D137473 SCHACTER MOSES

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

120	Descript, of all the relatives that the deceased
Mr.	Mac Schacter,
	4173 Colonial Avenue,
	Montreal, Que.

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

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

and the following number quoted:-

H.Q. 405-S-20,364-FD.27

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

Feb. 28, 194 4

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

SCHACTER, Moses, Pte.

D. 137473 C.A.

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.

35

PSD/CF

(P.S.Deis)Capt. for (L.M.Firth)Lt.-Col.

Administrator of Estates.

M.F.W. 77 5M-1-44 (3371) 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 ver had in each of the degrees specified below:

			INFORMANT'S STAT	EMENT	Entroter
ees		TIVES accounted for	NAME IN FULL of any Relative, if any, in each degree specified	1	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
	Widow of the D	eceased single	e not married		
	Children of the dates of their	Deceased and Births			
		0.			
	Father of the D	eceased. Livery	Mr. Mac. Schacter	50	4173 Colonial a
	Mother of the D	Deceased Lucing	Mrs. Mellie Scharter	52	4173 Coloneal de
	Brothers of the Deceased	Full Blood	Mone		
		Half Blood	Mone		
	Sisters of the Deceased	Full Blood	Mone		
		Half Blood	Mone		
	Names of brother of the full or the Deceased, who death of each.	s or sisters (whether ne half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children
			Mone		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

Full names of the deceased. Date of his birth. august 14 10 Place and date of his marriage. Place and date of his parents' marriage. PARTICULARS OF DOMICILE Montreal

(a) Montreal

(b) 20 years.

(c) (d) Place where deceased was born. State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. Nature of employment before enlistment. he did not own the premises he lived in State whether he owned the premises in which he lived, and, if so, where situated. Montreal Name place where deceased stated he intended to make his permanent home. PARTICULARS OF ESTATE Did he leave a Will? If in your custody, please forward. he did not leave a Will. none:-he was not married 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? he did not have a bank account Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? no certificates Amount of War Savings Certificates held by deceased. Indicate where located. Amount of Victory Loan Bonds held by deceased. Indicate no Victory Loan Bonds whether registered or bearer and where located. le had a life insurance. 52 cents Mutural life insurance. 52 cents Mr. Mac. Schaeter beneficium If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. Describe other assets, if any, and estimated value thereof. Use . space on page 4 if necessary. yone. OTHER PARTICULARS 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. Is I did not pay funeral expenses he died in I taly 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. (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)

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opposite his of death ative

ial Are.

	*Insert degree		DEC	CLARATION	MANASA, F.	
	of relationship for example, "Widow", "Father", S "Brother", etc.	I hereby declare that atement of all the relati	all the particulars sl ves that the decease	nown on this form ar	e correct, and a tr grees specified; ar	ue and commete id that I am the
	"Brother", etc.	Father		of the deceased.		and the little of the last
	N.B.—To be	igned in full in the	as Bea	Ele		Signature of
,	Magistrate, Com	nissioner or Notary sioned Officer of any Forces.	173 Call	anial.	ale	\ Informan \ \Address

		The same of the same of	CERTIF	FICATE	I. S. Pittarind Sist Manager, 10	
	I hereby certi	fy that to the be	est of my knowles	ge and belief ///	r macso	checter
See above.	14173 Co	Cours	Name of) is the	father.	nt of Relatives and	the Deceased
0	above described, a	nd I believe the a	bove Declaration	n and the Stateme	ent of Relatives and	of Particulars
1	made by the Info	mant and signed	in my presence	to be complete an	nd correct.	the bisery
Dated	at Manl	real	this. 4 12.	day of 122	areh	19.4/4
Signature of C Priest, Magist Commissioner Notary Public missioned Office						Esister

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.)

successful Transference in a state

Address Of Office Address Continued Continued

MINISTER

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

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at MONTREAL SOUTH this day of OCTOBER

19 42

NO. 4-DISTRICT DEPOT AF Officer or Rank and Unit or appointment.

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

	SCHACTER	MOS	ES					-137473
Record of Service of	(Surname)	(Christian Name	s)		•••••••	Regimental	Number	•••••••••••••••••••••••••••••••••••••••
	QUALIFICATIONS			EDUC	ATIONAL QUALI	FICATIONS		
Military		High Scho	ol)	L		Graduation)	NIL	
Business or Professional	STOCK KEEPER	or Collegiate	∍ ∫	(years completed)	1	Tatriculation	(s	pecify)
Trade or Civil		*College	?	TEARS	PUBLIC SC	HOOL		
Technical	NII.		sity	3.	•••••••••••••••••••••••••••••••••••••••			
Languages ENGLISH J	EWISH							
			nstitution, courses or year			be shown)		
All enlisted personnel will be tak	en on as Private soldiers, appointments and promotions	s to higher rank to	be shown as pro	vided 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	
Joined on appointment	3					Part II D.O. No	. Cas. List, etc.	Dated
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	4 DISTRICT DEPOT CA.	PTE	16-10-42	4 DD	MTL STH	4DD PE	II-252	16-10442
	ON TRANSFER TO C.A. (B) T. C. 48 HN'S QUE.	***	30-10-42	11	17	. 11	262	30-10-42
			304				<u> </u>	
NOV 42. T.OS. for a	all our on trans fron no4 D.D.	11	31-10-42	т.с. 4	La St. Joh	g P + TT	NO 43167	TOM S
				T. 9. O. 9		D. T. S. O. S.T. T.		
	TTED CHRISTMAS LEAVE FROM 1800 hrs.							
	2-42 till 0100 hrs 28-12-42 AND IS L. TO DRAW .50 PER DIEM RATION ALL.	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR						
PAHT	PERIOD	11	*	11	11:	11	11. A211	23-12-42
******		•••••••••••••••••••••••••••••••••••••••		•••••••••••				
30-12-42 " RE-A	LLOCATED TO INF (R)	19	29-12-42	***	***	11	* A215	29-12-42
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25-1-43 " SO	S on Transfer to TC A-12 Farnham	11	26-1-43	11		11.	Als	26-1-43
TOS on temp at	ttch on reposting from TC 48 St Joh	m's Que	27-1-43	A-12	Farnham		A-23	28-1-43
	cated to R.C.R., C.A.	11	23-3-43		77		A-67	23-3-43
S.U.S. Droce	eding to Serial No. 31	Pte.	26-3-43	Awlz	Farnham		A=70a	26-3-43-

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

CERTIFICATE OF ME	DICAL EXAMINATION	Date of Medical Examination
Name in full SHACTER MOSES	PlaceMONTREAL	
Part 1. Information obtained from the recrui		
1. Age20 2. Have you ever suffered from	any of the foilowing diseases?	
a. Rheumatism	k. Ear disease	NO
b. Tuberculosis or pleurisy	1. Eye disease	NO.
c. Bronchitis or asthma	m. Fits	NO
d. Heart disease	n. Nervous or mental disease	7
e. Kidney or bladder disease	o. Syphilis	240
f. Stomach or bowel trouble	p. Gonorrhoea	
g. Rupture	q. Have you ever worn glass	and the same of th
h. Varicose veins	r. Are you now or have you	in the past
i. Foot trouble	r. Are you now or have you received disability possible compensation? If so, g	ension or vive details
j. Nasal trouble	Compensation. II so, g	INO
I hereby declare that I have not suffered to	from any diseases whatsoever ex	cept as stated above.
	Moslo Scha	cll.
	Signature of	
Part 2. Information obtained by medical exa		MUST BE STRIPPED.
Medical Officer's Remarks on information as stated in I	Part 1	
1. Identification marks or scarslvacl.eft.a		
2. Height		
4. ComplexionDarkEyesBrown		Poor
HairDark		
6. Chest measurement—Girth on full expansion36		sion2½inches
7. Vision, right20/30left20/3	O	~~ ~~
With Glasses— rightleftleft		
9. Condition of mouth and teethgood		
10. Blood Pressure:— S D (Required		or if otherwise indicated)
11. Urinalysis.		
12. The abnormalities (congenital and pathological) for	and on examination are as follow	s:
Color vision ishihara (CN) ear		
heart & lungs normal		
$\kappa / man \alpha n$		
13. Chest X-Ray No. 149202 Labor		
Part 3. We, the examiners, find no evidence of	the diseases mentioned in quest	tion 2, Part 1, except as
reported in the remarks. We have examined the Recrui	ust in accordance with the pamp ts" and he is found fit for Categ	ory
and instructions for the inedical examination of feet un	and he is round in 101 cares	A
Special remarks when category lower than A	() A COST ///	1110 1110
President Trank Member	rungank /.C	Member
	ING CAPT. R. DU	UIS M.D.
Date		
VACCINATIONS, INOCULATIONS, BOARDS,	RECLASSIFICATION OF MEDICAL CAT	EGORY
Date Brief details and signature	Date Brief det	ails and signature
1ABOTTO THE LOCAL		
16-11-42		
1-12-42 mei		
29.12.42 ReExam Cat. A Shistra W	y.	
Co. A. N. Co. H. C. L.	V	
12-1-13 10-exam as H Daw signify	78	

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.

				DAT	ES OF				Number of	Remarks on nature of the disease	; how induced; if mild or severe; if completely recovered from;	Ciamotore
STATION	Date of Arrival at the Station	in	Admissio to Hospi	n ital		Discharge om Hospi		DISEASE	Number of days in Hospital	whether any particular treatment was whether mercury has been given. If an of Inquiry was held. Date of issue an	e; how induced; if mild or severe; if completely recovered from; adopted. In venereal cases state nature of primary disease, and accident, state whether it occurred on duty and whether a Court and particulars of artificial teeth or surgical appliances supplied.	Signature Medica Officer
		Day	Month	Year	Day	Month	Year					
	••••••											
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			1									
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	••••••											



Sheet No...

Name Schacter M

1	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Dank Chiann	700°-11 D-1	77-74	701	Authority	
Date	From whom received	(Continuation of Fond 2. M.F.M. 1 of M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List. etc.	Dated
04.		S.O.S. G.A. (CANADA) ON EMBARKATION	Pte.	27/Mar 43	3.C/RB	1/1.		
		I.O.S. G.A. (OVERSEAS) ON FRANSFER Rain for RO. R.C.R.	۲ 1	28/Mn43	1	,,,		
		Disembarked in U.K.	/ (49pv.43	'/	"/	57	69pr.
	· Commence	7.0.8. 8 CDN, INF. REINF. UNIT.		59/143	(/	,,		*/
		Franked daily Regll rate of pay \$1.50	Pt	17 apr 43	3/CIRU	UK	86	18 may
805		sos to Perch R.	Pie.	17guney3	3CLRU	MC	112	17 June
	708	105 from. 3 CIRU	1	18 June 43	Perd R	l	30	23 Jun
		S.O.S. C.A. (U.K.) on embarkation. 26 oct 43 -	*****					
		T.O.S. C.A. (M) Disembarked Bisembarked Bisembarked	Ce		Ceurl R	NAcme.	62	29 Dec
26		Died of mounds		20 Tau 44		C 9m 7	CL"A" 387	27 Jan
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SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I) A.F.B. 103 (Part I) 40/P & S/318

Thit ROYAL CAN REGT C.A.

Regimental Number....

D 137473

1. Surname SCHACTER	ATA	orps Pe	Unit (Battn. etc)
2. Christian Names. Moses			
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank			
giving date			
*To be entered in pencil to facilitate alteration.			.,
4. Place of birth Montreal, P.Q.	(18) Medical		
5. Date of birth as declared on attestation. 14 Aug. 1922			
(A)	Category	Date .	Authority
6. Date of enlistment	A	8-10-42	Mr.W 5
8. Residence at time of enlistment. Montreal, P.Q.			
9. (B) Special conditions (if any) of enlistment or rate of pay			
0. (C) Any subsequent variations of conditions of service			
1. Religion Hebrew			
2. If married, state date	(19) Next of kin (en	ntries to be mad	e in pencil)
3. Trade on enlistmentStock-keeper	mo	y wek	acker.
4. Corps, trade and grade			
5. (D) Qualifications		- Colen	ial elle,
6. (E) Miscellaneous entries			
·,		connea	
•••••••••••••••••••••••••••••••	(20) E		• • • • • • • • • • • • • • • • • • • •
•••••••••••••••••••••••••••••••••••••	(21) E	•••••••	• • • • • • • • • • • • • • • • • • • •
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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.

Mo D.137473 Rank Private Name SCHACTER, Moses. Unit Perth Regt. (M) Date of death 20th January, 1944. Died at Italy . Cause Died of wounds received in action. Death occurred on strength of Forces, HQ 405-S-20364 28-2-44. N/K Mr. Mac Schacter, Relationship Father. 4173 Colonial Avenue, Montreal, P.Q. Address San Vito Remains buried in Cemetery MR. 364106 Italy. Grave location OVER

DEATH CERT. TO N.K.

BURIAL REPORT TOMAR. 12 1945
RETURN TO BUR. OF STAT 22 1945

ROYAL MESSAGE DESPED 1944

CAM. MESSAGI DESPID. 12-2-44

Morro River Cemetery, Ortona, Italy.

Grave 9, row E, plot 10.

& CR Form Despot JAN 20

Photographs

Despatched

Jun 12194

20-1-44 (0.C.L432)	AWARDS—CANA	DIAN ARMY (A	ACTIVE)	M.J.A. 100M-10-41 (2195) H.Q. 1772-45-8
				FILE NO. 405-S-20364
SCHACTER, Moses		D.137473	Pte.	Que.Regt.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANKON	C.A.S.F. UNIT
WAR SERVICE BADGE				
(CLASS) NO.	DATE DE	ESPATCHED:		
ADDRESS:				
CAMPAIGN MEDALS		REGISTRATION NUI	MBER AND DATE	DESPATCHED
1939-45 Star Italy Star Defence Medal War Medal CVSM & Clasp	1028-	5/11/49		

THE REVERSE TO BE USED FOR ESTATE PURPOSES)

PERSON Mrs. Nellie Schacter Mother ENTITLED TO	MEMORIAL B R
4173 Colonial Ave. Montreal, Que.	DATE DESP.
(2) MEMORIAL CROSS	REGN. NO. 99
WIDOW	(2)
ADDRESS:	
(3) MEMORIAL CROSS MOTHER Mrs. Nellie Schacter, (Auth. M.FM. 5)	DESP. MAR 17 1944 REGN No. 62/7
(1556)	(3)
ADDRESS: 4173 Colonial Ave., Montreal, P.Q.	

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 SCHACTER
	(Surname first—Christian names in full—Block capitals) MOSES
(2)	Regimental or Official Number and Rank D-137473 Pte
(3)	Unit GEN.LIST CA.
(4)	Are you married?
(5)	If married, state,
	(a) Full name of your wife NIL
	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons
	NIL
(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 NIL
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
	Name
	Postal Address
	[SEE OTHER SIDE]

If so, state her full name and Postal Address. NIL If so, state name and address, occupation. Mr.Max SCHACTER —Labore: 4173 Colonial Ave., Montreal, Que., Canada. (12) If your father is a widower and is totally incapacitated from earning a living—are you his or partial support? NIL Also state reason he has no other means of support if partially supported by you, what is reason for not providing full support? If so, state name and address. Mrs.Nellie SCHACTER 4173 Colonial Ave., Montreal, Que., Canada. (13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—are you his or partial support? NIL Also state reason he has no other means of support if partially supported by you, what is reason for not providing full support? NIL (14) Is your mother alive? Yes If so, state name and address. Mrs.Nellie SCHACTER 4173 Colonial Ave., Montreal, Que., Canada. (15) If your mother is a widow, are you her sole or partial support? Partial (16) If sole or partial support of widowed mother—state what amount per month you have give prior to appointment or enlistment. \$40.00 Also state reason why she has no other means of support, if partially supported by you is your reason for not providing full support? Father works. (17) Are you contributing to the support of any dependents, other than those shown above? This may include any brothers 16 years of age or under, or any sisters 17 years of age or solely supported and maintained as bona fide members of your household before your appendent or enlistment. If so, state the following particulars:—	
If so, state name and address, occupation Mr.Max SCHACTER —Labore: 4173 Colonial Ave., Montreal, Que., Canada. 12) If your father is a widower and is totally incapacitated from earning a living—are you his or partial support? NIL. 13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—are you his or partial support of father who is a widower, totally incapacitated from earning a living—are 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 reason for not providing full support? 14) Is your mother alive? Yes If so, state name and address. Mrs.Nellie SCHACTER 4173 Colonial Ave., Montreal, Que., Canada. 15) If your mother is a widow, are you her sole or partial support? Partial 16) If sole or partial support of widowed mother—state what amount per month you have give prior to appointment or enlistment. \$40.00 Also state reason why she has no other means of support, if partially supported by you is your reason for not providing full support? Father works. 17) Are you contributing to the support of any dependents, other than those shown above? Norths may include any brothers 16 years of age or under, or any sisters 17 years of age or usely supported and maintained as bona fide members of your household before your apponent or enlistment.	
If so, state name and address, occupation Mr.Max SCHACTER —Labore: 4173 Colonial Ave., Montreal, Que., Canada. If your father is a widower and is totally incapacitated from earning a living—are you his or partial support?	•••••
If so, state name and address, occupation Mr.Max SCHACTER —Labore: 4173 Colonial Ave., Montreal, Que., Canada. If your father is a widower and is totally incapacitated from earning a living—are you his or partial support?	•••••
If so, state name and address, occupation Mr.Max SCHACTER —Labore: 4173 Colonial Ave., Montreal, Que., Canada. If your father is a widower and is totally incapacitated from earning a living—are you his or partial support?	•••••
4173 Colonial Ave., Montreal, Que., Canada. 12) If your father is a widower and is totally incapacitated from earning a living—are you his or partial support?	•••••
12) If your father is a widower and is totally incapacitated from earning a living—are you his or partial support? NII. 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. NII. Also state reason he has no other means of support if partially supported by you, what is reason for not providing full support? 14) Is your mother alive? Yes If so, state name and address. Mrs.Nellie SCHACTER 4173 Colonial Ave., Montreal, Que., Canada. 15) If your mother is a widow, are you her sole or partial support? Partial 16) If sole or partial support of widowed mother—state what amount per month you have give prior to appointment or enlistment. \$40.00 Also state reason why she has no other means of support, if partially supported by you is your reason for not providing full support? Father works. 17) Are you contributing to the support of any dependents, other than those shown above? No solely supported and maintained as bona fide members of your household before your apponent or enlistment.	
or partial support?	
-state what amount per month you have given him prior to appointment or enlistment	s sol
—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 reason for not providing full support? NIL 14) Is your mother alive? Yes If so, state name and address. Mrs.Nellie SCHACTER 4173 Colonial Ave., Montreal, Que., Canada. 15) If your mother is a widow, are you her sole or partial support? Partial 16) If sole or partial support of widowed mother—state what amount per month you have give prior to appointment or enlistment. \$40.00 Also state reason why she has no other means of support, if partially supported by you is your reason for not providing full support? Father works. 17) Are you contributing to the support of any dependents, other than those shown above? N. This may include any brothers 16 years of age or under, or any sisters 17 years of age or usely supported and maintained as bona fide members of your household before your appoint or enlistment.	
reason for not providing full support? NIL 14) Is your mother alive? Yes If so, state name and address. Mrs.Nellie SCHACTER 4173 Colonial Ave., Montreal, Que., Canada. 15) If your mother is a widow, are you her sole or partial support? Partial 16) If sole or partial support of widowed mother—state what amount per month you have give prior to appointment or enlistment \$\frac{\pmathcal{40.00}}{40.00}\$ Also state reason why she has no other means of support, if partially supported by you is your reason for not providing full support? Father works. 17) Are you contributing to the support of any dependents, other than those shown above? This may include any brothers 16 years of age or under, or any sisters 17 years of age or usolely supported and maintained as bona fide members of your household before your appeared or enlistment.	
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17) Are you contributing to the support of any dependents, other than those shown above?	
TI DO. DUCTO UITO I OILO I VILLE DOLLO I VIL	o unde poin
Relationship	
Full Name	
Postal Address	
Amount contributed monthly during the past six months	••••••
18) Are you insured?	
- 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 assignment you wish to make, provided the total assignment is not in excess of the max monthly amount which may be assigned.	oth
I hereby certify that the information given by me on this form is correct in each and particular. Moses of charter	evei
Date 19 Oct.42 (Signature of officer or man)	••••••
Date. ± / OCO • T Z	
Tell Troller te	
Date 19 Oct.42 Officer Commanding STRICT DEPOT	<u>A</u>

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION NUMBER 1137473 RANK Private SERVICE UNIT The Perth Regiment (CA) NAME SCHACTER, MOSOS DATE OF BIRTH DAY MONTH MARITAL STATUS Hobrow M.F.M. 1, 2 & 5 RELATIONSHIP Schnoter. **ADDRESS** ADDRESS 4173 COLORLEL AVOIDED, D.A.B. Contreal, Quebec. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS AUTHORITY CAS. SIG. NO. COLLEGO COPAGE 4503 4685 H.Q.405-8-20,364 CASUALTY DETAILS THE OF TOURS DATE ON THE M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO NOTIFICATION TO A. OF E.? YES/NO DATE OFFICER I/C RECORDS COPY FOR DOCUMENT FILE

From official information we have received, your son died as the result of wounds received 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 Asincerel Najor - Ceneral Adjutant - General

FEB 10 1944

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

ACB/SJR

[OVER]

	(1) I, Moses SCHACTER (Name in Full)	of the City, Town, Village, Township)
Address in civil life.	of Montreal in the County of District	Hochelaga
	Province of Quebec ,	Stock-Keeper (Civil Occupation)
	Regimental No	EN.LIST.CA, do hereby revoke my LAST WILL.
Relationship, names and address of beneficiaries, and what each is to receive.	(2) I Give, Devise and Bequeath unto "MY MOTHER	R" Mrs.Nellie SCHACTER.
	Residing atl 4173 Colonial Ave	., Montreal, Que., Canada.
	All my estate both real and	personal.
Relationship, names and address of residuary beneficiaries.	(3) I Give, Devise and Bequeath all the rest and residual of whatsoever kind and wheresoever situate unto	aue of my estate, both real and personal,
	(Name)	he Executor of this my Last Will. Executrix by hand this 19thay of October
	tator, 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.	Schwetter 32 (Signature of soldier)
First witness sign here.	(5) Signature Civil Address Civil Occupation Civil Occupation	k. Ean Can.
Second witness sign here.	Signature Paul Ruile Selver Si	tieal
	(Witnesses are not to be beneficiaries.)	

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FORM 6	DOMINION BUREAU OF	STATIST	rics-	-QUEBEC DEATH TR	ANSCRIPT	Correlation of the second
1. PLACE OF	cipal	official name of ivil municipality or township				ver the word which unicipality or this territory lage Parish Township
DEATH	2 25 124 282 22 22 22 24 1 W 123 2 2 2 2 2 2 2			Hospital or Institution		
2. LENGTH OF STAY	(a) In hospital Years Months Days (b) In municipality where		onths	Days Years Month	s Days (d) In Canada (if immigrant)	Years Months Days
3. NAME		Do	o not	CONFIDENTIAL MED	ICAL CERTIFICATE	OF DEATH
OF DECEASEI	Surname		ite in s space	22. Date of death(Mor	th) (Day)	19 (Year)
CE	Moses	No		23. I HEREBY CERTIFY that I at ten	Married Williams and Married W	20 44
4. 2 Official in civil mu ty or to	nicipali- VULOIILEL -Venue	4173	5		19 to	19
Municip	Montreal, Province			and last saw halive	USE OF DEATH	19
5. SEX 6	NATIONALITY 7. RACIAL ORIGIN 8. Single,	Married, r Divorcedo		I 24. CF	OSE OF DEATH	
	(Citizenship) Widowed o (Write the	he word)		Give disease, injury or complica-	(a)	
		7		Give disease, injury or complica- tion which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	due to Died of t	wound a
9. If married name of wife or band of decease	hus-	ngre		Morbid conditions, if any, giving rise to immediate cause (stated in	(b)	
				order proceeding backwards from immediate cause).		
10. BIRTHPL (Province or Co				II	((c)	
11. DATE OF BIRTH		(Year)		Other morbid conditions (if impor- tant) contributing to death but not causally related to immediate		
12. AGE OF DECEASED	Years Months Days Hess than one		The second secon	cause.		
DECEASED	hrs. or	min.		If a communicable disease is { (a)] III mentioned on this certificate, {	Date of appearance	19
Z 13. 7	Crade, profession or			A COMPANY OF THE PARTY OF THE P	Duration of disease	days
E teams	ter, office clerk, etc			25. If a woman, was there a puerperal co	ndition?	
5 busines	s, as cotton-mill,			26. Was there a surgical operation?	Date of	10
0 15. D	ring, bank, etc					
worked		THPLACE		27. If death was due to external causes (The state of the s	nere an autopsy?
		vince or untry)		Accident, suicide or homicide	Date	19
FATHER				7 6/2	tate which)	
MOTHER	SCHACTER Max			Manner of injury	(How sustained)	
(Maiden Name)				Nature of injury		
19. Place of b	removal			Specify whether injury occurred in industry, in home, or in public p	lace	
20. Date of bu	rial	19		Signed		M.D.
10 (a)	Name of parish			Address	Date	19
TON (P)	Civil muni-		28. Sign	ature of person who fills in the form ate, coroner, hospital authority, etc.)	29. Name of clergyman	in charge of Register of hich registration of this
AAT.	Cipality of Municipal		1	9.	burial was made.	inch registration of this
IST HIS	county		C	Marra 6. A.		
REG T T	Date(Month) (Day)			ature authorizes the collector to accept		côté pour le français)

File No. 405-8-20369

REBURIAL

NO	D.137473	
RANK	Private	
NAME	SCHACTER, M.	,
NAME OF CEMETERY	Morro River Cemetery	
LOCATION OF CEMETERY	Ortona, Italy	
GRAVE LOCATION	Plot 10, Row E, Grave 9	
		50
AUTHORITY	54-27-88-2 Vol. 14.	
	Reburial list.	

HEBREW

Mr. Mac Schacter, 4173 Colonial Avenue, Montreal, P.Q.

No. D. 137473, Private Moses SCHACTER

Dear Sir:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row E, plot 10, of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary marker which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before it is carried out you will be communicated with and given an opportunity of submitting a short personal inscription of your own choice for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly, lading

for R.T.E. Hicks-Lyne, Colonel, Acting Director of Records,

for Adjutant-General.

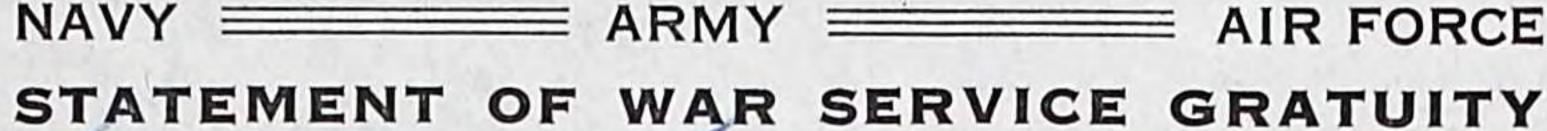
FBR/EMC

405-5-20364 R. 4 (B) 12th June, 1947. Mr. Mac Schacter, 4173 Colomial Ave., Montreal, F.Q. Dear Mr. Schacter: I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D137473 Private Moses Schacter, the location of which is grave 9, row E, plot 10, Morro River Cemetery, Ortona, Italy. Any errors appearing in the inscription will be corrected when the permanent headstone is paced. Yours faithfully, for H.M. Jackson, Lt.-Col., Encl. Director of Records, for Adjutant-General. JJJ

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

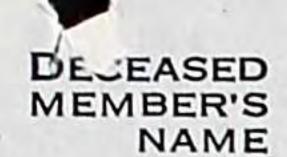






(SURNAME)

ARMY



ADDRESS

Moses (CHRISTIAN NAMES)

REGISTER NO.

FILE NO.

DATE

PAYEE Director of Estates

SERVICE NO. FINAL RANK OR RATING

D-137473 Pte.

20-1-44

DATE OF TERMINATION OF OVERSEAS SERVICE

20-1-44

NO. OF DAYS 462 EQUAL TO 15 COMPLETE PERIODS AT \$7.50

DATE OF DISCHARGE

B. QUALIFYING OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

No. of Days 299 LESS 12

INELIGIBLE DAYS, EQUAL TO SEE PAR. 2 OVERLEAF FOR EXPLANATION DAYS @ 25c. PER DAY

71.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

TOTAL

PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE

ADDITIONAL PAY

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ 2.75 x7 = \$19.25

NO. OF DAYS 299 X\$ 19.25

215.70

D. WAR SERVICE GRATUITY

OVERPAYMENT OF

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

215.70

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

100%

OF \$ DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_

= \$

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

E. DEDUCTIONS

TREASURY

SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES ARMY



Name SCHACTER, Moses
Surname Christian Names

Pte. C.A. O/S
Rank Unit Date of Death

AMOUNT W.S.G. 215.70
L.P.C. \$ 12.57

Date 4-10-45
Other Credits.

Total 228.27

Prev.dist. 12.57
This dist. 215.70

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All		To the Estate of Mrs. Nellie Schacter, deceased beneficiary, C/o Max Schacter, 4173 Colonial Ave., Montreal, Que.	215.70
		F4. TO TREAS.	
		NOV 1 1945	
			WSG

AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$215.70
CLASSIFIE	BY		EXAM	INED BY	
	M.		For C	hief Treasu	ry Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel Director of Estates

AUDITED FOR PAYMENT

File No 405-1-20364

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No.	137473 N	amo 10		2, 722021	
Rank on Di	scharge	pete.	Date	of Discharge.	20-1-44 Deceased
Authority:	for Discharge	or Retire	ment		- Cooaseu
Served in:				N	n-qualifying service
Canada	from 16-	10-42	_to _2	7-3-43	- with the state of the state o
	Trom		to		
United	from 28	3-43-	_ to	26-10-	4.3.
Kingdom	from		to		
Italy	from 27-	10-43	to	20-1-214	A delander of the second of th
Northwes Europe	trom		to		
	- from		to		
	- from		to		
**************************************	for award of				
	aly Star			Acres 18	
Fr	ance-Garmany	nemplate and the following the second			
De	efence Medal.		2/		
Wa	ar Medal	The state of the s			
CE	inadian Volun		ce Medal	TO A C	
			A STATE OF THE PARTY OF THE PAR	Verified by	15-8-46.
	VO RIBBO	V DESO		DateCarded	AUG 16 1946

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

N	o., RANK and NAME D-137473 Pte.	Schacte	r M.	(Dec	d)			• • • • • • • • • • • • •	
	C-96325 Pte. Desor	meaux J.	M.	*	. DAT	E24.	Mar. 44		
511111	Jewish Religious Books Jewish Calendar Pr. Braces Writing Kit Money Belt Suit Underwear								

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

TRIPLICATE — with effects.

pt. ms Catheast.

for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

CI	C-96325 Pte. HECKED BY B-134006. Pte.	Desormeaux .Burden.H.	J.M.	•••••••	DATE2	L. Mar 44	
1 3 1	Tablecloth Centerpieces Cap Badge (Perth)						

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

TRIPLICATE — with effects.

H.E. Tulmer, 611 for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

Name:	SOUTH				No.:	harman de la company	
_ \ (tillic	Surname	Chris	tian Names				
	THE NAME OF STREET		Window O/D		20/1	144	
Rank	•••••••	Unit			Dat	e of Death	
				AMOUNT			
					L.P.C\$	And was	
		Date: 15/9/12		• •	Other Credits		
					Total	17.57	

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
	Mother	Alvs dellie Schacter, Alvs Colonial ave., MCNINEAL, Quobec.	
		(Sole beneficiary per Will)	
	T	DE FORWARDED BY REG. MAIL DIRECT.	
		P4. TO TREAS. 8/1/45-02	

AUTHORITY H.Q. SUB. H.Q. F.E. No. AMOUNT OBJ. PRI VOTE 00 15.5 COL 9999 77 00 EXAMINED BY CLASSIFIED BY Original Signed by K. L. McCUAIG For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by L. M. FIRTH

> (L. M. Firth) Lt.-Colonel Administrator of Estates

AUDITED FOR PAYMENT