

D137979  
DIFALCO  
VINCENT



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# MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Rosina DiFALCO (MOTHER)

ADDRESS: 4648 St. Urbain St.,  
MONTREAL, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Rosina DiFalco (ENGLISH)

1739

ADDRESS: 4648 St. Urbain St., Montreal, Que., (MFM5.)

MEMORIAL BAR

(1) DATE DESP

REGN. NO

2800

(2)

DESP. DEC 8 1944  
REGN No. 9363

(3)



25-8-44

## AWARDS—CANADIAN ARMY (ACTIVE)

M

1739

500M-1-44 (3487)  
H.Q. 1772-45-8

FEB.

DiFALCO, Vincent

D.137979

Pte.

FILE NO. 405-D-17531

Hast.P.E.Regt.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON  
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

## CAMPAIGN MEDALS

1939-45 Star  
Italy Star  
War Medal  
CVSM & Clasp

## REGISTRATION NUMBER AND DATE DESPATCHED

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



No D.137979 Rank Private Name DIFALCO, Vincent  
Hastings  
Unit Prince Edward Regt. Date of death 25th August, 1944  
Died at Italy.  
Cause Killed in action.  
Death occurred on strength of Forces H.Q. 405-D-17531  
N/K Mr. Joseph Difalco, Relationship Father  
Address 4648 St. Urbain Street, Montreal, 18, Quebec.  
Remains buried in \_\_\_\_\_ Cemetery  
MR 137626 Sheet 109/II On rt hand side of track immediate  
ly south of Metaura River going east, Isola Del Piano,  
Grave location Italy.

CHK ✓



BURIAL REPORT TO N.K.

JUL 31 1945

RETURN TO BUR. OF STAT.

FEB 23 1945

ROYAL MESSAGE DESP'D.

OCT 9 1944

CAN. MESSAGE DESP'D.

SEP 30 1944

NOW REBURIALS,

Ancona Military Cemetery,

Ancona, Italy.

Plot 1, Row D, Grave 19

HI & CR Form Despd. OCT 24 1946

Photographs

Despatched

APR 2 1947



Received.....Checked.....Card.....Observations.....

ORIGINAL  
DUPLICATE  
TRIPLICATE

BE

FINGER-PRINTED

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.....INF(R)CA.....

Regimental Number.....D-137979

N.T. ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

## ATTESTATION PAPER

WSG  
COMPLETED

01  
PTE

1. Surname.....DI PALCO
2. Christian Names.....VINCENT
3. Present address.....4648 St.Urbain St., Montreal, Quebec, Canada.
4. Date of birth.....8 September 1912
5. Place of birth.....Canada.....Quebec.....Montreal  
(Country) (County or Province) (Town or Township)
6. Citizenship.....Canada  
(Of What Country are You Now a Citizen)
7. Religion (state denomination).....Roman Catholic
8. Trade or Calling.....Salesman
9. Married, Widower or Single.....single
10. Name of next of kin.....Mr Joseph Di Falco
11. Relationship.....Father
12. Address of next of kin.....4648 St.Urbain St., 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, .....VINCENT DI PALCO....., 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.....24-NOV 1942

(Signature of recruit)

### OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness.....

(Name)

(Rank)

(Signature of recruit)

### CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at.....MONTREAL SOUTH.....this.....24th.....day of.....NOVEMBER.....1942n.....19.....

(Signature of Magistrate, Justice or Attesting Officer.)

(Officer or Rank and Unit or appointment.)

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



5505

Record of Service of

DI PALCO

(Surname)

VINCENT

(Christian Names)

Regimental Number D-137979

## QUALIFICATIONS

Military

NIL

Business or Professional

NIL

Trade or Civil

SALESMAN

Technical

FR. ENG. ITALIAN

Languages

## EDUCATIONAL QUALIFICATIONS

High School

NIL

or

Collegiate

(years completed)

Graduation

or

Matriculation

(specify)

\*College

7 YRS PUBLIC SCHOOL

\*University

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.	Dated
Joined on appointment 25-11-42 DRO TOS NO 4 DISTRICT DEPOT CA.	PTE	24-11-42	4DD	MPL.STH	4DD PTII 284	25-11-42
SOS on transf. to CA(B)TC 41 Huntingdon, Que."		3-12-42	"	"	" " 291	3-12-42
TRANS ON TRANSFER FROM 4 LL	PTE	4.12.42	IC 41 HTINGDON,		21 II - 284A	
30.12.42 Grant 5 days New Year Leave 50% per day	"	29.12.42	"	"	" " 264	30.12.42
9.2.43 S.O.S. to A-12 Farnham P.Q.	"	9.2.43	"	"	" " 33-A	9.2.43
T.O.S. on temp attach on reposting from TC 41 Huntingdon Que and for ration from 9-2-43	"	10-2-43	A-12	Farnham	A-34	10-2-43
Granted spec l leave from 4-5-43 to 6-5-43 Aut to draw ration all at the rate of \$.50 per diem Arret 196 Warrant A300981	"	4-5-43	"	"	A/104	6-5-43
S.O.S. on proceeding to 5 C.I.R.U. Candian Army Overseas	"	12-5-43	"	"	A-109A	12-5-43

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

Name in full

## Part 1.

1. Age 30

a. Rheumatism

b. Tuberculo

c. Bronchitis

d. Heart dise

e. Kidney or

f. Stomach o

g. Rupture

h. Varicose v

i. Foot trou

j. Nasal trou

## Pneum

## Part 2.

Medical Officer

1. Identificati

2. Height

4. Complexion

6. Chest meas

7. Vision,

With Glass

9. Condition o

10. Blood Press

11. Urinalysis..

12. The abnor

Color v

Feet fl

13. Chest X-R

## Part 3.

reported in the

and Instruction

Special remark

E.E. LEE

Date NOV 1943

Date

NOV 25 1942

NOV 18 1943

NOV 25 1942

NOTE: Any con

rank an



## Date of Medical Examination

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

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

diseases whatsoever except as state

Vincent DiFolco

Signature of Applicant

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

13. Chest X-Ray..... *N* No. *127389* Laboratory at which taken *D.P.N.H. MONTREAL QUE.*

Special remarks when category lower than A

(Case) 7210101 rank 1st Lt Paul Choquette rank 1st Lt P.E. Bourgeau rank 1st Lt  
 President Member Member  
 E.E. LESAGE LIEUT. PAUL CHOQUETTE CAPT. P.E. BOURGEOU M.D.  
 Date NOV 23 1942

## VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 25 '42	TAB S / Robert Newell	29 APR '48	R-examined by Capt A. Stasthof Major
JAN 18 '43	13 / [Signature]		
NOV 25 '42	LNU / [Signature]		

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



Regtl. No. D-137979 Rank PTE Surname DI FALCO Christian Name VINCENT

[illegible]

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



(a) Report		(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
Date	From whom received						
			<i>Non Tradesman</i>				
			<i>C.A.(A.F.) CANADA ON</i>				
			<i>EMBARKATION ON 13 May 43</i>				
			<i>C.A.(A.F.) OVERSEAS ON</i>				
			<i>TRANSFER ON 14 May 43</i>				
			<i>D DISEMBARKED ON 22 May 43</i>				
			<i>CC - 5 CIRU</i>	<i>UK 23 May 43</i>		<i>Pte</i>	<i>79 26 May 43</i>
		<i>5 CIRU</i>	<i>Daily Rates of 1.50</i>	<i>UK 9 Jul 43</i>		<i>Pte</i>	<i>195 18 Oct 43</i>
	<i>SOS</i>	<i>5 CIRU</i>	<i>TO HOT DOG</i>	<i>UK 26 Oct 43</i>		<i>Pte</i>	<i>202 26 Oct 43</i>
<i>13 Dec 43</i>	<i>WE</i>	<i>ON EMBARKATION ON 27 Oct 43</i>	<i>TOB ON 28 Oct 43</i>	<i>Field 21 Dec 43</i>			<i>23 A/43</i>
<i>4 Dec</i>	<i>WE</i>	<i>Posted to 4 Bn</i>	<i>SOS to WE</i>	<i>" 21 Dec 43</i>			<i>2A/44</i>
<i>2 Sep 44</i>	<i>OC</i>	<i>TOS from 4 Bn</i>	<i>D.O. Killed in Action</i>	<i>" 22 Dec 43</i>			<i>2/44</i>
	<i>AFW3014</i>	<i>Dr 253</i>		<i>" 28 Aug 44</i>			<i>83/44</i>



# SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)

A.F.B. 103 (Part I)  
200M-8-42 (5892)  
H.Q. 1772-39-1649

Unit ~~INF (R) CA.~~ *Hast & PER*

Regimental Number *D-137979*

1. Surname..... <i>DI FALCO</i>		(17) Regiment or Corps <i>CIC</i>		Unit (Battn., etc.) <i>24PE</i>	
2. Christian Names..... <i>VINCENT</i>					
3. *Substantive Rank and Appointment.....					
*Acting Temporary or Local Rank.....					
giving date..... <i>24-11-42</i>					
*To be entered in pencil to facilitate alteration.					
4. Place of birth..... <i>MONTREAL QUE CAN</i>		(18) Medical.....			
5. Date of birth as declared on attestation..... <i>8 sep 1912</i>					
(A).....		Category <i>"A"</i>		Date <i>23-11-42</i>	Authority <i>MM 2</i>
6. Date of enlistment..... <i>24-11-42</i>					
7. Place of enlistment..... <i>MTL STH QUE CAN</i>					
8. Residence at time of enlistment..... <i>4648 ST-URBAIN ST. MONTREAL Q UE CAN.</i>					
9. (B) Special conditions (if any) of enlistment or rate of pay.....					
10. (C) Any subsequent variations of conditions of service.....					
11. Religion..... <i>ROMAN CATHOLIC</i>					
12. If married, state date..... <i>SINGLE</i>		(19) Next of kin (entries to be made in pencil).....			
13. Trade on enlistment..... <i>SALESMAN.</i>		<i>Mr. Joseph Di Faleo (father)</i>			
14. Corps, trade and grade.....		<i>4648 St-Urbain St. Montreal Que Can.</i>			
15. (D) Qualifications.....					
16. (E) Miscellaneous entries.....					
		(20) E			
		(21) E			
		(22) E			

## NOTES—

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.







CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

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

No., RANK and NAME ..... D137979 Pte Difalco V ..... Deceased  
Cdn 2 Echelon AAI  
RECEIVED FROM ..... M105819 Spr Spartz J N  
CHECKED BY ..... H66974 Sgt Munson N C ..... DATE 3 Nov 44

1	Leather Billfold	1	Red Eversharp
1	Cheque \$16.75 marked <del>NOT</del> Signature	1	Identity Disc
	Irregular	1	Small Box Camera
1	Nat. Reg Cert.	1	Roll of film
1	Membership card T Eaton & Co.	1	Pr scissors
1	Unempl. Ins. card	1	Razor in case
1	Employers card #3412	1	Shaving brush
2	Receipts 4th & 6th Victory Loans	1	Pen and Pencil Set (Black
	to OIC Estates	1	with name engraved
1	Post Office Book 27462 to OIC	1	Wrist watch "Superba"
	Estates	1	Small fork (Silver)
1	Civilian protection card	1	RAF Match holder
1	Soldiers Prayer Book	1	RCOC Cap Badge
18	Religious cards	14	Lire (Total ) notes Souvenir
2	Prayer beads	2	Stamps 8d to CPM.
	Snapshots		
	Postcards		
1	Italian Grammar		
1	North Africa Guide		
4	Personal letters		
3	Greeting cards		
1	Book of Cdn Stamps		
1	Nail File		
1	Pr Shoulder Bands w/ Set Div		
	Patches and Set Unit Flashes		
1	Pr Pyjamas		
1	Cap Badge HFE		
1	Pocket knife		
1	White broadcloth windbreaker		

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

  
for OC 1 Cdn KSD



UNITED STATES AIR FORCE

INVENTORY  
STATE BRANCH

Inventory of the  
UNITED STATES AIR FORCE

UNITED STATES AIR FORCE

UNITED STATES AIR FORCE

UNITED STATES AIR FORCE

UNITED STATES AIR FORCE





## RECORDS OFFICE

## CASUALTY REPORT

NAME (in full) DIFALCO, VincentNO. D-137979 RANK PTE UNIT HAST & P.E. REGT.

HOSPITAL (U.K. only) In which death took place, if applicable \_\_\_\_\_

R.U. (U.K. only) to which posted on admission to Hospital \_\_\_\_\_

CASUALTY KILLED DATE 25 AUG 44 LIST # A-487 PLACE AAT

If P.O.W. or INTERNED, NUMBER &amp; ADDRESS \_\_\_\_\_

PREVIOUSLY REPORTED \_\_\_\_\_ DATE \_\_\_\_\_

*M. Appleford*  
(L.S. APPLEFORD) Major  
Officer i/c R.5 Wing CAS. SECT.

## NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (If NO, Complete # 2)

2. NAME, (In full) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

3. ANY RELATIVES IN U.K. from M.F.M. 5. or any other source, including children born overseas. If NONE so state \_\_\_\_\_

Date of Marriage, if known \_\_\_\_\_

## WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ \_\_\_\_\_ BENEFICIARY \_\_\_\_\_  
(Relationship)

EXECUTOR \_\_\_\_\_

2. (Name) (Address)  
BANK ACCOUNT - NAME OF BANK, etc. \_\_\_\_\_ A/c.No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN \_\_\_\_\_

4. Particulars of DEBTS, Remarks, etc. \_\_\_\_\_

Date NOV 4 - 1944ORIGINAL - With WILL, if any to  
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

*E.E. Willan*  
(E.E. WILLAN) Capt.  
Officer i/c R.3 Wing Non-Effectives  
for Officer i/c Records  
CANADIAN MILITARY HEADQUARTERS.



H.Q. 405-D-17531  
R. 4 (B).

2nd April, 1947.

Mr. Joseph Difalco,  
4648 St. Urbain Street,  
Montreal 18, Quebec.

Dear Mr. Difalco:

I am forwarding herewith a  
photograph of the grave and marker over the burial  
place of your late son, D137979 Private Vincent  
Difalco, the location of which is grave 19, row  
D, plot 1, Ancona Military Cemetery, Ancona, Italy.

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

Yours faithfully,



Encl.

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

/EMA





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, Vincent DI FALCO, of the city  
(Name in Full) (City, Town, Village, Township)

Address in  
civil life.

of Montreal, in the County of Hochelaga  
District of

Province of Quebec, Salesman  
(Civil Occupation)

Regimental No. D-137979, Unit INF. (R) 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. Rosina DI FALCO

Residing at:-

4648 St. Urbain Street,  
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 residue of my estate, both real and personal,  
of whatsoever kind and wheresoever situate unto

(4) I appoint \_\_\_\_\_  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 25 day of Nov.  
19 42.

Signed and acknowledged by the Tes-  
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.

Vincent Di Falco  
(Signature of soldier)

First witness  
sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness  
sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]



J

NOTE

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

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.  
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as  
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"  
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"  
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"  
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.  
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.



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

Mr. Joseph Difalco,

4648 St. Urbain St.,

Montreal, P. Q.

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

and the following number quoted:—

H.Q. 405-D-17,531 7D 327

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

26 Oct. 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

DIFALCO

Vincent, Pte.

NO. D.137979

Canadian Army



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

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

JMR/BGS

*[Signature]*  
Director of Estates.

*return receipt.  
Bank + P.O. Acct. more inf.*



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Joseph Di Falco	70	4648 St. Urbain	
4	Mother of the Deceased.....	Rosina Di Falco	64	4648 St. Urbain	
5	Brothers of the Deceased	Full Blood	Sony Di Falco	38	4648 St. Urbain
		Half Blood			
6	Sisters of the Deceased	Full Blood	Assunta	24	4648 St. Urbain
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		

8	Full names of the deceased.
9	Date of his birth.
10	Place and date of his marriage.
11	Place and date of his parents.
12	Place where deceased was born.
13	State, in order, the Province resided before enlistment and
14	Nature of employment before
15	State whether he owned the so, where situated.
16	Name place where deceased permanent home.
17	Did he leave a Will? If in y
18	If married, and domiciled in the U.S.A. or in a Country, community of property between contract dealing with property
19	Did he have a Bank, Post Office give name and address of bank Do you wish it administered
20	Amount of War Savings Certificate where located.
21	Amount of Victory Loan Bonds whether registered or bearer
22	If deceased had life insurance payable under each policy and therein.
23	Describe other assets, if any space on page 4 if necessary.
24	Did the deceased after enlistment (a) His own separate bank (b) Service clothing and An itemized account for each hereto, and if same is "approved" and sign particulars.
25	Have you or any other relative part thereof? If so, amount paid, and by whom
	(NOTE:—The government and burial is made Overseas zone, and if a relative has authorized in the Regulation by the Government nor is it



QUESTIONS

of all the relatives that the deceased ever

ANT'S STATEMENT

Age ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative

70 4648 St. Urbain  
64 4648 St. Urbain  
38 4648 St. Urbain  
24 4648 St. Urbain

Address of their children

3.

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Vincenzo alias Vincent James De Falco
9	Date of his birth.	10 October 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Italy, Lughionesi,

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) (b) (c) Montreal (d)
14	Nature of employment before enlistment.	Salesman, J. Eaton Dept. Store
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal,

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Maybe a Military Will. Inquire at office Ottawa. They must have it. if a will
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?	
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?	Post Office Account, in England Bank also. yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	
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.	Yes Mr. E. Cappelli

(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

*Mrs. Assunta Cappelli - (Di Faleo)* 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.

Signature of Informant

*46 48 St. Urbain St. Montreal* Address

## CERTIFICATE

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

\*See above.

*(D 137979 Vincent Di Faleo)* is the *Sister* of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at

this *24<sup>th</sup>* day of

*November* 19*44*

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

*Rev. Father from Bertrand OSM, Curate* Qualification

Address

*6800 Henri-John, (Eglise M. D. de la Defense)*

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



Director of Estates

Regimental No. D137979 Rank Private

DIFALCO Vincent  
Surname Christian Names

Unit Hastings Prince Edward Regiment (CA).

Date of Death 25-8-44 Place of Death Overseas (Mediterranean).

Next-of-kin Mr. Joseph Difalco Relationship FATHER

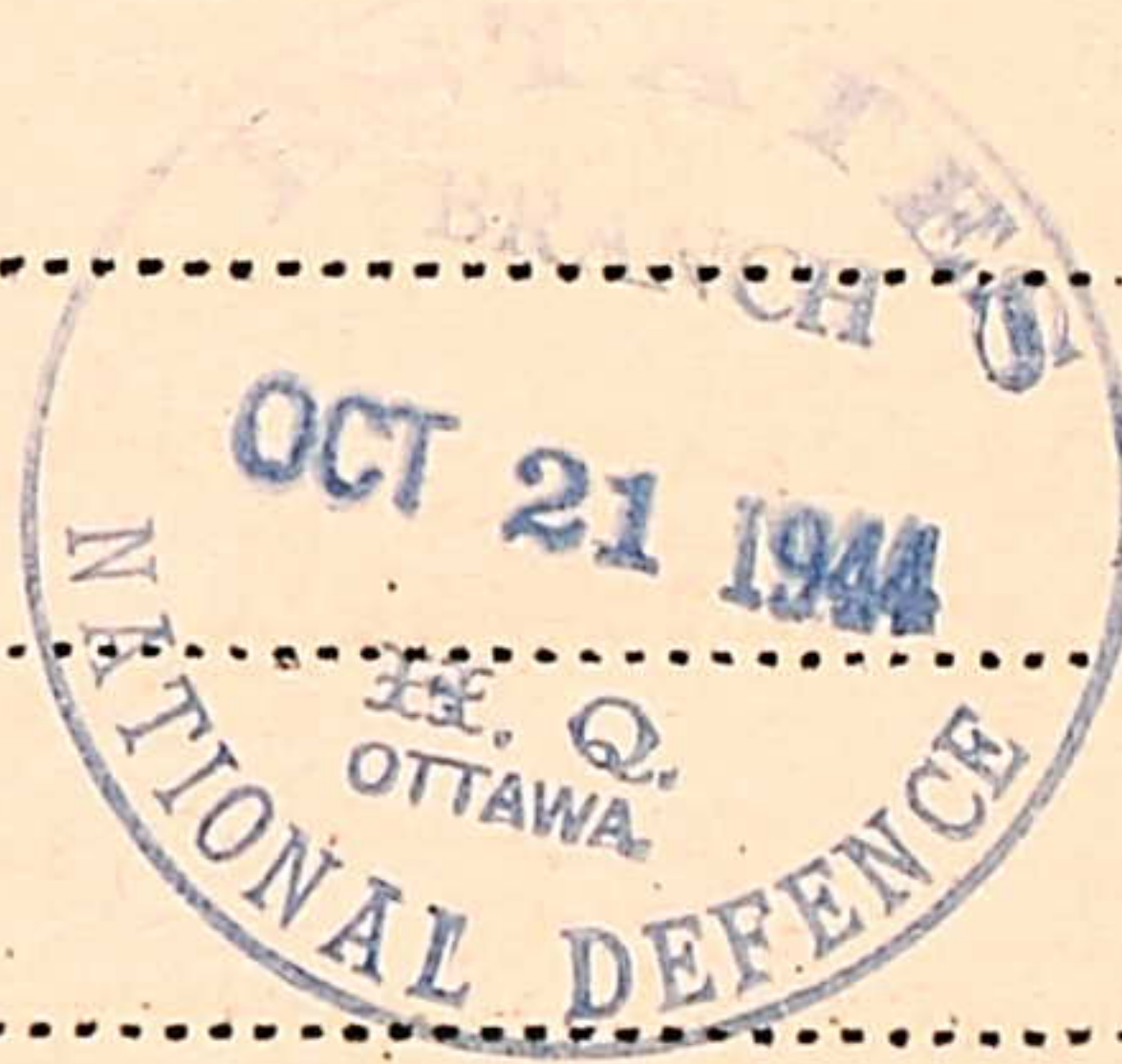
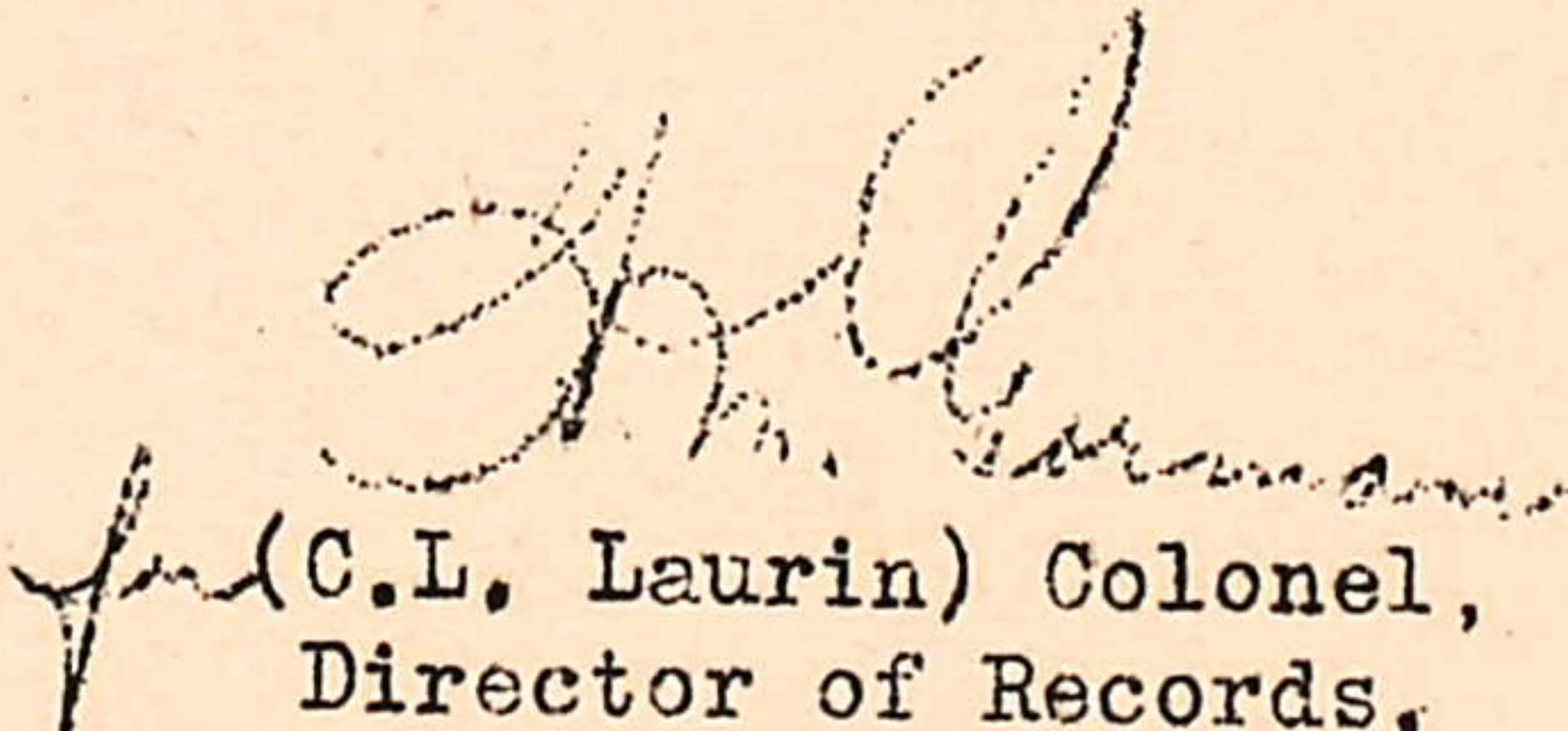
Address 4648 St. Urbain St., Montreal, 18, Que.

M.F.M. 5 Copy of M.F.M. 5 herewith.

Will Will d/25-11-42 herewith.

Date 19-10-44

JEC/LH

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



(11) Is your father alive?.....YES.....If so state name and address, occupation.....Mr. Joseph DI FALCO  
.....Tailor.....4648 St. Urbain St.... Montreal, Que., Canada.

(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?

(14) Is your mother alive?.....YES.....If so, state name and address.....Mrs. Rosina DI FALCO  
.....4648 St. Urbain St., Montreal, Que., Canada,

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

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

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?.....NIL

(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 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?.....YES.....If so, in what company?.....Excelsior Life  
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....YES  
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Date.....Nov. 25th. 1942.....

.....(Sgd). Vincent Di Falco  
(Signature of officer or man)

.....(Sgd). J. Caruwel, Lt. ??

Date.....Nov. 25th. 1942.....

Officer Commanding.....No.4 Dist. Depot. AF

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.)



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.....	DI FALCO	VINCENT
	(Surname first—Christian names in full—Block capitals)	
(2) Regimental or Official Number and Rank.....	D137979	Pte.
(3) Unit.....	Inf. (R) CA.	
(4) Are you married?.....	NO	(5) If married, state,
(a) Full name of your wife.....		
(b) Present postal address of wife.....		
(6) If married, have you been regularly supporting your wife? If not—state reasons:.....		
(7) Are you a widower?.....		
(8) Have you any children?.....		
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?.....		
If so, state her full name and postal address.....		



DEPARTMENT OF NATIONAL DEFENCE  
NAVY ===== ARMY ===== AIR FORCE  
**STATEMENT OF WAR SERVICE GRATUITY**

**4**  
**ARMY**

DECEASED  
MEMBER'S  
NAME

**Vincent**  
(CHRISTIAN NAMES)

**DIFALCO**  
(SURNAME)

REGISTER NO.

**D-11400**

FILE NO.

**405-D-17531**

DATE

**14-6-45**

SERVICE NO.

**D-137979**

FINAL RANK OR RATING

**Pte.**

DATE OF DISCHARGE

**25-8-44**

PAYEE **Mrs. Rosina DIFALCO,**  
ADDRESS **4648 St. Urbain St.,**  
**Montreal, P.Q.**

DATE OF TERMINATION OF OVERSEAS SERVICE

**25-8-44**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **641** EQUAL TO **21** COMPLETE PERIODS AT \$7.50

\$ **157.50**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **470** LESS **11** INELIGIBLE DAYS, EQUAL TO **459** DAYS @ 25c. PER DAY  
**SEE PAR. 2 OVERLEAF FOR EXPLANATION**

**114.75**

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

**DAILY RATES AT DISCHARGE**

**RECEIVED**

**JUN 20 1945**

**WAR SERVICE  
GRATUITY DIVISION,  
ARMY TREASURY**

PAY  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE

\$ **1.50**

\$ **1.25**

ADDITIONAL PAY

\$

\$

\$

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$

TOTAL \$ **2.75**

X7 = \$ **19.25**

NO. OF DAYS **470**  
183

X \$ **19.25**

**272.25**

**49.44**

**D. WAR SERVICE GRATUITY**

**321.69**

**E. DEDUCTIONS**

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$

**F. TOTAL AMOUNT PAYABLE**

**321.69**

**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  
**KRM**

CHECKED BY

TREASURY

CHECKED BY

DATE

**21.6.45**

SERVICE REPRESENTATIVE



Register No. D11400 ✓

Nominal Roll No. D254 ✓

To: P.M.G.

H.Q. File No. 405-D-17531 ✓

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D-137979</u> ✓	<u>Pte.</u> ✓	<u>DIFALCO</u> ✓	<u>VINCENT</u> ✓

**REASON FOR TERMINATION OF SERVICE:**

1st Enlistment KILLED ✓ CARO ( )  
 2nd Enlistment CARO ( )  
 3rd Enlistment CARO ( )

**Total Service**

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>24 Nov 42</u> ✓	T.O.S.	T.O.S.
S.O.S. <u>25 AUG 44</u> MD <u>05</u> ✓	S.O.S. MD	S.O.S. MD
Total Days <u>641</u> ✓	Total Days	Total Days

**Total Service**

641 ✓ DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	<u>191</u> ✓	—	<u>191</u> ✓
Overseas Service	<u>470</u> ✓	—	<u>470</u> ✓
Totals	<u>641</u> ✓	—	<u>641</u> ✓
Add Non-qualifying Service			—
<b>Total Service</b>			<u>641</u> ✓

**EMBARKATION DETAILS:**

1. Date S.O.S. Overseas 25 AUG 44 ✓ 2. Date S.O.S. Overseas

**REMARKS:**

Computer's Signature J. P. O'Leary

Checker's Signature J. P. O'Leary

Date Computed 16 MAR 45

**KILLED IN ACTION**

25 AUG 44 ✓

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.



CONFIDENTIAL

**Overseas:** T.O.S. 14 MAY 43 T.O.S. T.O.S.  
S.O.S. 25 AUG 44 S.O.S. S.O.S.

	Total	
--	-------	--



31st July, 1945.


Mr. Joseph Difalco,  
4648 St. Urbain Street,  
Montreal 18, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D137979 Private Vincent Defalco, have now been carefully exhumed from the original place of interment and reverently reburied in grave 19, row D, plot 1, of Ancona Military Cemetery, Ancona, Italy. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

/BMA

35



File No 405-D-17531

REBURIAL

NO D137979

RANK Pte.

NAME DIFALCO, V.

NAME OF CEMETERY Ancona Military Cemetery,

LOCATION OF CEMETERY Ancona, Italy.

GRAVE LOCATION Plot 1, Row D, Grave 19

AUTHORITY 54-27-88-2 Vol. 15

Reburial list.



# FIELD SERVICE

405-0-17531  
Army Form B. 2090A.

**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 } Hast & PER  
OR CORPS }  
Squadron, Troop, }  
Battery or Company }  
Officer's Personal No. (if known) } D137979 Rank Pte  
Soldier's Army No. }

Surname DIFALCO Christian Names V.

Died { Date 25 Aug 44 Place Italy  
Cause of Death\* Killed in action

Nature and Date of Report Rough Cas State d/27 Aug

By whom made Unit

\* 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.

On rt hand side of track immediately south of  
Burial { Place METAURA River going east, ISOLA DEL PIANO Date 26 Aug 44  
sh 109/II NR 137626  
By whom reported JF Goforth H/Capt HPER

State whether he leaves { (a) in Army Book 64 Not known  
a Will or not { (b) as a separate document Not known

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 } Field 4 Sep 44 Signature of Officer in charge of Section } WCDShelpc  
Date } Adjutant-General's Office at the Base }  
for Officer i/c



Director of Records, Dept. of National Defence.



405-D-17531  
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.137979, Private Vincent DI FALCO, of the Hastings and Prince Edward Regiment, Canadian Army, was killed in action on the 25th of August, 1944.

*C.L.*  
(C.L. Laurin) Colonel,  
Director of Records.

Officer authorized to sign certificates  
of death and/or presumption of death  
for the Canadian Army.

*JBH.*  
Department of National Defence,  
Ottawa, Canada.  
November 3rd, 1944.

*17*



14th September, 1944

Mr. Joseph Difalco,  
4648 St. Urbain Street,  
Montreal, 18, Que.

Dear Mr. Difalco:

It was with deep regret that I learned of the death of your son, D137979 Private Vincent Difalco, who gave his life in the Service of his Country in The Mediterranean Theatre of War on the 25th 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.

/FIS



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.137979** RANK **Private**

SERVICE UNIT **Hastings and**

**Prince Edward Regiment (CA).**

NAME **DIFALCO, Vincent**

DATE OF BIRTH DAY **8th** MONTH **September** YEAR **1912** Enlisted: **24-11-42**

MARITAL STATUS **single** Religion: **Roman Catholic**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Father** NAME **Mr. Joseph Difalco**  
ADDRESS **4648 St. Urbain Street, Montreal, 18, Que.** ADDRESS **Mr. Joseph Difalco**  
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS  
(IF SOLDIER  
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **173-A** **H.Q. 405-D-17, 531**

CASUALTY DETAILS **Killed in action** DATE **25-8-44**

**MEDITERRANEAN**

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

DATE **8-9-44**

**PAL**

OFFICER I/C RECORDS

**5**

**COPY FOR C.R. FILE**