of Birth Montreal

Date of Enlistment Place of Enlistment Montreal South Depot 4

Languages spoken English R. Recruit A A Med. Cat. A Place Montreal

II.		M. Test	10-7-42	Other Tests	Date	Place	Score	Grade
		Date		Name or Type				
Test	Score	S.M.	D.D.	4				
1	11							
2	14							
3	12							
4	21							
5	17							
6	9							
7	17							
8	25							
Total	126	S.M.						
9								

YEAR OF BIRTH	P	U	L	H	E	M	S
---------------	---	---	---	---	---	---	---

III. Military Background

Nil.

IV. Educational Background

Completed 7th grade at 14 years old. Had no money to carry on. Was above average in class. Course of machining shop work for 3 months in a technical school. Speaks a little Jewish and French.

V. Occupational Background

Shipping clerk and stock keeper for 6 or 7 years in clothing sports wear and dresses. \$18. a week. Then has been employed as machinist's helper for almost 1 year at \$30. a week.

VI. Arm Desired

Work in Arm Desired

VII.

Has worked as lathe operator, on the milling machine, radio and hand drill, as bench fitter's helper, etc. Has a pretty good idea of the machines shops works in general. No other particular.



VIII. Summary

Low learning ability.  
Average stability.  
Keen and sensible and dependable.

IX. Suggestions

R.C.O.C. as non-tradesman (machinist's helper).

X. Signature of Interviewer

N.C.O.

Officer  
*M. Crépeau, Lieut.*  
M. Crépeau, Lieut.

XI. Action Taken

Date of Action

Follow-up

Returned from C.A.T.S. to A-21 C.O.C.T.C. 13/3/43. Had been sent for course as Fitter. Qualified 5/3/43. Entered by the Office of the Army Examiner A-21.

A-21, COC-TC, Barriefield, Ont. 15-10-43.  
Suitable for Overseas Service.

*A. Ryan, Capt.*  
(A. RYAN) Capt.,  
Army Examiner.



DEPARTMENT OF NATIONAL DEFENCE  
(ARMY)  
SUPPLEMENT TO PERSONNEL SELECTION RECORD  
(M.F.M. 196A)

To be attached to M.F.M.  
196, and to be initiated  
only when M.F.M. 186 is  
completely filled.

D-129337 ✓ ..... Pte ..... G O R E S K Y W .....  
Regtl. No. Rank Surname First Name

ADDITIONAL FOLLOW-UP:

INFM: Age 26, Single, Educ. Grade 8. Enl. June 42 O/S Oct 43  
Civil Occup: Shipping Clerk 4 years. Machine shop - Dom Engineering, Montreal.  
Army Fitter "C".

PLANS: Wishes to remain in Machine Shop line of work and would like a course under Voc.  
Trg benefit. Also considering civil service. Rather undecided and unsettled.

APPRAISAL: Has taken civilian courses in Machine Shop Work, 4 month course and later  
after enlistment a 5 month course at Hamilton Trade School, Qual. as Machinist Fitter.  
With this background plus any trg and experience should give hie good grounding for and  
opportunity for placement in Voc. Trg.

REQUIRED IN CANADA: Assistance and counselling to help him in his decision. Also will  
need help in placement under Voc. Trg. plan. Machinist.

3 Aug 45  
RLM

SGD. (H.S. TOOMBS), Capt.,  
SPO



File No. 405-G-22.720

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-129337 Name CORESKY William  
Rank on Discharge Gen. Date of Discharge 3-9-45  
Authority for Discharge or Retirement Deceased

<u>Served in:</u>		<u>Non-qualifying service</u>
Canada	from <u>22-6-42</u> to <u>22-10-43</u>	
	from _____ to _____	
United Kingdom	from <u>23-10-43</u> to <u>18-6-44</u>	
	from _____ to _____	
Italy	from _____ to _____	
Northwest Europe	from <u>21-6-44</u> to <u>3-9-45 Died M/o acc.</u>	
	from _____ to _____	
	from _____ to _____	

- Eligible for award of:
- 1939 - 45 Star OK
  - ~~Italy Star~~
  - France-Germany Star OK
  - Defence Medal OK
  - War Medal 1939-45 OK
  - Canadian Volunteer Service Medal OK
  - with clasp OK



Verified by J. McLeod  
Date 31-10-46  
Carded NOV 1 1946



# TRADE TRAINING

Regt'l No. D-129339 Rank Pte. Name Goresky, W. Trade Fitter

**1. ENTRIES BY PERSONNEL SELECTION OFFICER AND O.C. UNIT OR ADVANCED T.C.**

Unit or Adv. T.C. A21 C.O.C.T.C.  
Fitter

Date.....

Recommended.....

*J.H. McCarty*  
Army Examiner

Concurred.....

*Wm. S. McRay*  
for Commanding Officer

**4. MECHANICS TRAINING CENTRE**

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

Commanding Officer

**7. ADVANCED TRAINING CENTRE  
ARMY APPLICATION OF TRADE**

No. of T.C. C.O.C.T.C. A-21  
Advanced Course Fitter

or

Trained Soldier Coy.....

Date of Entry 3 May 43.

Date of Leaving 19 Jun. 43.

Rating (Percentage) "A" III.

REMARKS: S.O.S. Artisan

School 19 Jun. 43.

*W.H. Brown*  
for Major  
Commanding Officer

**2. TECHNICAL SCHOOL**

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

Principal

**5. D. & M. SCHOOL**

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

Commanding Officer

**8. TRADE TEST**

Trade FITTER

Class A III

Date 19.6.43

Where Tested A21 T.C.

TRADE TEST BOARD—

1. ....  
President
2. ....  
Member
3. ....  
Member

**3. ARMY TRADES SCHOOL**

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

Commandant

**6. OTHER CENTRE**

Name.....

Location.....

Course.....

Date of Entry.....

Date of Leaving.....

Rating (Percentage).....

REMARKS:.....

Officer i/c Trades Trng.

**9. DISPOSAL**

Where Despatched.....

Date.....

(Further remarks or records on reverse side)

M. F. M. 105A  
150M-8-42 (5781)  
H.Q. 1772-39-1797



Ottawa, Canada.

17th September, 1945.


Dear Mr. Goresky:

It was with deep regret that I learned of the death of your son DL29337 Craftsman William Goresky, who died while in the Service of his Country in Western Europe on the 3rd day of September, 1945.

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.

Yours sincerely,

✓  
(A.E. Walford),  
Major-General,  
Adjutant-General.

  
Mr. Sam Goresky,  
126 Laurier Avenue, West,  
Montreal 14, Quebec.

JJJ

13



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **D129337** RANK **craftsman** SERVICE UNIT **R.C.O.C. (C.A.)**

NAME **GORESKY, William**

DATE OF BIRTH **2-8-19** DATE OF ENLISTMENT **22-6-42**

MARITAL STATUS **Single** RELIGION **Hobrew**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Father** NAME **Mr. Sam Goresky,**  
 ADDRESS **126 Laurier Avenue W.,** ADDRESS **D.A.B.**  
**Montreal 14, Que.**

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME  
 ADDRESS  
 ( IF SOLDIER  
 MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO. **Canrecords - 238B** **H.Q.405-G-22,720**  
 CASUALTY DETAILS **Died - As result of Vehiele Accident** DATE **3-9-45**  
**(Ordinary Casualty)**

## AMENDMENT AS TO CAUSE OF DEATH

WESTERN EUROPE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.7

**MM** YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7 YES/NO

DATE **18-9-45**

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

**O/S with R.C.O.C.  
 S/L3278**

*Robertson*  
 DIRECTOR OF RECORDS

**5**

**COPY FOR C. R. FILE**

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.



# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME WILLIAM GORESKY Register No. D-17194  
(Christian Names) (Surname)

PAYEE'S NAME ESTATES File No. 405-G-22720  
(Christian Names) (Surname)

ADDRESS..... Date 2-4-46

Service No. D-129337  
 Final Rank CFN

DATE OF TERMINATION OF OVERSEAS SERVICE 3-9-45 Date of Discharge 3-9-45

		AMOUNT	
		\$	c
<b>A. TOTAL QUALIFYING SERVICE</b> No. of day <u>1161</u> <sup>(21)</sup> = <u>38</u> Periods @ \$7.50 <small>30</small>		285	00
<b>B. QUALIFYING OVERSEAS SERVICE</b> No. of days <u>674</u> less <u>21</u> Ineligible days, equal <u>653</u> Days @ 25c. per day		163	25
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b>		448	25
Daily Rate of Pay \$ <u>1.50</u> Subsistence Allowance \$ <u>1.25</u> Additional Pay \$ <u>✓</u> Dependents' Allowance 1/30 \$ <u>✓</u>			
TOTAL \$ <u>2.75</u> × 7 = \$ <u>19.25</u> No. of Days <u>674</u> × \$ <u>19.25</u> <small>183</small>		70	90
<b>D. WAR SERVICE GRATUITY</b> Computed By <u>[Signature]</u>		519	15
<b>E. DEDUCTIONS</b>			
Overpayment of (1) Pay & Allowance \$ <u>✓</u> (2) D.A. & A.P. \$ <u>✓</u> Other Deductions \$ <u>✓</u>			
Entered By <u>[Signature]</u>			
<b>F. AMOUNT PAYABLE</b> (This amount is payable in.....monthly instalments of \$.....each)		519	15

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)  
 \$..... × 30 = \$.....

REMARKS



**DISTRIBUTION OF SERVICE ESTATES**

IDS

Estates Form "P. 4"

ARMY

Name..... GORESKY..... William..... No. D. 129337  
Surname Christian Names

Rank Cfn...... Unit C.A. O/S..... Date of Death 3-9-45

AMOUNT	W.S.G.	519.15
	L.P.C.....\$	199.23
Other Credits.....		
Total.....		718.38
Prev. Dist.		199.23
This Dist.		519.15

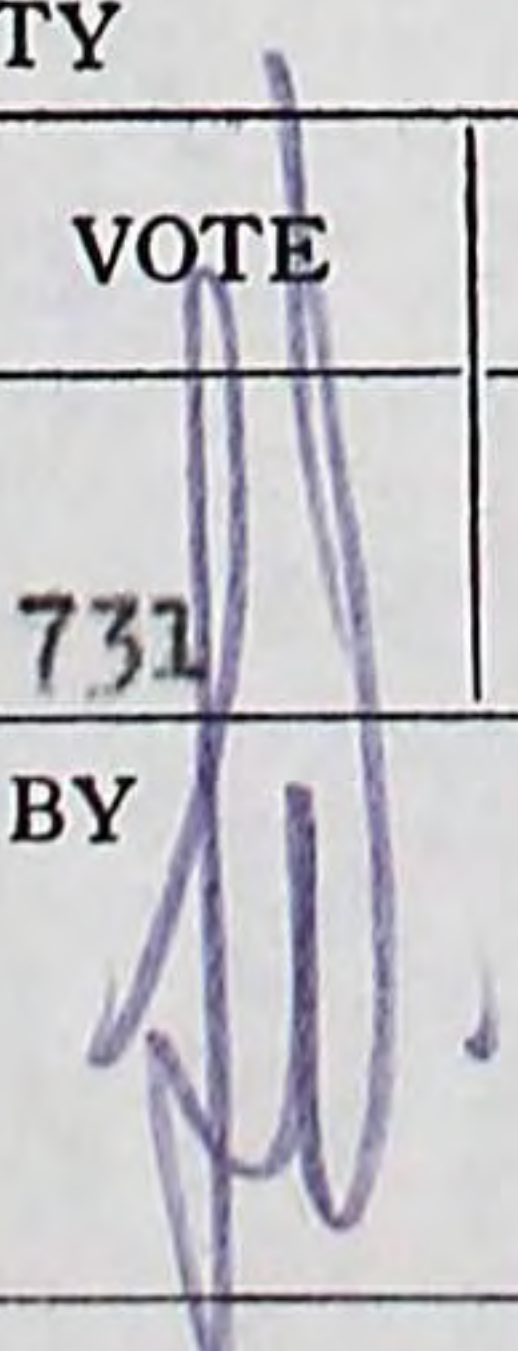
Date..... 29-4-46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Annie Goresky, 126 Laurier Ave. W., Montreal, Que.  (Sole beneficiary per will)	519.15

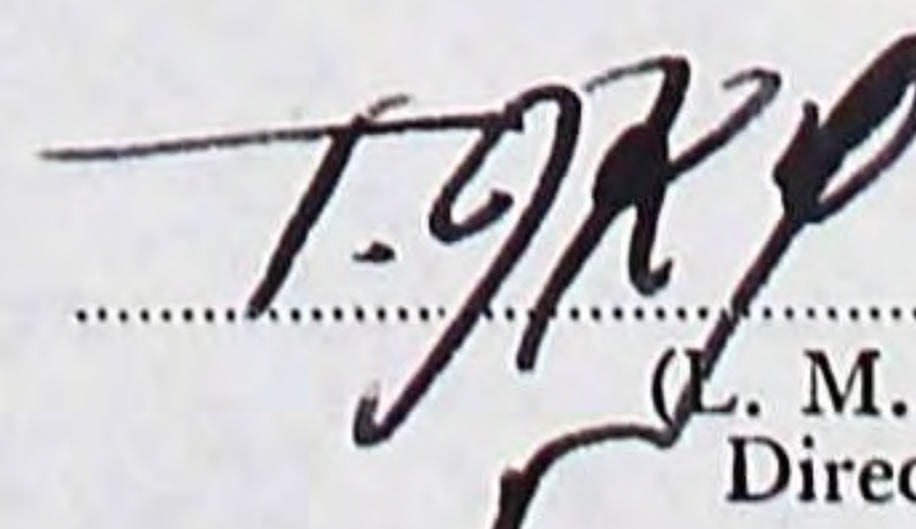
**P4. TO TREAS.**

**MAY 3 1946**

W.S.G.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	519.15
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



CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... **D-129537 Gfn Goresky W.** ..... (Dec'd) .....

RECEIVED FROM ..... **Odn 2nd Ech BAOR** .....

CHECKED BY ..... **L-17349 Sgt Bailey N.S.** ..... DATE ..... **19 Oct 45** .....

AND ..... **P-51900 Pte Roe H.T.** .....

1	Souvenir ash tray	
1	Writing case	
1	Address book	
1	Wallet	
1	Gym vest	
2	Souvenir plaques (1 damaged)	
1	Souvenir handkerchief	
1	Souvenir knife (Antwerpen)	
1	German belt buckle	
1	Souvenir german sweater	
1	Fountain pen (Waterman)	
5	Souvenir Dutch stamps	
	Snaps	
1	Parker pen in case	
1	Watermans pencil	
1	Comb	
1	Leave pass	
1	Wrist watch w/metal strap (damaged)	
1	Rubber stamp	
1	Key on chain	
	Letters	

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

QUADRUPPLICATE—with effects.

*M. S. Bailey* Sgt  
.....  
for OC 1 Cdn KSD



RECEIVED  
MONTREAL  
OCT 23 1945

23 OCT 1945



MONTREAL  
MONTREAL BRANCH







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 GORESKY, of the CITY  
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of MONTREAL, in the County of JACQUES CARTIER  
District of QUE.

Province of QUE., MACHINIST HELPER  
(Civil Occupation)

Regimental No. D - 129337, Unit R.C.O.C. CA, 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 Annie GORESKY

Residing at: 126 Laurier Ave. Montreal P.Q.

All my estate both real and personal.

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.....  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 22 day of June 1942.

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 Goresky  
(Signature of soldier)

First witness sign here.

(5) Signature A. Masson  
Civil Address 428 Gillmeray Montreal Que  
Civil Occupation Ass. Mgr.

Second witness sign here.

Signature A. J. Guttman  
Civil Address 2700 St. Catherine Road  
Civil Occupation Office mgr.

(Witnesses are not to be beneficiaries.)

[OVER]



NOTE

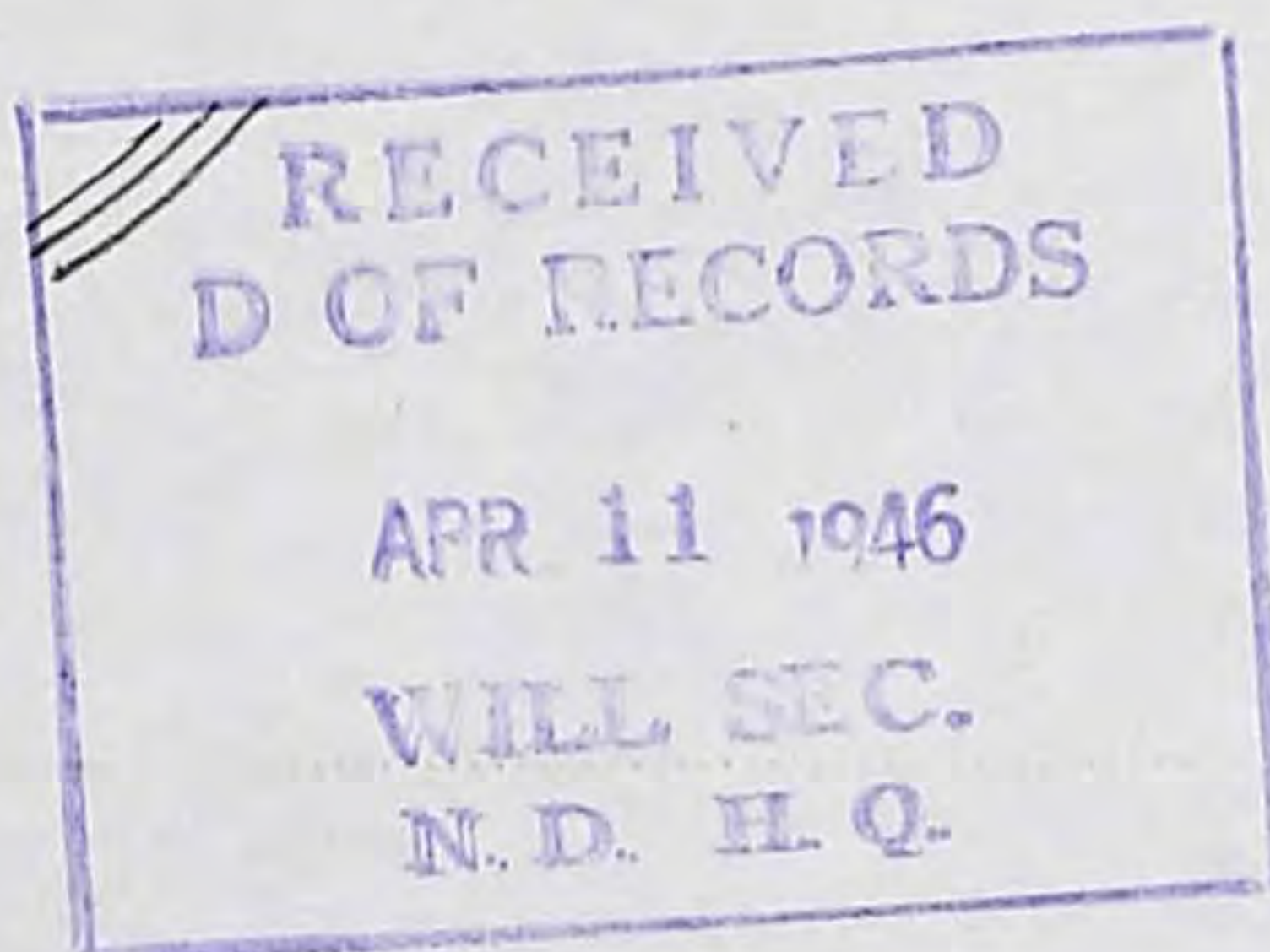
If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (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.

D. R. 10





Mr. Sam. Goresky.

126 Laurier Ave., W.

Montreal 14, Que.

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-22, 720 FD 272

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

24 Sep. 1945

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

GORESKY William. Craftsman.

D129337. 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.

GHF/IMF

Director of Estates.



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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	SAM GORESKY	51	126 LAURIER AVE. WEST MONTREAL
4	Mother of the Deceased.....	ANNIE GORESKY	47	126 LAURIER AVE WEST MONTREAL
5	Brothers of the Deceased	Full Blood	JACK GORESKY 29	126 LAURIER AVE. WEST, MONTREAL
		Half Blood	HARRY GORESKY (R.C.A.F.) 24	<del>126 LAURIER AVE. WEST</del> MONTREAL 304 CRICHTON ST. APT. 2 OTTAWA, ONT
6	Sisters of the Deceased	Full Blood	THELMA GORESKY 20	126 LAURIER AVE. WEST MONTREAL
		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	

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15  
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24



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	WILLIAM GORESKY
9	Date of his birth.	AUGUST 2, 1919.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	MONTREAL, JUNE 6 <sup>th</sup> , 1915.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	MONTREAL, QUEBEC
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) MONTREAL, <sup>QUEBEC</sup> 24 YEARS (b) (c) (d)
14	Nature of employment before enlistment.	MACHINIST
15	State whether he owned the premises in which he lived, and, if so, where situated.	NIL
16	Name place where deceased stated he intended to make his permanent home.	MONTREAL

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	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?	NIL
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	No
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	3 WAR SAVINGS CERTIFICATES 126 LAURIER AVE WEST, MONTREAL
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	2 BONDS REGISTERED (MOTHER & FATHER) 1 BOND, MR. SAM GORESKY, OTHER (2ND BOND) MRS ANNIE GORESKY 2ND & 6TH, VICTORY LOAN SAM & ANNIE GORESKY - 126 LAURIER AVE. WEST MONTREAL
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	NIL
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NIL

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.	
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EST  
WEST  
EST,  
EST  
APT. 2  
7  
WEST



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 \* 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.

Sam. Goresky {Signature of Informant  
126 LAURIER AVE. WEST, MONTREAL Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mr. Sam Goresky

\*See above. { Name of informant } is the \* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 28<sup>th</sup> day of September 1945

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

Lewis A. DeMontaubert Qualification Rabbi & Chaplain  
Address 136 Villeneuve St. West, Montreal

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



No. D.129337 Rank Craftsman Name GORESKY, William

Unit C.E.M.E. Date of death 3rd Sept., 1945.

Died at Holland

VEHICLE Cause Accidentally.

Death occurred "on strength of Forces H.Q. 405-G-22720

N/K Mr. Sam Goresky Relationship Father

Address 126 Laurier Avenue W., Montreal 14, P.Q.  
Cdn.

Remains buried in Nijmegen Military Cemetery  
3½ miles South-East of,  
Nijmegen, Holland.

Grave location Grave 14, row C, plot 9.

**CHK**

**OVER**



BURIAL REPORT TO N.K. NOV 3 1945

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D. SEP 19 1945

CAN. MESSAGE DESP'D. OCT 31 1945

REBURIAL

Nijmegen Canadian Military Cemetery,  
4 miles S.E. of Nijmegen, Holland.

Grave 14, row C, plot 9.

H1 & CR Form Despd. OCT 30 1946

Photographs

Despatched

DEC 12 1947

10M-1-45 (M-4608)