D131331
ERLICK
MUNI

No D.131331 Rank Private Name ERLICK, Muni

Unit S. D. & G. Highrs. Date of death 20th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-Ep4640 d

N/K Mrs. Sheiva Erlick, Relationship Mother

Address 5304 Park Avanue, Montreal, Quebec.

Remains buried in Cemetery

MR 30902975, sheet 7F/6, France.

Grave location

CHK ✓

OVER-

BURIAL REPORT TO N.K. MAR 12 1946

RETURN TO BUR. OF STAT MAY 12 1945

ROYAL MESSAGE DESP'D. OCT 9 1944

CAN. MESSAGE DESP'D. SEP 9 1944

REBURIAL

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

Grave 12, row A, plot 18

HI & CR Form Despd. NOV 16 1946

Photographs
Despatched
AUG 29 1947

20-8-44

AWARDS—CANADIAN ARMY (ACTIVE) 1752

M

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-E-4640

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ERLICK,	Muni	D.131331	Pte.	S.D. & G. Highrs.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS— DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Sheiva ERLICK (MOTHER)

ADDRESS: 5304 Park Ave.,
MONTREAL, P.Q.

MEMORIAL B.R
DATE DESP
REGN. NO 2798

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Sheiva Erlick (ENGLISH)

1752
ADDRESS: 5304 Park Ave., Montreal, Que.,

DESP. DEC 27 1944
REGN No. 19078

(3)

66/3-22-3-5-8

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 ~~C A C CA.~~ C-1-C. Regimental Number D-131331

1. Surname ERLICK
2. Christian Names Muni
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal Que Canada.
5. Date of birth as declared on attestation 6 Sept. 1905
   (A)
6. Date of enlistment 4 Nov. 1942.
7. Place of enlistment Montreal South Que Canada.
8. Residence at time of enlistment 5304 Park Ave Apt G Montreal Que Canada.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Hebrew
12. If married, state date annulled ~~30th or 31st Oct 1929~~
13. Trade on enlistment Office clerk
14. Corps, trade and grade
15. (D) Qualifications Dr mech Sp "C" Dr i/c (W) & (T)
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)
~~Cdn. Recce~~	~~A 21 L.C.~~
C.I.C.	

(18) Medical

Category	Date	Authority
"A"	28-10-42	M F M 2
O5-1111111 Conf'd	23 Feb 44	mfm 2

Y.O.B.	P	U	L	H	E	M	S	
05	1	1	1	1	1	1	1	23-2-44

(19) Next of kin (entries to be made in pencil)

Mrs Shava Erlick (Mother) Widow
5304 Park Ave Apt G Montreal Que Can

(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.

(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
		A.27	Driver Mechanic Group "C"	Dundurn	5 May 43	Tpr	DO 111 d/ 8 May 43
		A.27	Qual as Driver (W) & (T)	"	2 apr 43	Tpr.	DO 85 / 7 apr 43
		A.27	Granted since rate of Pay of $1.50 per diem	"	5 May 43	Tpr	150 / 19 Jun 43
			SOS CDN ARMY (CANADA)	UK	4 apr 44	Pte	86 / 13 apr 44
			TOS CDN ARMY (O/S) ON TRANSFER	"	5 apr 44		
			DISEMBARKED IN U.K.	"	12 apr 44		
			TOS 3 CDN INF REINF UNIT (Direct "C")	"	12 apr 44		
annulment of marriage		3CIRU	Having declared his marital status upon enlistment as married, Judgement of Superior Court Montreal no. 226013 d/ 1 May 44, declares his marriage to be annulled. All docs to be amended accordingly	UK	1 May 44	Pte	115-18 May 44
SOS		3CIRU	SOS to X4 List CIC	UK	19 May 44	Pte	116-19 May 44
X4	CIC	11 Bn	TOS from 3CIRU	"	20 " "	"	4- Jun 44
X4	CIC	11 Bn	SOS to X4 SD & GH	"	9 Jun 44	"	6 Jun 44
X4	SD & GH	9 Bn	TOS from X4 CIC	"	10 " "	"	21 Jun 44
			Embarked U.K. 12 Jun Disembarked France.	13 Jun			25A - 1944
X4	SD & GH	10 Bn	S.O.S. X LIST to S.D. & G.H.	"	1 Aug 44	"	31 25 Aug 44
20 aug 44	ck	SD & GH	TOS from X4 list	✓	2 aug 44	✓	41 aug 44
25 aug 44	"	"	SOS killed in action	✓	20 aug 44	✓	41 aug 44

Ident card issued 2 FEB 44 ✓ FINGER-PRINTED

~~ORIGINAL~~
DUPLICATE
TRIPLICATE BE

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 C.A.C. CA Regimental Number D-131331

C.A.C.
N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01
PTE

1. Surname ERLICK
2. Christian Names MUNI
3. Present address 5304 Park Ave, Apt. C. Montreal, Quebec, Canada.
4. Date of birth 6th September 1905
5. Place of birth Canada (Country) Quebec (County or Province) Montreal. (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Hebrew
8. Trade or Calling Office Clerk
9. Married, Widower or Single Married (Separated)
10. Name of next of kin Mrs. Sheiva Erlick
11. Relationship Mother (Widow)
12. Address of next of kin 5304 Park Ave, Apt C. Montreal, Quebec, Canada.
13. 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)

14. 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)

15. 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, MUNI ERLICK, 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 4-11-42 Muni Erlick (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness .... (Name) (Rank) Muni Erlick (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 MTL.STH.QUE.CA. this 4th. day of November 1942

R. D. Frost[illegible] Capt. {Signature of Magistrate, Justice or Attesting Officer.

NO. 4-DISTRICT DEPOT A.F. {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

5303
10
12-4-44
046-3
1111111
4

Record of Service of ERLICK (Surname) MUNI (Christian Names) Regimental Number D-131331

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate	4 $yrs (years completed)	Graduation or Matriculation	JR.MATRIC. (specify)
Business or Professional	NIL				
Trade or Civil	OFFICE CLERK	*College	7 YRS. PUBLIC S HOOL		
Technical	NIL	*University	NIL		
Languages	ENG.FRENCH JEWISH		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.

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
Joined on appointment 5-11-42 DRO TOS No.4 DISTRICT DEPOT CA	TPR.	4-11-42	4DD	MTL.STH.	4DD PT.11 267	5-11-42.
SOS on transfer to C.A.B.T.C 41 Huntingdon Que	"	18-11-42	"	" "	" " " 278	18-11-42
T O S ON TRANSFER FROM 4	PTE	19.11.42	TC 41 HTINGDON,		TC 41 PT II - 232A	19-11-42
24-12-42 T.C.41 Admitted to Huntingdon Military Hospital	"	22-12-42	"	"	" " 260A	24-12-42
30.12.42 Granted 5 days New Year Leave Dec 29 Jan 4 50 Tuesday	"	29.12.42	"	"	" " 264	30.12.42
2-1-43 TC.41 Discharged from Huntingdon Military Hos.	"	28-12-42	"	"	" " 1-A	2-1-43
26.1.43 S.O.S. to A-27, Dundurn, Sask.	"	26.1.43	"	"	" " 21-A	26.1.43
T.O.S A-27 CRTC on transfer from #41 CABTC	Tpr.	27-1-43	A-27 CRTC	Dundurn	A-27 CRTC DO# 26	31-1-43
BASIC PAY INCREASE	"	4-3-43	" "	"	" " DO#64	13-3-43
Qual.as DRIVER (WHEELED & TRACKED)	Tpr.	2-4-43	A-27	Dundurn	A-27 DO# 85	7-4-43
Having been tested by a D.T.T.B. is Qual. as DRIVER MECH. GROUP "C"	Tpr.	5-5-43	"	"	" DO# 111	8-5-43
Proceeded on furlough for the period 10-5-43 to 23-5-43 and leave of absence for the period 24-5-43 to 25-43 and is to draw Rat. Allowa. @ .50 per diem. 75-	"	10-5-43	"	"	" DO# 113	10-5-43

T.W.#.A. 373794

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ERLICK MUNI Place MONTREAL Date of Medical Examination Oct. 28/42

Part 1. Information obtained from the recruit.

1. Age 37 2. Have you ever suffered from any of the following diseases?

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

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

Muni Erlick
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
moderate flat feet flexible no complaints
slight exophtolmia no tremor no tachicardia

1. Identification marks or scars 1 vac left arm scar left hand
2. Height 5 feet 9 3/4 inches. 3. Weight 164 pounds.
4. Complexion Med. Eyes Brown Hair Brown 5. Development good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 36 inches. Range of expansion 2 1/2 inches.
7. Vision, right 20/20 left 20/30
With Glasses— right ... left ... 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth good few decayed reflexes nomal
10. Blood Pressure:— S ... D ... (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Color vision ishihara (CN) ears nose throat neg. J.C. Calhoun Maj.
13. Chest X-Ray N No. 152634 Laboratory at which taken D.P. & N.H. 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 ...

W. Tremblay Lt Col rank, President — W. TREMBLAY LT. COL.
[signature] rank, Member — J.E. RACICOT M.D.
[signature] rank, Member — A.G. MORPHY M.D.

Date Oct. 28/42

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 5 '42 / NOV 27 '42 / JAN 8 '43	T.A.B.T. ... B [signatures]	2/3/44	T.A.B.T. 1/2cc [signature] Capt
NOV 5 '42	Vacc [signature]	2/3/44	Typhus [signature]
		1-3.44	3 [signature]
		~~1-3-44~~	
30-7-43	YOB 05 P 1 U 1 L 1 H 1 E 1 M 1 S 1 [signature]		
23-2-44	[illegible]		
23/2/44	YOB 05 P 1 U 1 L 1 H 1 E 1 M 1 S 1 [signature] Capt		

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

Regtl. No. D-131331 Rank TPR. Surname ERLICK Christian Name MUNI

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
C.A.(B)T.C.41	19.11.42	22	12	42	28	12	42	Oedema of throat	7	Huntingdon Mil.Hosp."Sore throat,pain in neck, difficulty to swallow. Duration three days". Condition on discharge - good. To duty. (W.D.Brace,Capt.)	W D Brace Capt
Dundurn, Sask.		22	7	43	28	7	43	Appendicitis.	6	Improved Return to Unit.	
Shilo Camp Mil Hosp		16	Jan	44	1	Feb	44		16.		

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

Soldiers Qualification Card

CONFIDENTIAL

Regimental Number	Last Name (Block letters)	First Name	Middle Names
D131331	ERLICK	MUNI	

Unit: 3 CIRU

1 Corps: CIC

2 Citizenship: Canadian — By Birth: ✓ — By Naturalization: — Country of Birth: Canada

3 Father Racial Origin: Russian
Mother: Russian

4 Language spoken in home: French ✓ English ✓
Other: Jewish

5 Age: 38/6 — Date of Birth: 6 Sep 05
6 Height: 5 ft 10 in
7 Weight: 170
8 Silhouette: 1 2 3 4

9 Eye Colour: Brown
10 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 Med Category: A (See Pulheems)

Cause:

Attitude to own health: To Medical attention:

Health History: appendectomy (Jun 1944)

16 Education Level: Illiterate: El. 12 (18) Sec. ( )

Conduct during school life: Worked for 2 yrs after returned to school

17 / 18 University or Professional Institute | Course Taken | Years completed | Degree | Year

19 Post Graduate | Course | From—To | Degree | Year

20 Specialized Training:
1. (Course)
At: From—To: Completed ?

21 2. (Course)
At: From—To: Completed ?

22 3. (Course)
At: From—To: Completed ?

Other trades papers, Diplomas Certificates or Qualifications:

23 Languages: Spoken fluently: English - French - Jewish
Written well: English - " - Jewish.

24 Main occupation: Office work
Estimate of skill:
Duration (from—to): on & off 1930 - 42
Weekly Wage: 25.00
Employer's Name and Address: The Road Publishing association Toronto Ont.

50 "M"

Test	Score	SM	Test 9 Score
1	17		Sub-total 46
2	14		SM
3	15		
4	23		Sub-total 41
5	18		SM
6	16		Sub-total 67
7	20		SM
8	31		
Tot	154		SG 111

English ✓ French
Place: Montreal Date: 5 Nov 42

51 OTHER MENTAL
Test:
Score: Grade:
Date:

52a
Test:
Score: Grade:
Date:

52b
Test:
Score: Grade:
Date:

53 TRADE TESTS

Trade and Grading	Date

54 DARK ADAPTATION

Date Tested	Result

25 Second Most Important Occupation: Bal of time in various odd jobs such as delivery, wholesale house, salesman
Estimate of skill:
Duration (from—to): Hawksley etc.
Weekly Wage:
Employer's Name and Address:

26 Third Most Important Occupation:
Estimate of skill:
Duration (from—to):
Weekly Wage:
Employer's Name and Address:

Trade Union or Professional Society:

Vehicles: 27 Heavy Truck: 28 Light Truck: W. R. 29 Auto: W. R. 30 Motorcycle:
31 Farm Tractor: 32 Tracked Vehicle: W. R. 33 Power Launch: 34 Aeroplane:
35 Animal Management:

Farming Experience: Wide: Limited: None ✓ Reared ?
District: Type:

Job promised after discharge ? NO. By whom ? Name:
Job: Address:
Other provision for Post-War occupation:
Type of work or training desired: Undecided.
Occupational history: Ambitious: Stable: Accidental: Erratic:

36 Marital Status: S. M. 1939 W. D. Sep. 1936
Marital Problems: ~~separation~~ Separation Papers completed.
Spouse's Age: 40 Attitude to Service: Health:

37 No. of Children: —
38 No. of Dependents: 1 Partial
Relationship of Dependents: Mother.
No. of Brothers: — No. of Sisters: 1 Position in family: 1
Status of home in childhood: Normal.
Religious Denomination: Hebrew

39 Hobbies: Photography M. S. Radio Engines
Mechanics Other: Woodworking
40 Sports: (1) Skating (2) (3)
Team Games and Position (1) ~~Skating~~
(2) Volleyball (3)
41 Ability to Entertain: Music: String Brass
Woodwind Percussion Piano Vocal
Theatrical Other

42 Previous Experience in Armed Forces

ARM or CORPS	Type (CEF, NP, etc)	Years	Highest Rank	Last Discharge (Yr)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 3 Nov 42. Place Enlisted MONTREAL.

Date From—to	Country	Corps	Unit and Sub-unit	44 Rank	Principal Duty	Performance
3 Nov 42	Can	CAC	#41 B.T.C.	Pte	Basic Trg.	
27 Jan 43	"	"	A-27. (Recce)	"	adv. " + crses	
18 Aug 43	"	Inf.	A-15. C.I.T.C.	"	Trg. + Instructor (carriers)	
8 Mar 44	"	"	1st Trg Bde.	"	Trg + ~~x~~ awaiting draft.	
5 Apr 44	UK.	"	#3 C I R U	"	Trg.	

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
Drvr I.C. (W & T)	A.15 CITC	15/3/43-2/4/43	Class III	
Drvr Mech	A.15 CITC	3/4/43-5/5/43	Group "C"	

46 Courts Martial Convictions .... Summary Punishments — Fines .... Hosp. 3/7/40 appendectomy 22/3/35 27 days.

Civil Court Convictions X Reprimands .... Stoppages ....

47

Military Specialty or Trade	Degree of Proficiency	Date	Authority
Drvr I.C. (W & T)	Class III	2 apr 43	Service Bk.
Drvr Mech	Group "C"	5 May 43	" "

48 Suggested Employment (1) Inf. Drvr Mech (carrier Pl)

Reason for Joining Army Patriotic.

55 Type of Service Desired (1) Drvr Mech (carriers)

Attitude to Interview: Antagonistic Over-anxious Co-operative ✓ Indifferent

49 Psychiatric ☐ ☐ ☐ ☐ ☐ ☐ Casualties (1) ....

YOB	P	U	L	H	E	M	S	Date	Initials
05	1	1	1	1	1	1	1	23 Feb 44	EAW

(2) ....

(3) ....

Honours and Awards:

(1) ....

(2) ....

(3) ....

1/48 A CMHQ 1000 : 115 40/P&S/1246 (4843) CONFIDENTIAL

99 REMARKS (with date and signature of officer)

Mature, serious type; Was in Communist Party & interned from 1940-42. Released, joined army, investigated & given clean bill of health. Good attitude, capable conscientious. Suggest Inf (RIF) as Dr Mech in Carrier Platoon E A Wood Capt 15 apr 44

Statement of the Service of No. D-131331 Rank Tpr. Sheet No. Omitted

Name ERLICK, M.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

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
		Entitled to Increased rate of pay $1.50 per diem.	Tpr.	5-5-43	A-27	Dundurn	A-27	DO# 150	19-6-43
Delete 172		~~Having Qual. (DO # 111 d/ 8-5-43) is entitled to draw Trades pay Group "C" Dr. Mech. @ 25¢ per diem.~~	~~Tpr.~~	~~5-5-43~~	~~A-27~~	~~Dundurn~~	~~A-27~~	~~DO# 170~~	~~13-7-43~~
		Admitted to Dundurn Military Hosp.	Tpr.	22-7-43	A-27	Dundurn	A-27	DO# 179	23-7-43
		Having Qual. (DO# 111) and working at his trade is to draw Trades Pay DRIVER MECH. GROUP "C" @ 25¢ p.d.	Tpr.	15-6-43	A-27	Dundurn	A-27	DO# 179	23-7-43
		Discharged from Dundurn Mil. Hosp.	Tpr.	28-7-43	A-27	Dundurn	A27	DO# 185	30-7-43
		S.O.S. A-27 Cdn. Recce. T.C. ontransfer to A-15 C.I.T.C.	Tpr.	13-8-43	A-27	Dundurn	A-27	DO# 198	13-8-43
		T.O.S. from A27 C.R.T.C. Dundurn Sask	Pte	14 Aug 43	A15 CITC	Shilo		#194	16 Aug 43
		T.W. # A 559601	"	18 Dec 43	"	"		302	20 Dec 43
		Sick Leave 4 Feb 44 until 21 Feb 44	"	4 Feb 44	"	"		#31	5 Feb 44.
		Granted Embark Leave To 1MAR44	"	24 Feb 44	"	"		48	25 Feb 44.
		T.W. # A 560538	"	23 Feb 44	"	"		48	25 Feb 44.
		Auth'd to draw trade pay as Driver Mech. Group "C"	"	3 Mar 44	"	"		54	3 Mar 44
		S.O.S To No. 1 Trng. Bde Debert, N.S. Serial No. 294A	"	MAR 8 1944	"	"		58	MAR 8 1944
		TOS No. 1 Trg Bde Gp on transfer from Camp Shilo, Man.	"	9 Mar 44	Trg Bde	Debert		82	14 Mar 44
		S TO SER 599	"	APR 4 1944	TRG BD GP	DEBERT		107	APR 4 1944

D131331

Statement of the Service of No. ~~D131~~ Rank Pte Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name ERLICK M.

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
		SOS CDN ARMY (CANADA)	Pte	4 apr 44				
		TOS CDN ARMY (O/S) ON TRANSFER	"	5 apr 44	3 CIRU	UK.	86	13 apr 44.
		DISEMBARKED IN U.K.	"	12 apr 44				
		TOS 3 CDN INF REINF UNIT	"	12 apr 44				

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D 131 331 Rank Pte Surname Erlick Christian Name Murri

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Stor. Dum + Glen Hilders									Killed 20-8-44		A-483

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

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

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name ....

REPORT Date	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.	Dated
		SOS CDN ARMY (CANADA)	Pte	4 Apr 44	3 CIRU	UK	86	13 Apr 44
		TOS CDN ARMY (O/S) ON	"	5 Apr 44				
		DISEMBARKED IN U.K.	"	12 Apr 44				
		TOS 3 CDN INF REINF UNIT	"	12 Apr 44				
		Marriage Annulled by Superior Cat (Montreal Can) Docs to be			amended 3 CIRU	accordingly UK	115	18 May 44
M106 SOS		SOS to X4 list (CIC)	Pte.	19 May 44	3 CIRU	UK.	116	19 May 44
	TOS.	TOS from X4 list SD&G (11 Bn)	Pte					
		SOS to X-4 List (11 Bn) to X-4 List S.D.+G Highrs (11 Bn)	Pte.	5 Jun 44	Inf Gen Offr X List	U.K.	6	15 Jun 44
		TOS from X 4 list S.D.&G. (11 Bn).	Pte.	10 June 44	XL SD&G Highrs	UK	21.	15 June 44
CH		Embarked at UK on	Pte	12 June 44				
		Disembarked at France on	Pte.	13 June 44	SD+G.H.	21 A Gp	25A.	13 July 44
CH SOS		SOS X 4 List to SD&GH	Pte.	1 Aug 44	XLSDGH	21 A G	31	25 Aug 44
ex TOS.		TOS from X 4 list SD&G (Dr Mecee)	Pte	2 Aug 44	SD&G	21 A Gp	47	28 Aug 44
M121		Killed	Pte	20 Aug 44	SD&GH.	a EF	a 483	27 Aug 44.

Statement of the Service of No. D-131331 Rank Tpr. Sheet No. One

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name ERLICK, M.

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
		Entitled to Increased rate of pay $1.50 per diem.	Tpr.	5-5-43	A-27	Dundurn	A-27	DO# 150	19-6-43
Delete #172		~~Having Qual.(DO # 111 d/ 8-5-43) is entitled to draw Trades pay Group "C" Dr. Mech. @ 25¢ per diem.~~	~~Tpr.~~	~~5-5-43~~	~~A-27~~	~~Dundurn~~	~~A-27~~	~~DO# 170~~	~~13-7-43~~
		Admitted to Dundurn Military Hosp.	Tpr.	22-7-43	A-27	Dundurn	A-27	DO# 179	23-7-43
		Having Qual.(DO# 111) and working at his trade is to draw Trades Pay DRIVER MECH. GROUP "C"@ 25¢ p.d.	Tpr.	15-6-43	A-27	Dundurn	A-27	DO# 179	23-7-43
		Discharged from Dundurn Mil. Hosp.	Tpr.	28-7-43	A-27	Dundurn	A27	DO# 185	30-7-43
		S.O.S. A-27 Cdn. Recce. T.C. ontransfer to A-15 C.I.T.C.	Tpr.	13-8-43	A-27	Dundurn	A-27	DO# 198	13-8-43
		T.O.S from A27 C.R.T.C. Dundurn Sask Ste		14 Aug 43	A15 C.I.T.C	Shilo	# 194		16 Aug 43
		T.W. # A 559601	"	18 Dec 43	"	"	# 301		20 Dec 43
Sick Leave 4 Feb 44 until 21 Feb 44			"	4 Feb 44	"	"	# 31		5 Feb 44
		Granted Embark Leave To 1MAR44	"	24 Feb 44	"	"		48	25 Feb 44
		T.W. # A560538	"	23 Feb 44	"	"		48	25 Feb 44
		Auth'd to draw trades pay Group C as Driver Mech.	"	3 Mar 44	"	"		54	3 Mar 44
		S.O.S. To No. 1 Trng. Bde. Debert, N.S. For Serial No. 244A	"	MAR 8 1944	"	"		58	MAR 8 1944
		TOS No. 1 Trg Bde Gp on transfer from Camp Shilo, Man.	"	9 Mar 44	Trg Bde	Debert		82	14 Mar 44
		S O S TO SER 599	"	APR 4 1944	TRG BD GP	DEBERT		107	APR 4 1944

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D131331 RANK Private SERVICE UNIT Stormont Dundas and Glengarry Highlanders (CA)

NAME ERLICK, Muni

DATE OF BIRTH
DAY 6th MONTH September YEAR 1905 Date enlisted: 4-11-42

MARITAL STATUS Married(Separated) Religion: Hebrew

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

ADDRESS 5304 Park Ave., Montreal, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9783 H.Q. 405-E-4640

CASUALTY DETAILS Killed in action DATE 20-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 31-8-44

LF

LOB

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

No. D-131331 RANK TPR NAME ERLICK Muni

~~Married~~ ~~Widower~~ *Single

Place of {*Appointment *Enlistment} Montreal South Que

Date of {*Appointment *Enlistment} 4 Nov 42

Dr Mech

RATE OF PAY NR 426

D.O. No.	Date	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
267	5-11-42	Tpr		AS	1.30			Eff 4-11-42
64	13-3-43	Tpr		AS	1.40			Eff 4-3-43
150	19-6-43	Tpr		AS	1.50			Eff 5-5-43
~~170~~	~~13-7-43~~	~~Tpr~~	~~"C"~~	~~AS~~	~~1.75~~			~~Eff 5-5-43~~
179	23-7-43	Tpr.	"C"	A.S.	1.75			Eff. 16-7-43
198	13-8-43	Tpr.		A.S.	1.50			Eff. 13-8-43
54	3/3/44		"C"		1.75	3/3/44		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs. Sheiva ERLICK	-------	~~20.00~~
5304 Park Ave.,	~~1-5-43~~	~~23.00~~
Montreal, Que.	1 May 44	$25.00 (Trfer 19)
	Total........	

DEPENDENTS' ALLCES.

No. Deps..............

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
7-11-42	Mother	25.00	15-4-43

*Outfit *Clothing } Allce. $.................Paid on..................................

Rehabilitation Grant $.................Paid on..................................

*Delete words which are inapplicable. ML

M. F. M. 14

200M—5-42 (4676)

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	Nature and particulars	If in Hospital note name
267	5-11-42	TOSDD4 & posted to "B"Wing wef 4-11-42	
278	18-11-42	SOS on trans to #41 H ntingdon wef 18-11-42	
232A	19.11.42	TOS TC 41 wef 19.11.42	
260A	24.12.42	Adm to Hunt Mily Hosp 22.12.42	
264S	30.12.42	Granted New Yrs lve and .50 per day for 5 dys	
1A	2.1.43	Disch from Hunt Mily Hosp 28.12.42	
21A	26.1.43	SOS on Transf. to A-27 Dundurn Sask. 26.1.43	
26	31-1-43	TOS A-27 CRTC as "A"Re on trans Fr #41 CABTC Eff 27-1-43	
64	13-3-43	Rate of pay per day $1.40 Eff 4-3-43	
111	8-5-43	Qual as D Mech Group "C" Eff 5-5-43	
~~137~~	~~26-5-43~~	~~From Furl 26-5-43~~	
113	10-5-43	Furl lve. &allce 10-5-43 to 25-5-43 16 days $8.00	
12[illegible]	26-5-43	Fr furl. 26-5-43	
150	9-6-43	Pay increase to $1.50 Eff. 5-5-43	
~~170~~	~~13-7-43~~	~~Trades pay Dr. Mech group "C" eff 5-5-43~~	DO#172d/15-7-43
179	23-7-43	Adm. To Dundurn Mil. Hosp. 22-7-43	
179	23-7-43	Qual. DO#11[illegible] nd working at his trade to draw trades pay as Dr. Mech. [illegible]up "C" eff. 16-7-43	

CARD SEQUENCE No. ______________

…31 RANK Tpr. NAME Erlick Muni

CASUALTIES, ETC.

…RT II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
198	13-8-43	Ceases to draw trades pay as Dr. Mech. group "C" @ .25¢ per diem on transfer.Eff. 13-8-43 S.O.S.A-27 Cdn. Recce. T.C. on transfer to No.10 C.I.T.C. M.D.10 Eff. 13-8-43	
194	16-8-43	T. O. S. A 15. Canadian Infantry Training Centre w/e 14-8-43	
3/	5-2-44	Granted sick lv. from Rev. 4-2-44 till [illegible] 21-3-44	
48	25-2-44	Embarkation lv. from A.D. 24-2-44 till rev. 1-3-44	
54	3/3/44	auth to draw trades pay Group "C" @ 3/3/44	
58	8-3-44	S. O. S. A 15. C. I. T. C. M.D. 10 to Serial No 294A. No. 1 Trng. Brigade Eff. 8-3-44	
82	14-3-44	TOS No 1 Trg Bde Gp. wef 9-3-44 CEASE ATT ON TFR 18 MAR 44	
91	21-3-44	SOS to Sc 599 wef 4-4-44	
107	4-4-44	T.O.S. C.A. (OVERSEAS) ON TRANSFER 5 Apr	
		T.O.S. 3 CDN. INF. REINF. UNIT. 12 Apr.	
86	13 Apr		
115	18 May	Having declared himself married on enlistment, Judgment of Superior Court Montreal NO. 226013 d/1 May 44 declares his marriage to be annulled.	
116	19 May	SOS 3 CIRU to ~~TOBN 2 CBRG~~ 1 C … 1st CIC wef 19 May 44	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
		SOS 11 Bn To 9 Bn wef. 8.6.44.	
CR 985	9.6.44	TOS 9 Bn 2CBRG from 10 Bn wef 9.6.44	
CR	31-7-44	SOS. X. 4 LIST S.D. & G.H. (10CB RBN) TOS. 12 G.H. wef 1-8-44.	
		TOS SD & G 2 Aug 44	
CR	52	SOS TGX LIST SDG. 20 Aug 44 Killed	

LOWE-MARTIN CO. LIMITED D83960

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.

---

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

(2) Regimental or Official Number and Rank D-131331 TPR.

(3) Unit C.A.C.CA

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Haia ERLICK

(*b*) Present postal address of wife Address unknown.

(6) If married, have you been regularly supporting your wife? If not—state reasons
No - Separated

(7) Are you a widower? No

(8) Have you any children? No Number of boys nil Girls nil

Names and ages nil

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

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

Name

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?...... no

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

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

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

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

(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......

nil

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

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

If so, state name and address...... Mrs. Sheiva ERLICK

5304 Park Ave. Apt.G. Montreal Que. Can.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment...... $48.00

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?...... my sister working

(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 ......

Full Name ......

Postal Address ......

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

(18) Are you insured?...... No

If so, in what Company?...... nil

(Give number of policy)

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

Meni Erlick
(Signature of officer or man)

Date...... November 5th 1942......

R. A. G. Fr...tt-Capt.
Officer Commanding......

Date...... November 5th 1942

NO. 4-DISTRICT DEPOT A.F.

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.)

~~C.A.C.~~ Inf. (R) ~~NON TRADESMAN~~. Tr. Dvr. Mech.

CARD COMPLETE

I. Regt. No. 6-13331 Rank Pte Unit C.A.C. D.D. 4 Date 5 Nov 42

Name ERLICK Muni Age 37 Place of Birth Montreal, Que.

Date of Enlistment 3 Nov 42 Place of Enlistment Mtl-South, Que. Depot 4

Languages spoken English French Jewish R. Recruit A A Med. Cat. A Place Mtl-South, Que.

II. M. Test D.D. 4 Date 5 Nov 42

Test	Score	S.M.	
1	17		SUB-TOTAL 46
2	14		S.M.
3	15		
4	23		SUB-TOTAL 41
5	18		S.M.
6	16		SUB-TOTAL 67
7	20		S.M.
8	31		
Total	154	S.M.	GRADE III (E)
9			

Other Tests Name or Type	Date	Place	Score	Grade

Y.O.B.	P	U	L	H	E	M	S
05	1	1	1	1	1	1	1

III. Military Background

None.

Enlisted 4/11/42. T.O.S. B.T.C. 41, 19/11/42.

IV. Educational Background

French: good.
Completed 4th grade " Baron Byng High School"in Montreal.
Best at History. 11 Years schooling.

Left school at age of 18 years.
Had a break of 2 years.

V. Occupational Background

5 years secretary for "Toronto Alderman":
4 years labourer - Fruit wholesale.

VI. Arm Desired Work in Arm Desired

Sports: Volly ball. Cannot swim.
No musical ability.

VII.

Married.
Seperated from his wife.
Good health.
Good attitude towards the army.
2 years in internement camp. (Communist).
Can not drive.
No special trades.

Mother lives in Montreal.
1 sister.
5' 9-3/4", 164 lbs. Normal physique.
Wants to go as Driver to C.A.C.

M.F.M. 196
50M—7-42 (5144)
H.Q. 1772-39-1916

YL

VIII. Summary

Good stability.
Average intelligence.

IX. Suggestions

C.A.C. NON TRADESMAN.

X. Signature of Interviewer | N.C.O. (V.G.) Sgt. | Officer L. Breton Capt

---

XI. Action Taken | Date of Action

Follow-up 9-Aug-1943 A-27 Cdn. Recce T.C. DUNDURN, Sask.
Struck off strength A-27 Cdn. Recce T.C. on transfer to A-15 C.I.T.C. M.D.#10 Effective 13-8-43 AUTH: D.A.A.G. R.S. 3-1-5-143.

J.H. Erwin Capt.
(J.H. ERWIN) A.E.

D131331 Pte. ERLICK, M.

This man says he instructed in driving carriers at Dundurn 5 weeks although only a tpr. He hopes to go overseas soon. Passed tr. test 5 May 43 as Dvr. Mech. Speaks Fr. Jewish and Eng. He seems to be a keen soldier. Inf. (R) Tr. Dvr. Mech.

A15 C.I.T.C.,
18 Aug 43

D R Chapman
(D.R. CHAPMAN), Capt.,
Army Examiner.

D131331 Pte. ERLICK, M.

This man was referred to the A.E. because of his alleged alien origin.
M.F.M. 238 made out.

A15 C.I.T.C.,
6 Sep 43

D R Chapman
(D.R. CHAPMAN), Capt.,
Army Examiner.

D.131331 Pte. Erlick M.

Fully qualified as Dvr. Mech. Cl. III Gp. C. Examination of documents and interviews of the foregoing indicate his suitability for o/s Service in C.I.C. (Operational) as Dvr. Mech. Gp. C. Cl. III.

A15 C.I.T.C.
2 Mar 44.

J Mitchell Lt for (D.R. Chapman) Capt.,
Army Examiner.

Personnel Selection
Examination of Documents
Completed
MAR 15 1944
OK
A E. HB
1st Trg Bde DEBERT

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

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

District.....

Dispersal Area.....

Regtl No. D.131331 Rank and Name Erlick M. Tpr.

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

(Transfer or Discharge)..... to..... on 20th August 19 44

Reason Death Authority: C.C.L."A" 483 d/27th August 44.

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

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	53	69
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Technical Pay 31 days at $ 0.25	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	25	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Cash Effects SOCR 17371	9	83
To Balance Cr Free	92	77			
To Balance Cr Deferred			By Balance Dr		
Total	117	77	Total	117	77

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

Remarks:

Assigned Pay of $ 25.00 (M) Stopped effect September 1944.

Compiled by D. E. Maloney

Checked by E. V. Collins

Date 24th February 19 45

Certified correct D. Barclay
for Chief Treasury Officer, Overseas

SIS.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-131331 ..... Pte ... Erlick ... M. ..... (Deceased) .....

RECEIVED FROM ..... 2nd Echelon 21 Army Group .....

CHECKED BY ... G-52743 Pte McDonald S.J. / G-5591 Pte Patterson L.K. ..... DATE ... 3 Jan 45 .....

	Snaps		
1	Leather Case		
2	Cig Lighters		
1	Watch Broken		
1	Silver Identity Bracelet		
1	Pocket Book		
1	Red Identity Disc		

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

TRIPLICATE — with effects.

L K Patterson Pte
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
5 - JAN 1945
BRANCH
HEADQUARTERS

H.Q. 405-E-4640
(Records "C")

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Archives
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19th September, 1944

Mrs. Sheiva Erlick,
5304 Park Avenue.,
Montreal, Quebec.

Dear Mrs. Erlick:

In reply to your letter dated 31st August 1944, I sincerely regret to inform you that we have had no further information concerning the death of your son D-131331 Private Muni Erlick. May I point out, however, that the only information which is available concerning the circumstances surrounding the death of a soldier reported killed in action, will come to you in a letter from his Commanding Officer or Regimental Padre.

It can be stated however, that your son was killed in action against the enemy in France. In this connection, the official Burial Return will be forwarded to this office by the Overseas Authorities, at which time the actual location of your son's grave will be sent to you.

Please be assured that if any additional information is received, it will be immediately forwarded to you.

Yours truly,

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

TM10/AS

11

H.Q. 405-E-4640
R. 4 (B).

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29th August, 1947.

Mrs. Sheiva Erlick,
5304 Park Avenue,
Montreal, Quebec.

Dear Mrs. Erlick:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D131331 Private Muni Erlick, the location of which is grave 12, row A, plot 18, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

JJR

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

Encl.

/EMA

KGD

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Muni (CHRISTIAN NAMES) ERLICK (SURNAME)

REGISTER NO. D-14773
FILE NO. 405-E-4640
DATE 29-8-45
SERVICE NO. D-131331
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 20-8-44

PAYEE Mrs. Sheeva ERLICK,
ADDRESS 5304 Park Ave., Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 20-8-44

		$ ¢
A. TOTAL QUALIFYING SERVICE 630 — NO. OF DAYS 656/30 EQUAL TO 21 COMPLETE PERIODS AT $7.50		157.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 138 LESS 26 INELIGIBLE DAYS, EQUAL TO 112 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		28.00
		185.50
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 138/183 X$ 26.81		20.22
D. WAR SERVICE GRATUITY		205.72
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		205.72

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
KRM	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	6-9-45

[illegible]
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME MUNI ERLICK Register No. D-14773

PAYEE'S NAME MRS SHEEVA ERLICK File No. 405-E-4640

ADDRESS 5304 PARK AVE Date 29-8-45

MONTREAL — P.Q. Service No. D-131331

Final Rank Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 20:8:44 Date of Discharge 20:8:44

	AMOUNT $	¢
A. TOTAL QUALIFYING SERVICE No. of days $\frac{656}{30}$ = 21 (26) Periods @ $7.50	157	50
B. QUALIFYING OVERSEAS SERVICE No. of days 138 less 26 Ineligible days, equal 112 Days @ 25¢ per day	28	00
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ 2.5 Dependents' Allowance 1/30 $ 25.00 $ 83 TOTAL $ 3.83 X 7 = $ 26.81 No. of Days $\frac{138}{183}$ X $ 26.81	185	50
	50	22
D. WAR SERVICE GRATUITY Computed ✓ Mentey	205	72
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ (3) Other deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in ....monthly instalments of $.....each)	205	72

G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)

$..... X 30 = $.....

REMARKS

1977

FORM No. 1

Register No. D-14773 Nominal Roll No. D-355

H.Q. File No. 405-E-4640

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D131331	Mtr	ERLICK	MURI

REASON FOR TERMINATION OF SERVICE:

1st Enlistment Deceased CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 4 NOV 42	T.O.S.	T.O.S.
S.O.S. 20 AUG 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 656	Total Days	Total Days

Total Service 656 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	518	nil	518
Overseas Service	138	nil	138
Totals	656	—	656
Add Non-qualifying Service			nil
Total Service			656

EMBARKATION DETAILS: T.O.S. 5 APR 44

1. Date S.O.S. Overseas 20 AUG 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 20 AUG 44

Computer's Signature

Checker's Signature

Date Computed 11 May 45

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

CASUALTIES ONLY
For purpose of W.S.G.
Casualties include death subsequent to discharge.

Register No. D.14773

File No. ____________

WAR SERVICE GRANTS ACT 1944

Ottawa 1st. Aug. 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-131331

Name Muni Erlick ✓
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K W Rice

(K W. Rice) Lieutenant,
for (A.R. Mortimore) Brigadier,
Paymaster-General

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	Mrs Sheina Erlick	$ 55.00 ✓
	mother. ✓	
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment		✓
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.		✓
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		✓

AUG 22 1945
____________194__

[signature]
For Chief Treasury Officer,
D.A. & A.P. Branch ✓

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $____________

____________194__

____
for C.T.O.

5304 Park Ave.
Montreal, Quebec.
July 21/1945

D14773

OFFICER in Charge
War Service Gratuity
(Deceased Section)
Arnprior Military Camp.
Arnprior, Ontario.

GENTLEMEN:-

May I have some information about the War Service Gratuity re

Erlick Muni, Pte. (Deceased)
D 131331 C.A.

Yours very truly
Mrs. Sheva Erlick
per Miss M. Erlick.

File No 405-E4640

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-133331 Name E L Lick Muni

Rank on Discharge _____ Date of Discharge 20-8-44

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 4-11-42	to	4-4-44	
	from	to		
United Kingdom	from 5-4-44	to	12-6-44	
	from	to		
Italy	from	to		
Northwest Europe	from 13-6-44.	to	20-8-44	Killed in action
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star Ok

~~Italy Star~~

France-Germany Star Ok

Defence Medal NE

War Medal Ok

Canadian Volunteer Service Medal with clasp Ok

M

Verified by D Foster

Date 8-7-46

Carded JUL 9 1946

N.R.D

HA 165

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

405-E-4640

GRAVES REGISTRATION CARD.

NAME ERLICK, Muni

PLACE & DATE OF BIRTH MONTREAL, Quebec. 6 Sep 1905

RANK Pte.

REGTL NO. D-131331

UNIT Stormont Dundas Glengarry Highrs

NEXT OF KIN & ADDRESS Mother: Sheiva ERLICK, 5304 Park Ave., Apt.G, MONTREAL, Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 20 Aug 44

PLACE OF DEATH

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 20 Aug 44

CEMETERY Sh.7F/6 MR.30802975

PLOT NO ROW GRAVE

DEATH CERT.NO

DATE OF REGN OF DEATH CERT.

RELIGION Hebrew

DATE 1 Oct 45

(M.Bluteau)Capt.
For COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

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

DISTRIBUTION OF SERVICE ESTATES CM Estates Form "P. 4"

C.A.

Name: ERLICK (Surname) Muni (Christian Names) No.: D131331

Pte. (Rank) C.A., O/S (Unit) 20-8-44 (Date of Death)

AMOUNT

L.P.C. $ 92.77

Date: May 17, 1945

Other Credits

Total 92.77

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Sheiva Erlick, 5304 Park Avenue, Montreal, Quebec. (Sole beneficiary under will)	$92.77

P4. TO TREAS. 4-7-45 QW

TO BE FORWARDED BY REG. MAIL DIRECT

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$92.77

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Mrs. Sheiva Erlick,
5304 Park Ave.,
Montreal, P. Q.

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

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

and the following number quoted:—

H.Q. 405-E-4640 FD 196

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

20 Nov. 1944

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

ERLICK Muni, Pte.

NO. D.131331 Canadian Army

ESTATES BRANCH DEC 4 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

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

Director of Estates.

GHF/BGS

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.....		Nil	Nil	Nil
2	Children of the Deceased and dates of their Births.....		Nil		Nil
3	Father of the Deceased.....		Dead	—	—
4	Mother of the Deceased.....		Mrs. Sheiva Erlich	63	5304 Park Avenue
5	Brothers of the Deceased	Full Blood	Nil		
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Miriam	28	5304 Park Ave.
		Half Blood	Nil		Nil
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
	Nil		Nil		Nil

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Muni Erlick
9	Date of his birth.	1905 - not sure of exact date.
10	Place and date of his marriage.	Nil
11	Place and date of his parents' marriage.	not sure of date - Russia

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ottawa Ontario (b) Quebec (c) (d)
14	Nature of employment before enlistment.	Journalist.
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 he leave a Will? If in your custody, please forward.	Nil
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	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?	Nil
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Nil
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.	Nil
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.	Nil

(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

*Sister 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.

Miriam Erlichman — Signature of Informant

5304 Park Ave. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Miriam Erlichman

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

Dated at Montreal this 29th day of November 19 44

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

Address 5365 Parkman

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

M.F.M. 5
300M—1-43 (7930)
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 the 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.

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

(2) Regimental or Official Number and Rank D 131331 Trooper

(3) Unit C.A.C. CA

(4) Are you married? Yes (5) If married, state,

(*a*) Full name of your wife Mrs. Haia Erlick

(*b*) Present postal address of wife Address unknown

(6) If married, have you been regularly supporting your wife? If not—state reasons:
NO - Separated

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys ..... Girls .....

Names and ages .....

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

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

Name .....

Postal Address .....

(10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment? NO

If so, state her full name and postal address .....

[SEE OTHER SIDE]

(11) Is your father alive?....NO.....If so state name and address, occupation.....

.....

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

(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.....

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

(14) Is your mother alive?...Yes.....If so, state name and address Mrs. Sheiva Erlick.....

5304 Park Ave. Apt. G. Montreal, Que.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....$48.00.....

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?.....My sister working.....

(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.....

Full Name.....

Postal Address.....

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

(18) Are you insured?.....NO.....If so, in what company?.....
(Give number of policy)

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

Date.....5 Nov 42.....(Sgd) Muni Erlick.....
(Signature of officer or man)

(Sgd) R.O. Grothe Capt.

Date.....5 Nov 42..... Officer Commanding....#4 District Depot

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.)

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Muni ERLICK (Name in Full), of the CITY (City, Town, Village, Township)

Address in civil life.

of MONTREAL, in the County / District of JACQUES CARTIER

Province of QUEBEC, OFFICE CLERK (Civil Occupation)

Regimental No. D-131331, Unit C.A.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. Sheiva ERLICK,

Residing at: 5304 Park Ave., Apt.G. Montreal Que. Can.

All my estate both real and personal.

M.E.

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

M.E.

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 5th day of November 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.

Muni Erlick
(Signature of soldier)

First witness sign here.

(5) Signature Jean Bankeau
Civil Address Raphael Bellechasse
Civil Occupation accountant.

Second witness sign here.

Signature Paul Emile Lebel
Civil Address 5160 Mentana, Montreal
Civil Occupation accountant

(Witnesses are not to be beneficiaries.)

[OVER]

BATTLE CASUALTY

CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from 21/CAS/2977

Time Message Received

Date Message Received 24 AUG 44

Theatre **AEF**

Regimental No.	Rank	Name	Full Christian Names
D 131331	PTE	ERLICK	M UNI

Unit STORMONT DUNDAS GLENGARRY HIGHRS

SERIAL 752

CASUALTY PARTICULARS

KILLED 20 AUG 44

"A" 483

Hospital Admitted To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Discharged From ..... Date .....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin Sheina Erlick Relationship Mother

5304 Park Ave
Apt "G" Montreal
Que.

Home Town Same

Cable No. 9783

Inland Tel. No.

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

19

M100

Verification Clerks Signature

CFA 48
40/P & S/1568 (6218)

405-E-4640

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

FIELD SERVICE

MBR

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

REGIMENT OR CORPS: SDG Highrs
Squadron, Troop Battery or Company: ....

Officer's Personal No. (if known) Soldier's Army No.: D-131331
Rank: Pte

Surname: Erlick
Christian Names: M.

Died
- Date: 20 Aug 44
- Place: France
- Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/96 d.28 Aug 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

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

Burial
- Place: Sheet 7F/6 MR 30802975
- Date: 20 Aug 44
- By whom reported: C.F.

State whether he leaves a Will or not
- *(a)* in Army Book 64: No
- *(b)* as a separate document: Not Received.

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

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

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

Station and Date: France 22 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Rannie Lieut
for Officer i/c
Cdn Sec GHQ 2 Ech 21 A Gp

18

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: ERLICK, (Block letters)

Given names: Muni,

4. RESIDENCE

Street: Park Avenue, No. 5304

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Single.

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: September (Month) 6th (Day) 1905 (Year)

12. AGE OF DECEASED

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Office-Clerk.

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

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

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

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 20th (Day) 19 44. (Year)

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

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

24. CAUSE OF DEATH

I

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

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

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

MAY 12 1945

Director of Records, Dept. of National Defence.

(E)

A. G. BRANCH

Mrs. Sheiva Erlick,
5304 Park Avenue
Montreal, Sept. 25.

1944 SEP 27 8:08

Officer 1/c Records
A G Branch
Department of National Defence
Army
Ottawa, Ontario.

Gentlemen;-

03 20/8/44

H. Q. 405-E*-4640
Records "C"

In your letter of the 19th inst. you mention that the only way I can get information as to my son's death is through his Commanding officer or Regimental Padre.

As there is no way of my finding the names and addresses of the above mentioned could you possibly help me? I quite understand that the above information might come under the heading of "Military Information" and if so would it be sufficient for me to address my letters without any names just using the titles?

I hope that I am not causing you to much inconvenience but in my present state anything and everything assumes great importance.

Very truly yours

Mrs. Sheiva Erlick

Per M. Erlick.

Director of Records
A. G. Branch.
SEP 26 1944
Nat. Defence Hqr
Ottawa, - Canada.

12

MAIN FILE
CHARGED TO Q3
SINCE 20-8-44
L. P. PASSED
SEP 26 1944
TO C
C.A.S.F. REGISTRY.

REC'D A.G. BRANCH
NAT. DEFENCE HQRS
OTTAWA, CANADA
10:24
1944 SEP 5

(E)

5304 Park Avenue,
Montreal, August 31, 1944.

Director of Records,
Minister of National Defence,
Ottawa, Ont.

405-E-4640
6 26/8/44

Dear Sir:-

With reference to Private Muni Erlick, D 131331 who has been reported killed in action on August 20th, I would appreciate if you could send me details as to the manner and whereabouts of his death.

Thanking you, I remain,

Yours truly,

Mrs. Sheiva Erlick.

Director of Records
A. G. Branch.
SEP 1 1944
Nat. Defence HQ
Ottawa - Canada

10

MAIN FILE
FORWARDED TO C
SINCE 24-8-44
L. P. PASSED
SEP 2 1944
TO C
C.A.S.F. REGISTRY

14th September, 1944

Mrs. Sheiva Erlick,
5304 Park Ave.,
Montreal, Que.

Dear Mrs. Erlick:

It was with deep regret that I learned of the death of your son, D131331 Private Muni Erlick, who gave his life in the Service of his Country in The Western European Theatre of War, on the 20th day of August, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

SEP 13 1944

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

MPS

8.

MILITIA BOOK M. 1

250M—10-42 (8040-2 & 2232)
H.Q. 1772-39-1572

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

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. D-131331

Surname (Capitals) Erlick

Christian Names in full Muni

M. 1 (Part I) Revised 1-10-42
(5040-2 & 5232)
1672

RVICE BOOK

Book M. 1 (Part II)
tive service.)

er than those on page 24
I. 1, connected with the
n of Will) is to be made
the Officer Commanding
pany to which the man

ries will be initialled by

O SOLDIER

y **responsible** for the safe

is book on your person
rvice.

k whenever called upon to
authority, viz.: Officer,
tary Policeman.

ke any entry in this book
of Will on page 24; see
and disobedience of this
offence.

any entry is lacking or
book, you will report the
ry superior.

etain this book after dis-
ices, but should you lose
ot be replaced.

To whom sent.....

Date Will extracted.....

Unit or Dept.....

Signature of Officer.....

SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

. No. D-131331

me (in capitals) ERLICK

tian Names (in full) Muni

of Birth Sept 6 - 1905

of Birth Montreal Que Canada

nship Canadian

on Enlistment office clerk

nality of Father at Birth Russian

nality of Mother at Birth Russian

ion Hebrew

ted at Montreal Que Canada

4-11-42

culars of former vice (if any) i.e. tl. No., Corps or iment and per- nil

ture of Soldier M. Erlick

ure of Officer G.D. White, Lieut.

DUNDURN SASK. Date 7 June 43

(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		
	Mother NK	Theiva Erlich	4-11-42
3rd	*Brothers and Sisters	Meyrian Erlich (younger)	4-11-42
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

5301 Park Ave Apt 4.
Montreal Que Canada

Do.

(V) **RANK and APPOINTMENT**

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
4/11/42	Lt		HQS 267	G.D. Whitt, Capt
5 May 43	Rte	1.50		

(VI) **Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas**

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Completed Basic Training 16th Jan. 1943

Completed Advanced Recce Training as per syllabus.

Qualified in addition as under:—

Date 5th May 1943 G.D. Whitt, Capt Adjt

for Commanding

*If no further training required, strike out words in italics and initial

(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
QUAL MUSTARD GASTEST	26-2-43	}
" DM " "	20-2-43	}
W & T. CLASS III	2-4-43	} [illegible] White, Lt.
QUAL TOET GASTEST	1-3-43	}
" Dr. Mech. Grp. C.	5-5-43	}
1 week refresher C/RU	28-4-44	[illegible] Lt

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
3-3-43	1st	Rifle		C. S. Shawcross Capt
5-5-43	2nd	L. M. G.		C. S. Shawcross Capt
2-3-43	Q.	T.S.M.C.		C. S. Shawcross Capt
4-4-44	Failed.	Rifle.		E. J. Calder Lt.
7-3-44	F	L.M.G.		J. W. Cole Lt.
15 Sept 43	Q.	2. M. G.		[illegible]
17 Jan 44	Q	#36 Grenade		[illegible]
19 Sept 43	Q	Field Firing		[illegible]
3 Oct 43	Q	2" Mortar		[illegible]
2 Mar 44	Q	P. I. A. T.		[illegible]

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade XII	Montreal	1924	[illegible]

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Dr. Mech.	"C"	III	#111	5-8-43	[illegible] Capt

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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
28-9-42	A.	M 7 M2		[illegible]
23·2·47	Prof. Carry			[illegible] cpl

(XIII) PRESCRIPTION FOR GLASSES

Date of Exam:

Date of Issue:

Ophth., Centre:

Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

Date of Exam:

Date of Issue:

Ophth., Centre:

Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
27apr43	✓		proph.	[illegible] Capt
2 Apr 44	✓		3 Ex PR, PLD, PUD	[illegible] Capt
29/4/44.	✓		PR. PDU., PDL.	[illegible] Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
Tabt	Nov 5-42	
3	Apr 27-42	
	Nov 27-42	
	Jan 8-43	
1cc Typhus	1-3-44	
1/2cc TTABT	1-3-44	
Typhus	27/4/44	
Typhus 1cc	3/5/44	
Typhus 1cc	14/5/44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
Nov 5-1942	
27/4/44 Vacc	H Winter 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
Crey reg. 152.631	28/10/42	
UNDERGONE D.M. TEST.	16-9-43	
Gas chamber C.A.P. / " " Chlorine / " " Mustard	28 Sept 43	
Gas Chamber C.A.P.	14 Apr 44	J Hayes Lt.
"M" TEST CREV. COMPLETE / "Q" CARD COMPLETE	15 April 44	Capt.
MB1(III) issued	14-4-44	M J Heffernan Capt
Fingerprinted	15 Dec 43	Capt
C.A.P. CHAMBER TEST.	28 Jan 44	Lt
C.A.P. CHAMBER TEST.	18 May 44	Lt.
Issued Identity Card	–	
C.V.S.M. + Clasp	5 Aug 44	Capt

ıge **after** the date of a Will revokes that Will. fore, a Soldier, immediately upon his marriage, l make a new Will in order that, in the event of ath, his estate may be distributed in accordance his wishes as shown in his Will.

The Will of a Soldier on Active Service is not in- by reason that at the date it was made he was the age of 21 years.

oldier who has made a Will before his enlistment, ommended to inform his Commanding Officer such Will has been deposited and the Command- fficer shall upon receipt of such information vith complete the following certificate and tch the same to the Officer i/c Records.

Rank Name

that he has executed a Will and that the same en deposited with

Signature of Officer.
Rank or Appointment.

ore embarkation, each Soldier is recommended, ularly those who have real estate, to consider ecessity for executing a document appointing person or Trust Company his Attorney to manage herwise deal with real estate during his absence Canada; also to review his affairs in the light of hanges that may have occurred since the date last Will and, if desirable, make a formal Will form his Commanding Officer thereof as indicated top of this page, or make a Will on M.F.M. 10 or M. 10a (French) and hand it duly completed to mmanding Officer for transmission to the Record concerned for safe custody.

Officer receiving such Will shall complete the ing certificate:—

tificate M.F.M. 10 received and forwarded to fficer i/c Records at

Signature of Officer.
~~Rank or Appointment.~~

#4 D.H.Q.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

(I

Regt

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Chri

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Sign

Sign

Plac

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.