D139356
BEIGLEMAN
DAVID

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MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Meyer BEIGLEMAN (FATHER)

ADDRESS: 3896 Clark St.,
MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW Single (M.F.M.5.)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Ida Beigleman, (M.F.M.5.)(ENGLISH)

ADDRESS: 1711
3896 Clarke St., Montreal, Que.

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 3876

(2)

(3) DESP. DEC 2 1914
REGN No. 85 81

10-8-44

AWARDS—CANADIAN ARMY (ACTIVE) M 1711

C.B.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-31,134

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BEIGLEMAN David	D-139356	Pte.	Indep.Mach.Gun Co.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star Defence Medal War Medal CVSM & Clasp	3197 — 13 - 10 - 49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DUPLICATE

"B" WING

(*Doit être remplie en triplicata*)

M.F.M. 103A
50M—4-42 (4204)
H.Q. 1772-39-1828

FINGER-PRINTED

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

B.E.

OCCUPATIONAL HISTORY FORM COMPLETED 0923 1ERS

PERSONNEL DE LA L.M.R.N.

C.A.C.
N.T.

FORMULE D'ENRÔLEMENT

E-215924 D-642232

N° de série de l'avis d'appel L.M.R.N. ..... Matricule .....

4

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° .....

2. Nom (Majuscules d'imprimerie) BEIGLEMAN

3. Prénoms en entier DAVID

4. Adresse actuelle 3896 CLARK ST., MONTREAL, QUE. CANADA

5. Lieu de naissance POLAND DAVID GRODEK HUBEL
(Pays) (Comté ou province) (Ville ou canton)

6. Date de naissance 18 JULY 1923 7. Confession religieuse HEBREW

8. Signalement: Taille 5-0½ Poids 125 Yeux BROWN Cheveux BLACK
Teint BROWN Marques particulières VACCIN ON RIGHT ARM

9. Marié, célibataire, veuf? SINGLE

10. Plus proche parent MR. MEYER BEIGLEMAN (Nom) Degré de parenté FATHER
3896 CLARK ST., MONTREAL, QUE. CANADA
(Adresse)

11. Profession ou emploi shipper

12. Service naval, militaire ou aérien antérieur NO
(Indiquer les unités et les dates de service)

13. Préférence pour la Marine? NIL Pour l'armée de terre? YES
(Arme)
Pour l'Aviation? NIL

14. Emploi dans une industrie de guerre, le cas échéant NIL

David Beigleman
(Signature de la recrue)

C Lauer 1. Lt
(Signature et grade de l'officier enrôleur)

2 DECEMBER 1942 194
(Date de la signature)

NO. 4-DISTRICT DEPOT A.F.

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° ..... à ..... Date .....

A accompli ..... jours d'instruction élémentaire.

.....
(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° ..... à ..... Date .....

A accompli ..... jours d'instruction supérieure.

Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? .....

Est passé dans ..... Date .....
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

.....
(Date, signature et grade de l'officier enregistreur)

"AR

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire .....

.....

ÉTAT DE SERVICE de BEIGLMAN (Nom) DAVID (Prénoms) N° matricule D-642232

Aptitudes

1. Navales, militaires ou aériennes NIL
2. Commerciales ou professionnelles NIL
3. Civiles ou de métier SHIPPER
4. Techniques NIL
5. Langue maternelle JEWISH Quelles autres langues parlez-vous? ENGLISH FRENCH

Degré d'instruction

6. École secondaire ou Académie 3 YRS (Années achevées) Graduation ou immatriculation NIL (Spécifier)
7. *Collège NIL
8. *Université NIL - 7th GRADE PUB SC (*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Lisez-vous et écrivez-vous? YES Savez-vous conduire une automobile? NO

Savez-vous réparer un moteur? NO Expérience culinaire? NO Passe-temps favori? BASEBALL

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport Date	Rapport Reçu de	État des promotions abaissements de grade, mutations, maladies ou blessures, rapports, etc.. à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation Daté le
4-12-42	DRO	PASSE du dépôt central de la L.M.R.N. N° TOS NO. 4 DISTRICT DEPOT CA.	PTE	2-12-42	4 DD	MTL STH	4 DD PT II 292	4-12-42
		S.O.S. on transfer to C.A.(B) T.C. 41 Huntin do Que	"	17-12-42	"	" "	" " " 303	17-12-42
		TRANSFER FROM 4 LL "HAVING BEEN ATTESTED CAA IS DISCHARGED FROM NRMA CLEARING DEPOT NO. 4 AND IS SOS THIS CENTRE". D-139356	PTE	18.12.42	TC 41	HTINGDON,	[illegible] - 16[illegible]	18-[illegible]-42
15-2-43	"		"	27-1-43	"	"	" " 25B	15-2-43

Page 2

N° matricule D-642232 Grade PTE Nom BEIGLEMAN Prénoms DAVID

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succints et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
DEC 4 '42	TAB-T Pulhert Lwick		URINE neg		
JAN 15 '43	J. Aber, Capt				
FEB 12 '43	13 Wt Braa Capt		X-RAY 159892 neg		
DEC 4 '42	VAC Pu				

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				

Received..... Checked..... Card..... Observations..... FINGERPRINTED & PHOTOGRAPHED

ORIGINAL
DUPLICATE
TRIPLICATE

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-139356

01
TPR

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

COMPLETED
55M

1. Surname BEIGLEMAN
2. Christian Names DAVID
3. Present address 3896 Clark St., Montreal, Quebec Canada
4. Date of birth 18 July 1923
5. Place of birth Poland (Country) David-Grodek, (County or Province) Rubel, (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Hebrew,
8. Trade or Calling Shipper,
9. Married, Widower or Single Single,
10. Name of next of kin Mr. Meyer Beigleman,
11. Relationship Father,
12. Address of next of kin 3896 Clark St., Montreal, Quebec Canada
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes.
D.648252 NTC 41 (HUNTINGDON QUEBEC CAMP)RF. From 2 December 1942 to ~~this~~ date.
(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, DAVID BEIGLEMAN, 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 28 JAN. 43 D. Beigleman
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness David D. Wauger Cpl D. Beigleman
(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 Huntingdon, Que. this twenty-eighth day of January 1943

W.K. Nelles
(W.K. NELLES) Major — Signature of Magistrate, Justice or Attesting Officer.
C.G.G. CA — 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

1401-

2-1-1

Record of Service of BEIGLEMAN (Surname) DAVID (Christian Names) Regimental Number D-139356

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS			
Military	NIL	High School or Collegiate	3 YRS. (years completed)	Graduation or Matriculation	NIL (specify)
Business or Professional	NIL				
Trade or Civil	SHIPPER	*College	NIL		
Technical	NIL	*University	NIL- 7th GRADE PUBLIC SCHOOL		
Languages	JEWISH & ENGLISH				

*(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						
11 Feb 43 4 DD Having been attested AF at CA(B)TC #41 Huntingdon Que is T.O.S. on having been discharged from the CA(R) and having relinquished his CA(R) status and regimental number, D-642232, is allotted regimental number, D-139356 and is shown as S.O.S. on trans. to the aforementioned T.C.	Pte	28 Jan 43	4 DD Mtl Sth	4 DD	t II #35	11 Feb 43
Having been attested C.A.A. and having relinquished C.A.R. status and Regt'l No. C.A.A. as shown by No. 4 D.D. and is T.O.S. this Centre.	PTE	28-2-43	TC41	HTINGDON	TC41	Pt. II 38A 28-2-43
23-2-43 " S.O.S. on transfer to A-27 Dundurn Sask.	"	23-2-43	"	"	"	" 45A 23-2-43
T.O.S. A-27 Cdn. Recce. T.C. on transfer from # 41 CABTC	Tpr.	24-2-43	A-27	undurn	A-27	DO# 50 27-2-43
Entitled to Increased rate of pay $1.40 per diem.	Tpr.	2-4-43	A-27	Dundurn	A-27	DO# 84 6-4-43
Qual. DRIVER WHEELED CLASS III	Tpr.	30-4-43	"	"	"	DO# 120 18-5-43
Furlough & leave of absence 28-6-43 to 13-7-43 incl. TW384723	Tpr.	28-6-43	A-27	Dundurn	A-27	DO# 155 25-6-43
Entitled to increased rate of pay $1.50 per diem.	Tpr.	11-6-43	A-27	Dundurn	A-27	DO# 189 3-8-43

Having been attested C.A.A. and having relinquished C.A.R. status and Regt'l No. C.A.A. as shown by No. 4 D.D. and is T.O.S. this Centre.

Having been attested C.A.A. and having relinquished C.A.R. status and Regt'l No. C.A.A. as shown by No. 4 D.D. and is T.O.S. this Centre.

D-139356

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BEIGLEMAN DAVID Place Mtl. Date of Medical Examination 28 January 1943.

Part 1. Information obtained from the recruit.

1. Age 19 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? yes
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.

D. Beigleman
Signature of Applicant

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

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

1. Identification marks or scars 2 vacs. right arm.
2. Height 5 feet ¼ inches. 3. Weight 132 pounds.
4. Complexion Dark Eyes Brown Hair Dark
5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 34½ inches. Range of expansion 2½ inches.
7. Vision, right 20/30 left 20/40
   With Glasses— right left
8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth good - few decayed.
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 & REFLEXES NORMAL
    DR. JEAN LAPOINTE.
13. Chest X-Ray N No. 169383 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

N.B. Freedman rank (President) J.E. Racicot rank (Member) A.G. Morphy rank (Member)

N.B. FREEDMAN CAPT. J.E. RACICOT M.D. A.G. MORPHY M.D.

Date 28 January 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
4 Dec 42	TAB 1 J. Lebec Capt		
15 Jan 43	3 J. Lebec Capt		
20-3-43			
4 Dec 42	Vacc J. Lebec Capt.		
6 Aug 43	Re Check D-1		

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-139356 Rank Pte Surname BEIGLEMAN Christian Name DAVID

STATION	Date of Arrival at the Station	Dates of						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

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

Statement of the Service of No. D-139356 Rank Tpr. Sheet No 1

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

Name BEIGLEMAN D.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		S.O.S. to P.of E.	Tpr.	12-8-43	A-27	Dundurn	A-27 DO#197	12-8-43
	T.O.S.	No.2(Temp.)Transit Camps DEBERT N,S,		13AUG43			74A	16AUG
	S.O.S.	No.2(Temp.)Transit Camp TOCDNARMYO/S		31AUG43			82B	31AUG
		SOS C.A. CANADA 12-9-43						
		TOS C.A. OVERSEAS 13-9-43						
		DISEMBARKED 19-9-43						
		TOS 1 Cac Ru	"	20-9-43	1 Cac Ru	U.K.	218	20-9-43
SOS		SOS to 29 a. Recce	Tpl.	3 Oct 43	1CAERU	UK	230	4 Oct 43
	T.O.S.	T.O.S. from 1 CAERU.	Tpr.	4 Oct 43	29 a.m.Recce	UK	44	8 Oct 43
C.84		Adm. to 1 Spec Hosp.	Tpr.	20 Dec 43	29a Recce	UK.	56	31 Dec 43
C84		Disch from 1 Spec Hosp.	Tpr.	10 Jan 44	29a Recce	UK	3	14 Jan 44
C84	SOS.	SOS. to 1 CAERU.	Tpr.	4 Feb 44	29a Recce	UK	9	19 Feb 44
C84	T.O.S.	T.O.S. from. 29 A. Recce	Tpr.	8 Feb 44	1 CAERU	UK	34	8 Feb 44
(C10) SOS	S	SOS to 6 CIRU	Tpr.	5 May 44	1CACRU	U.K.	109	5 May 44
(M.85)	T.O.S.	T.O.S. from 1CACRU	TPR.	6 MAY 44	6C.INF.RFT.U.	U.K.	108	7-MAY-44
SOS.		SOS. & X 4 list N. B Rang.	Pte.	22 June 44.	6 CIRU	UK	148	22 June 44
	TOS.							
		KILLED.	Pte	10 AUG 44	10 IND M.G. Coy.		CAS LIST AH 81	24 AUG 44

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

Name.....

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
SOS								
CSb	TOS	TOS from X4 LCIC	Pte	18 July 44	10 Ind M G Coy	21 A G	33	31 July 44
CSb		Embarked at VK on		20 July 44				
		Disembarked at Normandy on	Pte	22 July 44	10 Ind M G Coy	21 A G	34	7 Aug 44.
M140.		Killed		10 Aug 44.		AEF	A 481	
CN SOS		SOS Deceased Killed in Action	Pte	10 Aug 44	10 Ind M G Coy	21 A Gp	37	29 Aug 44

ORIGINAL

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 ~~C.A.C. CA~~ C/C Regimental Number D-139356

1. Surname	BEIGLEMAN	(17) Regiment or Corps: ~~Ledn Recce~~ 29 Can Armd Recce Regt (S.Alta.R.) C/C; Unit (Battn., etc.): ~~A 27 Lt.~~
2. Christian Names	DAVID	
3. *Substantive Rank and Appointment	Pte	
*Acting Temporary or Local Rank		
giving date		
4. Place of birth	Rubel, David-Grodek, Poland	(18) Medical
5. Date of birth as declared on attestation (A)	18 July 1923	
6. Date of enlistment	28 January 1943	
7. Place of enlistment	TC 41 Huntingdon, Que.	
8. Residence at time of enlistment	Montreal, Que.	
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		
13. Trade on enlistment	Shipper	
14. Corps, trade and grade		
15. (D) Qualifications	Dvr w/c	
16. (E) Miscellaneous entries		

*To be entered in pencil to facilitate alteration.

Category	Date	Authority
"A"	28-1-43	C.M.B.

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

Mrs Meyer Beigleman (Faiga)
3896 Clark St
Montreal Que
Canada

(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: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		A-27	Qual. as Dvr. (Wheel) Class III	Dundurn	30-4-43	Tpr.	120 18-5-43
		"	Incr. rate of pay of $1.50 per diem	"	11-6-43	"	189 3-8-43
		1CACRU	SOS C.A. (Can) 12 Sep 43				
		1 CACRU	TOS C.A. (O/S) 13 Sep 43				
		1CACRU	Disembarked 19 Sep 43				
		1CACRU	TOS No. 1 C.A.C.R.U.	U.K.	20/9/43	Tpr.	218 d/20/9/43
		"	SOS to 29 cdn Cmd Recce Regt	alk	3 Oct 43	"	230 4 Oct 43.
26Sep43	DN7235	29CARR	TOS from 1 CACRU	Field	4Oct43	"	44 - 8 Oct 43
22 Dec 43	Ech	"	Adm 1 Cdn Spec Hosp	"	20 Dec 43	"	56-31 Dec 43
5 Jan 44	CR	"	Disch from 1 Cdn Spec Hosp	"	15 Jan 44	"	3-14 Jan 44
8 Feb 44	CR	"	SOS to 1 CACRU	"	7Feb44	"	9 - 19 Feb 44
		1CACRU	TOS from 29 Cm'd Regt (Recce)		8 Feb 44	-	34 8 - 44
		1CACRU	SOS to No. 6 CIRU(Auth 444 REMUS/ 1 (Org 1) d/1 May 44.	U.K.	5-5-44	Tpr	109 5 May 44
		"	Gtd 9 Dys P.L. with M.A.	"	5-Apr 44	"	107 3 May 44.
		6CIRU	TOS f/1CACRU + remustered in CIC	"	6 May 44	Pte	108/44
		"	SOS to X4 List N B Rang (Demand 1051)		22 Jun 44		148/44
X4	N.B.Rang	11 Bn	TOS from 6 CIRU	"	23 Jun 44	Pte	24 - Jul 44.
X4	"		S.S to N B Rangers	"	19 Jul 44	"	27 - " "
	10 Ind M G Coy (NBR)		TOS from X-4 List. CIC (13 Bn)	"	18 Jul 44	"	33/44
	—	do -	SOS deceased Killed in action	Field	19 Aug 44	"	37/44
	—	do -	Embarked UK. 20 Jul 44 Disembarked	France	26 22 Jul 44		34/44 amended by 37/44

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

---

(1) Name of Officer of Other Rank..... BEIGLEMAN DAVID .....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Air Force Number and Rank..... D-139356 Pte .....

(3) Unit..... C.A.C. CA .....

(4) Are you married?..... NO .....

(5) If married, state,

(*a*) Full name of your wife..... N/A .....

.....

(*b*) Present postal address of wife..... N/A .....

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

..... N/A .....

(7) Are you a widower?..... NO .....

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

Names and ages..... N/A .....

.....

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

.....

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

Name..... N/A .....

Postal Address..... N/A .....

.....

[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 N/A

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Meyer BEIGLEMAN
3896 Clarke St., Montreal, Que. Canada. (Shoemaker)

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? 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
$50.00

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? Brothers help and he does some work

(14) Is your mother alive? Yes

If so, state name and address Mrs. Ida BEIGLEMAN
3896 Clarke St., Montreal, Que., Canada.

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

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

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? N/A

(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 N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months
N/A

(18) Are you insured? NO

If so, in what Company? N/A
(Give number of policy)

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

D. Beigleman
(Signature of officer or man)

Date 28 January 1943

W. Kneller Major
for Officer Commanding NO. 1 CANADIAN ARMY TRAINING CENTRE

Date 28 January 1943

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.

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

D/39356

1. (a) Nom et prénoms (lettres moulées) BEIGLEMAN David (b) N° matricule D-642232
2. (a) Arme Army (b) Unité N.R.M.A.-4 D.D. (c) Rang Pte
3. (a) Date de naissance 1923 18 July (b) Avez-vous des personnes à votre charge? no (c) Domicile au moment de l'enrôlement Montreal Que. Can.
4. (a) Lieu d'enrôlement Mtl 6th Que. Can. (b) Date d'enrôlement Dec 2nd 1942

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 yrs old (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 3 yrs high school 7 yrs. public school
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu No
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? nil (c) Avez-vous complété votre apprentissage? nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? nil
9. (a) Quelles langues parlez-vous couramment? Eng. Jew (b) Quelles langues lisez-vous facilement? Eng. Jew.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? no

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Excellent Pads Co. Adresse Montreal Que, Can
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Canvas & pads makers
20. (a) Genre précis de votre occupation shipper (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 1 yr
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? yes (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? no (c) Désirez-vous retourner à votre ancien emploi? yes yes

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? No (b) Vous croyez-vous apte à exploiter une ferme? nil (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? No (b) Nombre d'années d'expérience effective dans la culture? nil (c) Dans quelles provinces avez-vous acquis votre expérience? nil

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) yes
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule to a lean a technical trade.

DATE December 4th 1942 194 SIGNATURE David Beigleman

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

C.A.C.(RECC) — Arm or Corps

Trade (if Tradesman or Trade Trainee)

(MG)GUNNER — Work in Arm (if Non-Tradesman)

I. B 139356 (B-~~64223~~2) | Pte | B E I G L E M A N David | R | 19 | A

Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

English | Jewish(C) | Montreal South, Que. | 3 Dec. 42

Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

D.D.-4 (Place Tested) | 3 Dec. 42 (Date Tested) | J. Grenier Capt. (By Whom)

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
131	III	9	14	15	12	16	14	22	29	38	28	65	English

Other Tests
E-215924

III. Educational Background

10th. grade but failed exams; Mtl: left at 17.
10 years schooling : commercial course.

IV. Occupational Background

Sales clerk; dry goods: 6 months:assistant bookkeeper(8 mon.)
Shipper 1 year.

V. Military Background

None.

VI. Other Personal History and Appraisal

Average intelligence.
Speaks fair Jewish.
Good stability.
Single : 4th of 5 , lives at home.
Good health.
Sports : football, baseball, swimming.
Good attitude towards army.
Cannot drive.
Can type a little, slowly. Has forgotten his shorthand.

VII. Recommendations

C.A.C.(RECCE) (MG)GUNNER NON-TRADESMAN

(Signed) J. Grenier Capt.
Army Examiner

L.G. (Sgt. T. H.)

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

6/1/43.

Says Training is alright.
Has decided he wants a Technical Trade.
Says as soon as he is promised a trade he will go Active.

(W.Sykes) Capt. A.E.
C.A.(B).T.C. No. 41.

Suitable for Overseas Service.

Debert Camp, N.S. 18-8-43

(C.L. Hall)-Captain,
Army Examiner

QUAL. DRIVER 1/c (M) III

DESIRES. ANY DUTIES. : 32 RECCE.
4 RECCE.

T.O.S. NOI. CACRU 20 Sept/43 A/Q Driver

Soldiers Qualification Card

Regt'l. Number D.139356 | Last Name BEIGLEMAN | First Name DAVID | Middle Names

Unit 1 C A C R U

1 Corps C A C

2 Nationality Can. | By Birth | By Naturalization — | Country of Birth Poland

3 Racial Origin

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

5 Age 18-7-1923 | 6 Height | 7 Weight | 8 Silhouette [1 2 3 4]

Eyes | 9 Colour of | 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 A1 ✓

Cause

Attitude to own health | To Medical attention

Health History

Education Level: Illiterate | E | S 9 (IX) (Grade completed)

Conduct during school life

17 / 18 University or Professional	Course Taken	Years Completed	Degree
19 Post Graduate	**Course**	**From—To**	**Degree**

Specialized Training:

20 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 & Yiddish. Written well

24 Main occupation: Description Shipper Estimate of skill

Duration (from—to) 1 year. Weekly Wage

Employer's Name and Address

50 "M"

Test	Score	SM	
1	9		S. Tot. 38
2	14		SM
3	15		
4	12		S. Tot. 28
5	16		SM
6	14		S. Tot. 65
7	22		SM
8	29		
Tot.	131	SM	Grade

9

51 OTHER MENTAL

Test

Score | L. Grade

Date

52 MECHANICAL

Test

Score | Grade

Date

52 CLERICAL APT.

Test

Score | Grade

Date

53 TRADE TEST

1 Score | G. | Date

2 Score | G. | Date

3 Score | G. | Date

4 Score | G. | Date

54 OTHER

Test

Score | Grade

Date

25 Second Most Important Occupation: Description: Assistant bookkeeper Estimate of skill

Duration (from—to) 6 months. 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 | 29 Auto | 30 Motorcycle

31 Farm Tractor | 32 Tracked Vehicle | 33 Power Launch | 34 Aeroplane

35 Accident Prone

Farming Experience: Wide | Limited

District | Type

Job promised after discharge | By whom? Name

Address

Other provision for post-discharge occupation

Type of work desired

Occupational history: Ambitious | Accidental

Stable | Erratic

36 Material Status: M | S ✓ | W | D | Sep.

Marital Problems (Remarks)

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

37 No. of Children | No. Brothers | No. Sisters

Position in family | 38 No. Dependents

Relationship of Dependents

Status of home in childhood

39 Hobbies: Photography | M | S | Radio | Engines

Mechanics | Other

40 Sports: (1) | (2) | (3)

Team Games and Position (1)

(2) | (3)

41 Ability to Entertain: Music: String | Brass

Woodwind | Percussion | Piano | Vocal

Theatrical | Other

CONFIDENTIAL

42 Previous Experience in Armed Forces

RAS
MAR 21 1944

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

43 CURRENT SERVICE: Date Enlisted 28-1-43 Place Enlisted

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
				Tpr		

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences.....

Civil Convictions..... Fines..... Hospitalization.....

49 Psychiatric ☐ ☐ ☐ ☐ ☐

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Driver (MT)	Class III	30-4-43	D.O. 120

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

Remarks re Outstanding or Limiting Factors

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

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

Reason for Joining Cdn. Army (if ascertainable).....

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

(2).....

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

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

Interviewed by..... Date.....

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

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-139356 RANK Private SERVICE UNIT 10th Independent Machine Gun Coy. C.A.C.(CA)

NAME BEIGLEMAN, David

DATE OF BIRTH 18th July 1923 DATE OF ENLISTMENT 28-1-43

MARITAL STATUS Single RELIGION Hebrew

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Meyer Beiglemnn

ADDRESS 3896 Clark St., Montreal, P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9498 H.Q. 405-B-31134

CASUALTY DETAILS Killed in action DATE 10-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NCL YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 24-8-44

14

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

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

No D.139356 Rank Private Name BEIGLEMAN, David

Unit _____ Date of death 10th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-B-31134

N/K Mr. Meyer Beigleman, Relationship Father

Address 3896 Clark Street, Montreal, P.Q.

Remains buried in _____ Cemetery

MR 087477 St. ~~Hilderts~~ Farms 7F/4, France.

Grave location

CWK

OVER

BURIAL REPORT TO N.K. MAR 7 1946

RETURN TO BUR. OF STAT APR 19 1945

ROYAL MESSAGE DESP'D. SEP 16 1944

CAN. MESSAGE DESP'D. 5-9-44.

REBURIAL

Bretteville-sur-Laize Can. Mil. Cem.
Bretteville-sur-Laize, France.

Grave 7, row D, plot 15 OCT 8 1946

HI & CR Form Despd.

Photographs
Despatched
AUG 12 1947

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: BEIGLEMAN (Block letters)

Given names: David

Do not write in this space

4. RESIDENCE

Street: Clark No. 3896

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): Poland

11. DATE OF BIRTH: July (Month) 18th, (Day) 1923. (Year)

12. AGE OF DECEASED: Years 21 | Months | Days | If less than one day old ....hrs. or ....min.

OCCUPATION

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

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	BEIGLEMAN, Mayer	
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: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 10th, (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 ....Date ....19.... (State which)

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.)

[signature] C.S.

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)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

APR 19 1945

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Meyer Beigleman,
3896 Clark Street,
Montreal, Quebec.

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-B-31,134 FD 500

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 28 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

Beigleman, David, Private, NO. D. 139356

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.

RECEIVED
ESTATES BRANCH
NOV 25 1944
H.Q.
OTTAWA
DEPARTMENT OF NATIONAL DEFENCE

for Director of Estates.

HO

M.F.W. 77
6-44 (4878)
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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		MEYER BEIGLEMAN	58	3896 Clark st
4	Mother of the Deceased.....		IDA BEIGLEMAN	50	3896 Clark St.
5	Brothers of the Deceased	Full Blood	BENNY BEIGLEMAN	29	3896 Clark st
			MORRIS BEIGLEMAN	27	3896 Clark st
			HARRY BEIGLEMAN	23	D137431 ESSEX Scottish REG C.A.O. B.L.A.
			Usher BEIGLEMAN	19	3896 CLARK ST
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	DAVID BEIGLEMAN
9	Date of his birth.	JULY 10, 1923
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	RUBEL, POLAND (about 1913)

PARTICULARS OF DOMICILE

12	Place where deceased was born.	RUBEL, POLAND.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) RUBEL, POLAND 1923-30 (b) MONTREAL, QUE 1930-42 (c) (d)
14	Nature of employment before enlistment.	OFFICE CLERK
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	3896 Clark St.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	—
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? YES.	The MONTREAL City & DISTRICT SAVINGS BANK 3730 ST. LAWRENCE BLVD - corner PINE AVE $61.99
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$10 - at 3896 CLARK ST.
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.	

(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

*.....Brother.....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.

.....Walter Beiglemann..... {Signature of Informant

.....3896 Clark st. mtl.....Address

CERTIFICATE

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

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

Dated at.....Montreal.....this.....23.....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. Nethercott..... Qualification.....

Address.....5140 Explanade.....

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

REGISTRAIRE DE DIVISION
DIVISION ADMINISTRATIVE "E"
OCT 26 1942
Services Nationaux de Guerre
MONTREAL, QUE.

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.

(See man's "Notice-Medical Examination" for Registrar's address)

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call Serial No:— E. 215924

IMPORTANT—EXAMINING PHYSICIAN. Please see man's "Notice-Medical Examination" and insert serial number here

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full ..... BEIGLEMAN (Surname) ..... DAVID (Given Names)
(Print in block letters)

Born: Place ..... Ruvel (City, town or village) ..... Canadian Province (or other country) ..... Poland ..... Date ..... July 18th 1923

Permanent Postal Address ..... 3396 Clarke St. (Street and Number) ..... Montreal, Que. (Rural Route and Post Office) (Town or City) (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism ..... No ..... Tuberculosis ..... no ..... Bronchitis or Asthma ..... no ..... Heart Disease ..... no .....

Kidney or Bladder Disease ..... no ..... Stomach or Intestinal Trouble ..... no ..... Rupture ..... no ..... Varicose Veins ..... no .....

Trouble with feet ..... no ..... Nasal Trouble ..... no ..... Ear Trouble ..... no ..... Eye Disease ..... no ..... Fits ..... no .....

Nervous or Mental Disease ..... no ..... Syphilis ..... no ..... Gonorrhoea ..... no ..... Have you ever worn Glasses? ..... yes .....

Have you ever been rejected for Military Service? ..... no ..... Are you in receipt of disability pension or compensation? ..... no ..... If so, from whom? .....
("Yes" or "No")

Place ..... Montreal (City, town or village) ..... Province ..... Quebec ..... Date ..... Oct. 24th 1942

(Signed): David Beigleman

Man examined must sign here in presence of examining physician: → Signature of man.

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

Short sighted wears glasses only for reading

Physical examination (the man must be stripped)

1. Height ..... 5 ..... feet ..... 1 ..... inches. 2. Weight ..... 126½ ..... pounds
3. Complexion ..... Dark ..... Colour of eyes ..... Brown ..... Colour of hair ..... Black ..... 4. Development ..... Good ..... {good / fair / poor} Strike out inapplicable words.
5. Chest measurement—Girth on full expansion ..... 34½ ..... inches
   Range of expansion ..... 1 3-4 ..... inches
6. (*a*) Vision without glasses—Right eye ..... 20-40 ..... left eye ..... 20-50 .....
   (*b*) If in possession of glasses: Vision with glasses—Right eye ..... no glasses ..... left eye ..... now broken .....
7. Hearing, right ear ..... N. 20 ..... left ear ..... N. 20 .....
8. Mouth and teeth .....
   Describe dentures, if any .....
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

1.- Fall arches ant-longitudinal

2.- Vision

PART III

I have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for:—

Category "A" .....
" "B I" ..... B I .....
" "B II" .....
" "C I" .....
" "C II" .....
" "D" .....
" "E" .....

(Signed):
Signature ..... J. Siminovitch M. D. .....
(Examining Physician)

Address ..... 413 St. Joseph Blvd W. .....

Date ..... Oct. 24th 1942 .....

(Important: See other side)

N.W.S. Form No. 1AR

162

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the " Physical Standards and Instructions for the Medical Examination of Recruits ", copy of which will be supplied to each " examining physician ".

3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's " Notice-Medical Examination."

4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

COPIE CERTIFIÉE CONFORME À L'ORIGINAL

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

(See National War Services Regulations, 1940 (Recruits).)

NOT FOR EXAMINING PHYSICIAN

The space below is reserved for Training Centre Medical Officer

Record in detail any disease or disability not previously described:—

A

Signature George Hanson M.D.
Training Centre Medical Officer.

Training Centre No. or Name D.D. #4

N.P.A.M. No.

2/12/42

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

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

Message Received from 21/CAS/2528

Time Message Received.....

Date Message Received 10 AUG 44

Theatre

Regimental No.	Rank	Name	Full Christian Names
D-139356	PTE	BEIGLEMAN	DAVID

Unit 10 IND MG COY (N.B)

SERIAL 370

CASUALTY PARTICULARS

KILLED 10 AUG 44

"A" 48

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 MEYER BEIGLEMAN Relationship father

3895 CLARK Str. MONTREAL P.Q.

con.

as above.

Home Town .....

Cable No. 9498

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

M106
M139

Verification Clerks Signature

13

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

405-B-31/34

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BIEGLEMAN, David

PLACE & DATE OF BIRTH David Grodek, Poland. 18 July 1923.

RANK Pte

REGIMENTAL NO D-139356

UNIT 10 Ind MG Coy (N.B.)

NEXT OF KIN & ADDRESS FATHER.
MR Meyer BEIGLEMAN
3896 Clark St, Montreal, P.Q. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 10 AUG 44.

PLACE OF DEATH France.

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 11 Aug. 44

CEMETERY ST. HILDERTS FARME
7F/4 MR. 087477

PLOT NO - ROW - GRAVE 4

DEATH CERTIFICATE NO.

RELIGION HEBREW

Noted 20

DATE 15 May 45.

(B.E.WILLAN) Capt.
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

17

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

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

District.....

Dispersal Area.....

Regtl No. D.139356. Rank and Name Beigleman, D. Tpr.

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

~~(Transfer or~~ Discharge).....to.....on 10th August, 1944.

Reason Death. Authority: C.C.L."A"481. d/24th August 44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	16	24
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
			Cash Effects. SOCR.16286	8	38
To Balance Cr Free	51	12			
To Balance Cr Deferred			By Balance Dr		
Total	71	12	Total	71	12

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

Remarks:

Assigned Pay $20.00 (F) Stopped eff. September, 44.

Compiled by W. Blackburn.

Checked by A Bell

Date 12th February, 1945.

Certified correct D. a Fowler
for Chief Treasury Officer, Overseas

AR.

H.Q. 405-B-31134
D.R. 2 (C)

7th March, 1946.

Meyer Beigleman, Esq.,
3896 Clark Street,
Montreal, P.Q.

Dear Sir:

Information has just been received from overseas that the remains of your son, D.139356 Private David Beigleman, have now been carefully exhumed from the original place of interment and reverently reburied in grave 7, row D, plot 15, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been temporarily marked with a wooden marker in the form of the Star of David 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,

R.

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

DCL/ET

File No 405-B-31,134

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D139356 Name BEIGLEMAN DAVID

Rank on Discharge Pte Date of Discharge 10-8-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 28-1-43	to	12-9-43	
	from	to		
United Kingdom	from 13-9-43	to	20-7-44	
	from	to		
Italy	from :-	to		
Northwest Europe	from 21-7-44	to	10-8-44	Killed in Action
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

---------- _____

~~Italy Star~~ _____

France-Germany Star OK ✓

Defence Medal OK ✓

War Medal OK ✓

Canadian Volunteer Service Medal OK } ✓ 7/6

with Clasp OK

M

Verified by Lieut Daley

Date 7-6-46

Carded JUN 7 1946

NPD

HA 165

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name BEIGLEMAN David No. D.139356
Surname Christian Names

PTE C.A. O/S 10-8-44
Rank Unit Date of Death

AMOUNT W.S.G. 248.28
L.P.C. $ 51.12
Other Credits 62.42
Total 361.82
Prev dist. 113.54
This dist. 248.28

Date 18-3-46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Meyer Beigleman 3896 Clark St., Montreal, P.Q.	248.28
		(Sole beneficiary under will)	
		DO NOT REMOVE FROM FILE	
			W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	248.28

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

W.S.G. 18-2-46

File No 405-B-31134

REBURIAL

NO D132356

RANK Pte

NAME BEIGLEMAN - D.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 7 Row D Plot 15

AUTHORITY 54-27-88-2 Vol. 20
Reburial list

HEBREW

WLG 8062 2
10481

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

~~NAVY~~ ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: David (CHRISTIAN NAMES) BEIGLEMAN (SURNAME)

REGISTER NO. D-20103
FILE NO. 405-B-31134
DATE 22-2-46
SERVICE NO. D-139356
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 10-8-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 10-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 560 (30) EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 333 LESS 20 INELIGIBLE DAYS, EQUAL TO 313 DAYS @ 25C. PER DAY	78.25
	213.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 ×7 = $ 19.25 NO. OF DAYS 333 (183) ×$ 19.25	35.03
D. WAR SERVICE GRATUITY	248.28
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	248.28

ESTATES BRANCH MAR 6 1946 H. Q. OTTAWA NATIONAL DEFENCE

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	TREASURY CHECKED BY	DATE
GMH	[signature]	G. Petitclerc	27/2/46.

[signature] Capt.
SERVICE REPRESENTATIVE

D 1774

FORM No. 1

Register No. C D 1613 Nominal Roll No. D-582

H.Q. File No. 405-B-31134

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
D 139356	PTE	BEIGLEMAN	DAVID

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 28 Jan 43	T.O.S.	T.O.S.
S.O.S. 10 Aug 44 MD O/S	S.O.S. Nil MD	S.O.S. MD
Total Days 561	Total Days	Total Days

Total Service 561 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	228	1	227
Overseas Service	333	nil	333
Totals	561	1	560
Add Non-qualifying Service			1
Total Service			561

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 10 Aug. 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
G. G. Wilson 10 Aug. 44

Computer's Signature

Checker's Signature A/Q/Mr Sgt

Date Computed 4 May 43

Served with P.M.G. D 643232
2 Dec. 42 to 27 Jan. 43

all Docs show above dates. T.O.S. & S.O.S.

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

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	14 FEB. 43	15 FEB. 43		1	1

Total 1

Overseas: T.O.S. 13 Sep. 43 T.O.S. T.O.S.

S.O.S. 10 Aug 44 S.O.S. S.O.S.

Total

MILITIA BOOK M. 1

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

Received

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

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-139356

Surname (in capitals) BEIGLEMAN.

Christian Names (in full) David

Date of Birth 18 July - 1923

Place of Birth RUBEL - David - ORODAK, Poland

Citizenship CANADIAN

Trade on Enlistment Shipper

Nationality of Father at Birth Polish.

Nationality of Mother at Birth Polish

Religion HEBREW.

Enlisted at T.C. 41. Huntingdon QUEBEC.

Date 28 JAN - 1943.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. T.C 41. Huntingdon. QUE. 2 - DEC - 1942 to date. D - 642232.

Signature of Soldier D. Beigleman

Signature of Officer E.A.H. Weddell Lieut

Place Huntingdon QUE. Date 28 JAN - 1943

(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	MR. MEYER BEIGLEMAN.	28-1-43.
	Mother	IDA BEIGLEMAN.	
3rd	*Brothers and Sisters		
	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

3896 CLARK st. MONTREAL QUE.

" " " " "

(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
28-1-43	Pte			[illegible]
11-6-43	Pte	$1.50	189/3-8-43	[illegible]

(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 Trng [illegible]

Completed 2 WR Basic Inf
Refresher 2/CACRU. 7 Apr. 44
R W Davies Lt.

Qualified in addition as under:—

Completed Advanced Trng in Accordance with a Standard Syllabus for a Cdn Recce F.C.

Date 10-8-43 G H White, Capt & adjo

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
I.O.E.I. Gas	1-4-43	
Anal Dam Gas Test	Basic	
" Mustard "	30-3-43	
G. DRIVER (W) CLASS III Canada	30-4-43	

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer

(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 X	Montreal P.Q	1940	Alexandre

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
19-2-44	5-5-44	Gate Guard	[illegible] Lieut
5-44	6-44	6 C I R H (M.M.G.)	RK Congdon Lt.

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
28-1-43	"A"	C.M.B.		[illegible] Lt
6-8-43	A1	M I M2	28-1-43	[illegible] Lt

(XIII) PRESCRIPTION FOR GLASSES

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

Ophth., Centre:

Date of Exam.:

Frame No. (or measurements):

Date of Issue:

Signature of M.O. ....

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

Ophth., Centre:

Date of Exam.:

Frame No. (or measurements):

Date of Issue:

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
27 apr 43	✓		proph	A. Pfeich Capt
19-6-43	✓		4F. PR	C. Keith Capt
29-4-44	✓		4F	W. M. Laporte Capt.
15/7/44		✓		[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
	4-12-42.	
T.A.B.T. (1)	15-Jan-43.	
T.A.B.T. (2)		
T.A.B.T. (3)	20-3-43.	
Typhus ½	17-1-44	
" ½	25-1-44	
" 1	31.1.44	
Booster (1cc)	29.4.44	
T.A.B.T. (1cc)	29.4.44.	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
4-Dec. 1942.	
29 April 44.	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-Ray No. 169383	28-1-43	
OCCUPATIONAL HISTORY FORM COMPLETED		
FINGERPRINTED & PHOTOGRAPHED		
"M" TEST (REV.) COMPLETE		
M.F.M 196 ..	CAN. 3.12.42	
9 Days Priv. Leave.	10 Dec 43.	
FINGERPRINTED—CAIB		
M.B.M.I Pt. III	11 FEB. 44	
PRIV LEAVE 5 APR to	14 APR 44	
BLOOD DONOR AGP II	13-6-44	
MFM 122 issued	3 June 44	
CHEVRONS SERVICE I.R	17-6-44.	
D.A. i.c.s.p check.	21/6/44	

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on pages 4 and 5 of this Book, but the Soldier must understand that the entries made there have no legal effect in respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Record Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Soldier's Will should **preferably** be made out on the Will Form,—M.F.M. 10 (English) or M.F.M. 10a (French)—provided for that purpose and on which are also printed a number of helpful instructions. These forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper **may** be used but in such case the general form of the Will as shown in the Form M.F.M. 10 or 10a should be carefully followed. The Soldier will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Soldier will also sign their respective names. If the Soldier cannot write, he will make his mark in the place

in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Soldier when he appeared to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Soldier's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 23 and 24 of this Book) **may** be used by a Soldier on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore a Soldier having a Canadian domicile and owning real estate should use the Will Form M.F.M.10 or 10a and appoint therein a responsible executor. A Soldier having a domicile out of Canada should not use the Short Form on page 24 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom a Soldier intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations **are** made by the Soldier in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada, except one, and of most English speaking countries provide that

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

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

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name
states that he has executed a Will and that the same has been deposited with
at Signature of Officer.
Date Rank or Appointment.

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

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at HQ HQ
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....
Signature of Officer.....
To whom sent.....
Unit or Dept.....

To whom sent. A/L
Unit or Dept.
Date Will extracted 3 Jan 44
Signature of Officer

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-135936

Surname (Capitals) BELGIEMAN

Christian Names in full DAVID

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

WILL

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

In the event of my death
I give all my estate to my
Father, Mr. Meyer Beiglemen
3896 Clark St, Montreal, Que

Signature D. Beiglemen

Rank, Regt'l Number D. 139356

Date Dec. 3, 1943

CANADA
BRANCH
JAN 23 1945
P. O.
OTTAWA
NATIONAL DEFENCE

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

WILL

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

(1) I, David BEIGLEMAN, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga

Province of Quebec, Shipper
(Civil Occupation)

Regimental No D-139356, 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.

D.B.

(2) I GIVE, DEVISE AND BEQUEATH unto my father, Mr. Meyer Beigleman, residing at 3896 Clarke, St., Montreal, Que., Canada, all my estate.

Relationship, names and address of residuary beneficiaries.

D.B.

(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)

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

IN WITNESS WHEREOF I have hereunto set my hand this 28 day of January 1943

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.

D. Beigleman
(Signature of soldier)

First witness sign here.

(5) Signature Ward W. Wanger
Civil Address 1638 Clarke St. Montreal, Que.
Civil Occupation Clerk.

Second witness sign here.

Signature George Walter Hildebrand
Civil Address 7420 Drolet St., Montreal, Que.
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

405-B-31134

FIELD SERVICE MBR

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

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 } ~~Alx R~~ NB Rangers Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D.139356 Rank Pte

Surname Beigleman Christian Names D

Died { Date 10 Aug 44 Place France

Cause of Death* K/A

Nature and Date of Report A.F.W.3014/92 d. 24 Aug 44

By whom made C.F. Alq R

* 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 St. Hilderts Farm 7E/4 087477 Date 11 Aug 44

By whom reported C.F. Alq R

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 6 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } A Racine Lieut for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

12

7th September, 1944

Mr. Meyer Beigleman,
3896 Clark Street,
Montreal, Quebec.

Dear Mr. Beigleman:

It was with deep regret that I learned of the death of your son, D139356 Private David Beigleman, who gave his life in the Service of his Country in France on the 10th 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.

(1)

Yours sincerely,

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

AUG 30 1944

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

/MEA

[redacted]e Copy

Quote No. H/Q.405-B-31134 (Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada, 24th August 1944

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. D-139356 Rank	Pte
Surname	BEIGLEMAN
Christian Names	David
Nature of Casualty	Killed in action
Date of Casualty	10-8-44
Address at time of enlistment	Montreal.P.Q.
Date enlisted:	28-1-43
	18-7-23
Date of Birth	Single
Marital Status (On enlistment)	Single
Marital Status (Present)	Shipper
Occupation	Mr. Meyer Beigleman
Name and address of Next-of-Kin	3896 Clark St., Montreal.P.Q

MCL

5

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