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Name GERTEL, Joseph No D. 175522 Rank Private. Date of death 8th July, 1944. Unit N. N. S. Highrs. Died at France Died of wounds received in action. Cause Death occurred on strength of Forces.H.Q. 405-G-11737 Relationship Mother. N/K Mrs. Marion Gertel, Address 3843 Arcade Street, Montreal, Quebec. Cemeter Remains buried in MR. 987813, Beny-Sur-Mer. France.

Beny-sur-Mer Canadian Military Beny-sur-Mer, France.

rave 1, row E, plot 11.

& CR Form Despos Despatched OCT 301946

1947

BURIAL REPORT TO N.K.JAN 111946

RETURN TO BUR. OF STAT. NOV 241944

AWARDS—CANADIAN ARMY (ACTIVE) (1658)



500M-1-44 (3467) H.Q. 1772-45-8

FB

SURNAME (IN BLO	CK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
GERTEL,	Joseph		D-175522	Pte.	North N.S. Highrs.
	,				
					FILE NO. 405-G-11736

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	9243 1-11-49						
O V O T O T O S D							
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)						

MEDALS AN	ND MEMORIALS—DECEASED PERSONNEL	REGISTRATION NO. DATE OF DESPATCH
(1) MEDALS PERSON ENTITLED T	o Mr. Israel GERTEL (FATHER)	MEMORIAL BAR
ADDRESS:	3843 Arcade St., MONTREAL, Que.	DATE DESP REGN. NO. 2630
(2) MEMORIAL WIDOW	CROSS	
ADDRESS: (3) MEMORIAL	CROSS	DESP. OCT 4 19/14
(3) MEMORIAL MOTHER		DESP. OCT 4 1944 REGN No. 2626
- 7 - 0 :	Mrs. Marion GERTEL, (ENGI	(3)
1658) ADDRESS:	3843 Arcade St., MONTREAL, Que.	
120		

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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

Signature of Magistrate,

Officer or Rank and Unit

or appointment

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military	High School) Gradua	AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY.
Business or Professional	Collegiate (years completed) Matricul	lation (specify)
Trade or Civil FUR OPERATOR.	*College*	
Technical	*University NIL	
Languages ENG. FR. POL. HEB. JEWISH.	7 Vrs. Public School	
Languages	*(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	Rank Shown	Effective Date	Unit	Place		Authority	
on Strength of Field Force	The state of the s				Part II D.O. No. Cas	. List, etc.	Dated
Joined on appointment 6-4-43 DRO TOS NO 4 DISTRICT DEPOT CA	GNR.	31-3-43	4DD	MTT. STH	4DD PTII	82	6-4-43
14 Apr 43 4 DD SOS ON TRANS TO CA(B)TC #48 ST JOHNS QUE	GNR	15 Apr 4	3 "	11	11 11	90	15 Apr 43
17-4-43 BTC 48 ATOS on transfer from no. 4 District Depot		16-4-43	BTC 48	St. John	BTC 48 DO	A-87	17-4-43
16-6-43 " SOS on transfer to T.C.A-23, Halifax, NES.	11	15-6-43	72	69	**	A-138	16-6-43
T.O.S. A23 T.C. f.a.p. (L.A.A. "A" Btyl)	#	16 Jun 43	A23 T.C.	Clkins Bk	6.	147	22 Jun 43
Gr'd Special Leave S.T. W. 442588/ A-238668. Gr'd 8d R.A.		25 Jul 43	**	***	D.O.	183	2 Aug 43
Granted increase in pay 10t	.,,	5-8-43	.7	بر		19613	19-8- 0
S.O.S. A23 T.C f.a.p. except pay on proceeding overseas	89	26 A ug 4	3 2	00		205/	26 Aug 43
S.0?S. A23 T.C. for pay purposes	69	31 Aug	-3 "	60		205	26 ug 43
03 S.O.S., C.A. Canada = 27 Ceugus							
S., C.A. Overseas 25 aug uz							
3 LARU	yma	2 Sentur	3 CARU.	UR.	178		2 Lept (1)

CERTIFICATE OF MEDICAL EXAMINATION

		Date of Medical Examination
Name in fullGERTEL JOSEPH		13 March 194
Part 1. Information obtained from the recru		
1. Age21 2. Have you ever suffered from		
a. Rheumatismno		
b. Tuberculosis or pleurisyno		
c. Bronchitis or asthmano		
d. Heart diseaseno	n. Nervous or mental disease	no
e. Kidney or bladder disease no	o. Syphilis	no
f. Stomach or bowel troubleno	p. Gonorrhoea	no
g. Ruptureno	q. Have you ever worn glass	
h. Varicose veinsno	r. Are you now or have you received disability possible compensation? If so, g	in the past
i. Foot trouble	compensation? If so, g	ive detailsno
j. Nasal troubleno		
I hereby declare that I have not suffered	from any diseases whatsoever eve	cent as stated above
. Hereby declare that I have not suffered	Trom any diseases whatsoever ext	Lept as stated above.
	Signature of	Applicant
Part 2. Information obtained by medical ex	amination THE RECRUIT	MIST BE STRIPPET
		TOOL DE STATE
Iedical Officer's Remarks on information as stated in	Part 1	
	••••••	
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1. Identification marks or scars. Two vacslef:		
2. Height feetinches		300
4. ComplexionMedEyesBrown	5. DevelopmentGood	Fair Poo
HairBrown		100
With Glasses— rightleft	8. Hearing, rightcv	
0. Blood Pressure:—SD(Required 1. Urinalysis		
2. The abnormalities (congenital and pathological) for		
COLOR VISION ISHIHARA (CN) EARS	S NOSE THROAT & REFLE	XES NORMAT.
		JEAN LAPOINTE
3. Chest X-Ray No. 16943 Labo	ratory at which takenDP	& N.H. Mtl.
Part 3. We, the examiners, find no evidence of		
eported in the remarks. We have examined the Recr	uit in accordance with the pamph	let "Physical Standard
nd Instructions for the medical examination of Recrui	ts" and he is found fit for Catego	ry**A**
pecial remarks when category lower than A		
Mindulan Gank	accell rank / U. K.	Wed Must
N.B. FREEDMAN CAPT. J. E. I	ACICOT M.I. A.G.	Member MORPHY M.D.
ate		
VACCINATIONS, INOCULATIONS, BOARDS,	RECLASSIFICATION OF MEDICAL CATE	GORY
Date Brief details and signature	Date Brief deta	ils and signature
APR 6 '43 Brief details and signature		
TAB. I COMMINIO		•
APR 6 43 VACCINATION IN		
-112 TART- TOGO.		
-0-43 1. e. 7 / W		
17/43 A confirmed prop		

Regtl. NoD.	75522 R	Rank	GNR	la		Surn	ame	GERTEL	•••••		JOSEPH		
				DAT	ES OF		Line			Remarks on nature of the disease	e how induced if mild or cove	rot if completely recovered from	
STATION	Date of Arrival at the Station	ir	Admission Hosp	on	fro	Discharg om Hosp	ge oital	DISEASE	Number of days in Hospital	Remarks on nature of the disease whether any particular treatment was whether mercury has been given. If an of Inquiry was held. Date of issue a	s adopted. In venereal cases st n accident, state whether it occi	ate nature of primary disease, and irred on duty and whether a Court	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year		Trospitai	of Inquiry was held. Date of issue a	and particulars of artificial teet	h or surgical appliances supplied.	Officer
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soldier's documents at all times.

R.C.A. A-A-M (Light)

Arm or Corps

accompany (Army) regimental Personnel Selection Record

English. French. Polish. Jewish.

Main Language Hebrew Other Language(s)

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

GNR. Regt. No.

Name (surname first)

Date Interviewed

II. Revised Examination "M"

M. D. -4 Place Tested

Montreal South,

Place (Unit) Interviewed

15-3-43 Date Tested

Quelist 30 mar /43 L. Breton, Capt. By Whom

III Subtests 17 14 15 16 9 12 23 35 Subtotals 46 25 70 141 II

English. English or French

Med. Cat.

Other Tests

III. Educational Background 12

Completed 4 years High at Baron Byng H.S., Montreal. Left at 17 for financial reasons. Average school work, never repeated any grade. Geometry was his best subject. Fairly good in Algebra.

A special course in Phylosophy for 6 months at Sir George Williams College

IV. Occupational Background

(Night).

1 month - Grocery clerk.

3 years - Apprentice in Fur Business. Was operator on sewing machine, and earned \$0.90 an hour when he left to join the Army.

Cur. Qual.

V. Military Background

Applied for enlistment in Active Army 13-3-43. Has received his first call.

T.O.S. 31-3-43

VI. Other Personal History and Appraisal

The man appears willing and cooperative. He is polite, well-mannered, and has a fair personality. He seems in excellent health and is strongly built (Height 5' 11", Weight 204 lbs.). He lived with his parents and was quite happy at home. Only one sister younger than him. Is active in sports; likes basketball and swimming. Is sociable with both sexes - has many boy and girl friends - goes to movies and concerts. Plays violin and piano, reads a great deal of Philosophy, novels, etc. Does not smoke, nor drink. Belongs to Jewish Movement. Is a Scout leader. The man is ambitious and would like to be trained as officer, but cannot be recommended as such. "M" score of 141 is rather low and the man lacks initiative and aggressiveness. Has a good education, fair learning ability, looks serious and dependable and should become an efficient soldier. (N.C.O. Material).

VII. Recommendations

R.C.A. A-A-M (Light) GUNNER

NON TRADESMAN

Army Examiner

(L.A.A.

Desires.

G. Benoit, Lieut.

M.F.M. 196 100M—8-42 (5847) H.Q. 1772-39-1016

V.D.C.

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP D-175522 - Pte. GERTEL, J.-first interviewed at M.D. "M" Test:-141-17/14/15/16/9/12/23/35 Has done satisfactorily at Basic Training Centre. Conduct is good. Understands allocation and there is no need for change. RCA A/A(MOBILE) (B) - Gunner, Non Tradesman C.A. (B) .T.C. (W.A. Wilkinson) Capt. A.E. St. Johns, Que. D-175522 - Pte. GERTEL, J. - first interviewed at M.D.4 on 1 Apr 43:

"M" Test Score; - 46/25/70 - 141. Applied for Paratroops and was quite serious in his intentions. However, he is a thinking man, and was in some doubt as to where he would be most suitable. This evidence of doubt, plus the fact that he is overweight and just a shade over 6', bring about the recommendation that he is not suitable for Paratroops. He was merely anxious to get into the front line and settle a score which he felt that he, as a Jew, should be allowed to settle. He did not want to stay in Canada for any lenght of time, and did not like the idea of extensive courses.

Not recommended as Paratrooper.

C.A.(B).T.C.48. St. Johns, Que.

11 Jun 43

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(W.A. Wilkinson) Capt. A.E.

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		1.11	

Joseph *Appointment Montreal *Appointment 31-3-43 South RATE OF PAY NR13 Date of Effective If liable D.O. No. Rank P.F. or A.S. Group Daily Rate REMARKS D.O.-Pen. Ded. Date Gnr. 23-10-43 207 No. ASSIGNMENTS DEPENDENTS' ALLCES. Deps..... Amount Effective Effective Date Application Name and Address of Assignees Relationship Amount Date Forwarded Date Awarded Mrs. Miriam GERTEL 3843 Arcade Street Montreal Que. 20 00 (Mother) Total *Outfit *Clothing }Allce. \$... In Receipt of Pension under Pension M. F. M. 14 200M-10-42 (6723) Yes H.Q. 1772-39-1662 Occupational Form Completed.

CONTINUATION CARD M.F.M. 14

	Regimental NoD-175522 Names	ur. Sertel, Joseph
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Part II D.O.	PARTICULARS OF CASUALTY
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M.F.M.—14A 40/P&S/67 (3400)	

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(DEATH) OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION RANK SERVICE UNIT NUMBER D-175522 The North Private Bootia Highlandors NAME GERTEL, Joseph DATE OF ENLISTMENT 31-3-43 DATE OF BIRTH August 1921 RELIGION MARITAL STATUS single Hebrew NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP NAME Mrs. Marion Gertel. ADDRESS ADDRESS D.A.B. Arcado Street, **ADDRESS** TO BE NOTIFIED PARENTS NAME **ADDRESS** IF SOLDIER MARRIED OVERSEAS AUTHORITY CAS. SIG. NO. H.C. 405-G-11,737 DATE CASUALTY DETAILS 8-7-44 M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO YES/NO NOTIFICATION TO A. OF E.? YES/NO NOTIFICATION TO A. OF E.? FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990 DIRECTOR OF RECORDS

COPY FOR DOCUMENT FILE

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(a)		(b)	(c)		(d)	(e)	(f)	(g)	
Repor	t		Record of all casualties regarding promo or substantive), appointments, transfers,	postings, attachments, &c.,	Diamet	Dotto of	A	Anna Form on other	
		TT-24	or substantive), appointments, transfers, forfeiture of pay, wounds, accidents, admit Hospital, Casualty Clearing Stations, &c. embarkation from a theatre of war (including with para. 2 of Note to Table I of Appendix II	Date of disembarkation and	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be	
Date	From whom	Unit	with para. 2 of Note to Table I of Appendix II Volume I	I of Field Service Regulations,				shown	
	received	5	volume 1						
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SERVICE AND CASUALTY FORM

Part I (For all ranks)

M.F.M. 4 (Part I) A.F.B. 103 (Part I) 200M—8-42 (5892) H.Q. 1772-39-1649

Unit. Halia Li A.	Regimen	ital Number	-L.(.0.02,2
1. Surname GERTEL	(17) Regiment or		Unit (Battn., etc.)
2. Christian Names			
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank			
giving date37-4/3			
*To be entered in peneil to facilitate alteration.			
4. Place of birth Gorzin Dolny Poland			
5. Date of birth as declared on attestation30Aug1.921			
(A)	Category		
6. Date of enlistment		13-3-43	Authority M.F.M.2
7. Place of enlistment MONTRELA SOUTH QUE CAN			
8. Residence at time of enlistment 3843 Arcade St Montre 9. (B) Special conditions (if any) of enlistment or rate of pay	ear que can.		
• • • • • • • • • • • • • • • • • • • •			
10. (C) Any subsequent variations of conditions of service			
λ			
11. Religion Hebrew			
12. If married, state dateSingle	(19) Next of kin (e	ntries to be mad	de in pencil)
13. Trade on enlistment			
14. Corps, trade and grade	-nu,	madel.	- Septel
15. (D) Qualifications			.,
16. (E) Miscellaneous entries	3.842	anda.	St. Honnes
			East
	(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.

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

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INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

DEPUTE TO DE PROPERTIE DE DES PORTE DE PROPERTIE DE PROPERTIE DE LA PROPERTIE

(1) Name of Officer or Other Rank GERTEL (Surname first—Christian names in full—Block capitals)
Joseph
(2) Regimental or Official Number and Rank. D-175522 Gnr
(3) Unit R.C.A. (M) CA
(4) Are you married? No.
(5) If married, state,
(a) Full name of your wife
a o de la company de la compan
(b) Present postal address of wife nil
(6) If married, have you been regularly supporting your wife? If not—state reasonsnil
(7) Are you a widower?
(8) Have you any children? Number of boys Girls
Names and agesnil
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been
regularly supporting themnil
Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized
Name
Postal Address
SEE OTHER SIDI

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Full Name	Israel GERTEL	
Address	MONTREAL QUEBEC CANADA	
Trade or Occupation	EGG CANDLER	
Place & Date of Birt	h (when Known) TARNOSZYNRAWA; RUSKA, PO	DLAND.
	18th January 1897	,
Subject of Citizen	POLAND	
Married Single Widower (Widow(Name of Wife	MARRIED	
Parents Subjects of Citizens	POLAND	
Age 36 years	Height 5 feet, 7 inches.	
Colour WHITE	Complexion LIGHT	F-1.048a
Colour of eyes BRO	WN Colour of hair LT. BROWN (PARTLY BALD)	\$*************************************
	ing marks LEFT INDEX FINGER CRIPPLED.	·
Countersigned		
	OSCAR CODERRE	
	Chief Clerk of Naturaliz	ation.
NAMES NAMES	OF MINOR CHILDREN DATE OF BIRTH PLACE OF	BIRTH
Joseph GERTEL 30	AUG. 1921 Gorzin, Doiny,	POLAND.

30699

THE NATURALIZATION ACT

CERTIFICATE of NATURALIZATION

I, the undersigned, Secretary of State of Canada, do hereby certify and
declare that Israel GERTEL whose particulars
are endorsed hereon, is hereby naturalized as a British Subject, that six is
entitled to all political and other rights and priviledges, and subject to
all obligations duties and liabilities to which a natural born British
Subject is entitled or subject, and that she has to all intents and Application having been
purposes the status of a natural born British Subject made therefor the minor children of the said Joseph GERTEL born before the date of this certificate whose names are endorsed hereon are included in this certificate in testimony whereof I have hereunto subscribed my hame and are the
Sealof the Department of the Secretary of State of Canada, this 28th
day of Jan. 19_33
This certificate shall be effective on and from 28th day of Jan. 19 33
Signed Thomas MCLARTEY Under Secretary of State
Sgd. C.H.CAHAN. Secretary of State.

CERTIFICATE RE : ALIEN

I Joseph GERTEL
REGIMENTAL No. D-175522 Bank PTE.
do solemnly declare the following to be a true statement;
PLACE OF BIRTH Gorzin, Dolny POLAND
DATE OF BIRTH 30th August 1921
FATHER'S NAME Mr. Israel GERTEL
FATHER'S ADDRESS CANADA QUEBEC (Country) (Prow., County or State)
MONTREAL 3843 Arcade St., (City or Town) (Street and Number)
FATHER'S NATIONALITY NATURALIZED CANADIAN
MOTHER'S NAME Mrs. Miriam GERTEL
MOTHER'S ADDRESS CANADA QUEBEC (Country) (Prow., County or State)
MONTREAL 3843 Arcade St., (City or Town) (Street and Number)
MOTHER'S NATIONALITY NATURALIZED CANADIAN
PORT OF ARRIVAL IN CANADA HALIFAX. N.S.
DATE OF ARRIVAL IN CANADA ? 1931
ADDRESS IN CANADA 3843 Areade St. Montreal, Que. (Last residence prior to enlistment)
WITNESS Joseph Gentler) WITNESS Joseph Lesaid (Signature of Soldier)
PLACE MONTREAL SOUTH QUE. CANADA
DATE: 5-4-43

To be made in triplicate

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

	Partie A—RENSEIGNEMENTS GÉNÉRAUX	LAISSEZ EN BLANC
1.	(a) Nom et prénoms (b) N° (b) N° (lettres moulées) matricule	EN BLANC
2	(a) Arme (b) Unité (c) Rang	
٥.	(a) Date de naissance. (b) Avez-vous des per- (c) Domicile au mo- naissance. (c) Domicile au mo- ment de l'enrôlement.	
4.	(a) Lieu d'enrôlement de la	
5	Partie B—INSTRUCTION ET FORMATION (a) Âgo à la sortio	
	(a) Âge à la sortie définitive de l'école	
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;"	
7.	Si vous avez fréquenté une université, indiquez-en le	= 1
8.	nom ainsi que la classe atteinte ou le grade obtenu	
ALL LA	déjà entré en dans quel complété votre pas complété, combien apprentissage? de temps y avez-vous passé?	
9.	(a) Quelles langues (b) Quelles langues	
<u>Maria</u>		
10.	Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT (a) Indiquez si vous étiez EN EMPLOI (b) Au moment de l'en-	
	(a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'en- rôlement. (Inscrivez simplement "En ouvrier ou société pro-	
	rôlement. (Inscrivez simplement "En ouvrier ou société pro- emploi" ou "En chômage", selon le cas; fessionnelle étiez-vous les détails sont demandés plus bas) membre?	
7	Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT	
1717	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	
	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 (b) Durée d'emploi dans cette occupation	
	le métier effectivement exercé	
- 1	ou le métier pour lequel vous vous estimez compétent	
	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	
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	
The Land	lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise	
	artie E-DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT	
LE	ES 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	
100	OL MONO ÉTIEZ À LIENDI OL DUNI DATRONI AU MOMENT DE LIENDÂLEMENT DRIÈRE DE DÉBONDRE AUX QUESTIONS 40 À 04	
18.	SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21 Nom du patron Adresse	
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.)	
	(a) Genre précis de (b) Nombre d'années d'expérience dans (ce travail pour le compte de tout patron	
	(a) Votre patron vous a-t-il formelle- (b) Votre patron a-t-il refusé de (c) Désirez-vous	
	ment promis de vous reprendre à promettre de vous reprendre à retourner à votre son service à votre licenciement? son service à votre licenciement? ancien emploi?	
	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	
20.6	dans ce commerce?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 (b) Vous croyez-vous apte (c) Si oui, dans quel	
25	terre après la guerre?	
	(a) Êtes-vous né (b) Nombre d'années d'expé- (c) Dans quelles provinces avez- (a) La vous acquis votre expérience?	
	Partie G—DIVERS	
	Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement?	
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.)	
28.	Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres	
1 2 1	que celles indiquées ailleurs sur la présente formule	
DA	TE DIE 5th SIGNATURE Parell Guill	
1245,593		Commence of the

Sheet No.

Statement of the Service of No. 275-3-22 Rank

Name Statel Joseph.

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	Part II D.O. No. Cas. List, etc.	
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(619)	Tos	705. Fran 1 CARU Jenustered.	Ple	7 April +	3 CIRU		82.	8 Ansty.
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		Disemparked au. Jan., 40. on.	Rf	9 Jme44	QORXL	MAGA	25-A	149mg 44
		Died of would		· · [· · · · · · · · · · · · · · · · ·				23 July July

Statement of the Service of No	Rank	Sheet No

Name....

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	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received		ILLEGIA DILOWI	Effective Date	ODL	Frace	Part II D.O. No. Cas. List. etc.	Dated
Cole So	S	SOS. Drid of Wounds	Tre	8 gulyy	NNSH	21 AB	39	28 July 44
								*

Sheet	No
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POSTINGS FROM O/S CASUALTY LISTS

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

	Regt'l No. \$ 1755	22 Rank	 •••••••	Surr	name	Le	rte	L	Christiar	Name Jose	ph	
	Unit	Hospt.	Mo. Y	ear D	Dischar		Hospt. Days		DISEASE OF INJURY		REMARKS	CAS. LIST No.
Rort	ti D'S. Highlande	200						Dud o	7 wounds 8-7	-44 Wan	Sed 8-7-44	a-472
			 			'						***************************************

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

Previous Experience in Armed Forces MAR 2 1 1944 ARM or CORPS Type (C.E.F., N.P., etc.) Years Highest Rank Last Discharge (Yr.) Special Training Received									47 Classification: Military Specialties and Trades CONFIDENTIAL					
ARM or CORPS	Type (C.	E.F., N.P.,	etc.) Years	Highest Rank	Last Di	scharge (Yr.)	Special 7	Fraining Received			Designation	Degree of Proficiency	Date	Authority
CURRENT	SERVICE	: Date I	Enlisted	31.3.1943		Enlisted								# "
Date From—to	Country	Corps	Unita	nd Sub-unit	Rank 44		Principal	Duty	Performance					
										55 Type of S	Service Desired (1)	(2)		
										Deportment	marks re Outstanding or Limiting Factors			
			10-14-							Appearance (grooming) Physical				
5 COURSES ATTENDED				PLACE	Dat	e: From—to		Qualified as	Rating	Map Reading Military Knowledge				
										Mechanical Knowledge				
6 Crime:	Courts Mar	tial Convict	ions	Major	Offences		1	Minor Offences						
	Civil Convi	ctions		Fines				Hospitalization						
9 Psychiatri	c .						YEAR OF BIRTH	PULH	EMS		n for Joining Cdn. Armyde to Interview: Antagonistic	Overanxious Co-operat	tive	rent
											Indicated: 51 52a	52b 53	Other	
										48	ested Possibilities (1)			
										Interv	riewed by		Date	
C.M.H.Q. 1000:115 10/P&S/1246(2609)										Revie	wed by		Date	•

	175522	GERTEL	30	SEPH				Dead CONFIDENTIAL
	egimental Number	Last Name (Block letter		First Name	Middle	Names		Unit 3 Caru
2	Nationality	By Birth By Naturalization	Polan	untry of Birth	50 "M"	Test 9 Score	1	Corps RCa
3	Father Similar Origin	Language spoken in home	: French	English	Tes. Score S.M	Sub-total	25	Second Most Important Occupation: Estimate of skill
	Mother	Other			17	46		Weekly
5	Age	ft		ilhouette 1 2 3 4	2	S.M.		Duration (from—to)
	Eyes 9 Colour of							
12	Hearing: Acuity 1 2 3		4 16	Sub-total 25	26	Third Most Important Occupation: Estimate of skill		
î			5 9	S.M.		Weekly		
114	Handedness R	A 15 Med. Categ	ory		. 6	Sub-total		
	Cause				12	70		Employer's Name and Address
	Attitude to own health	To Medic	al attention		7 23'	S.M.		
	Health History				8			Trade Union or Professional Society
16	Education Level: Illiterate	El()	Sec. 1.2(17)	Grade completed)	35	Grade		Vehicles: 27 Heavy Truck 28 Light Truck 29 Auto 30 Motorcycle
	Conduct during school life				Tot. 14	GIAGO.	31	Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane
17	University or		Years		English E	French	35	Accident Prone
18	Professional Institution	Course Taken	completed	Degree Year				
					51 OTHE	ER MENTAL		Farming Experience: WideLimitedNone
					Test			DistrictType
19	Post Graduate	Course	From—To	Degree Year	Date	Grade		Job promised after discharge?By whom? Name
-								Job
_					52a MECH	ANICAL APT.		Other provision for post-discharge occupation
20	Specialized Training:				Test			Type of work desired
1	1. (Course)	From—To	•••••	Completed ?	Date	Grade		Occupational history: Ambitious Stable Accidental Erratic Erratic
21	At	ТОЩ—10					=	Occupational instory. Ambridge
0	2. (Course,	From—To		Completed ?	52b CLEI	RICAL APT.	36	Marital Status: M
22	At				Test			Marital Problems
	A +	From—To		Completed ?	Date	Grade	37	No. of Children 38 No. of Dependents
-	A V						=	Relationship of Dependents.
	Other trades papers, Diplomas Certificates or Qualifications				53 TRA	ADE TESTS		No. of Brothers
					Trade and Grad	ing Date		
23	Languages: Spoken fluently	English French	febres Pol	ul Tant				Status of home in childhood
	Written well	•						Religious Denomination
		11. 1.	the (sean				39	Hobbies: Photography M
24	Main occupation: Description.	Machine open	Estimate	5.)			40	Mechanics Other (3)
		2	of skill Weekly	••••••	54	ОТПЪЪ		Team Games and Position (1)
	Duration (from—to)	2 yeurs.	Weekly Wage			OTHER	- 41	(2)
	Employer's Name and Address				Test	л J_		Woodwind Percussion Piano Vocal
			Date	Grade		TheatricalOther		

+ 4.

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

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

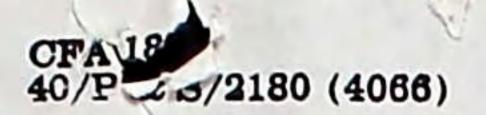
District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

			onon		
(Transfer or Discharge)			on 8th July	19	4.
Reason			Authority: C.C.L. "A"472. d/27	th Jul	7 4
The following is a statement of the account	of the above	a-named	from lst July to 31st July	19 4	4.
				Cr	
Particulars	Amour	nt	Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	29	7
First Monthly Payment			Regimental Pay. 31 days @ \$ 1.50	46	5
Casual Payments			Tradesmen's Paydays at\$		
	+				
Aggiomed Post	20	00	Additional Pay (Give particulars)\$		
Assigned Pay			Allowances (Give particulars)days		
Regimental Charges	· · · · · · · · · · · · · · · · · · ·		αυ	••••••	
Public Stoppages (Give particulars):		21 L L		3	
				•••••	
•••••••				•••••	
To Balance Cr { Free	56	23			
Deferred			By Balance Dr		
Total		23.00	Total	76	93
	76	20			
			BJECT TO ANY CHARGES ON THE REVERSE HEREOF		
Remarks:		,			
The same of the sa					
the second secon	.00.(M)	Stop	ped eff. August, 44.		
Assigned Fay #80	1111) Saat - 1111 Year 11 -	11 4		Titles and	
ALLEN DE CONTRACTOR DE CONTRAC	an laten	W.T.) sammalled aff. May 44.	Ine	
ALLEN DE CONTRACTOR DE CONTRAC	40 (6th	V.L.) cancelled. eff. May 44.	ALLO	
2. Assigned Pay \$8.			ed in balance B/F at lat Ju		
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2. Assigned Pay \$8.	ed is ir	aclud	led in balance B/F at lat Ju	1у 44.	
2. Assigned Pay \$8. amount re-credit	od1.s1.r	101110	led in balance B/F at lat Ju	1у 44.	
2. Assigned Pay \$8. amount re-credit	od. 1.s. 1r	1.21.0	led in balance B/F at lst Ju	1у 44.	
2. Assigned Pay \$8.	od. 1.s. 1.	101110	led in balance B/F at lst Ju	1у 44.	
2. Assigned Pay \$8. amount re-sredit	ed 1 s 1 r	101110	led in balance B/F at lst Ju	1 у 44.	
2. Assigned Pay \$8. amount re-credit	ed 1.5 1.	101110	led in balance B/F at lst Ju	1 у 44.	



CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

- P. N	G-52762 Pte M G-5591 pte par ase	A STATE OF THE STA		 •••••••••
Leather C Note Book Dictionar				
Jowish bo Leather F Letters News Pape				

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

for OC 1 Cdn KSD

HOMANS SETATES

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CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

No	., RANK and NAME D-175522 Pto. Ger	rtel J. (Decessed)	•••••••••••••••••••••••••••••••••••••••
	CEIVED FROM H.Q. No. 1 G.H.S.J M-16610 Pte. Funna ECKED BY B-126252 Cpl. Sisi	ell L.T.F.	
11 22111111	American Passport Photograph Snapshots High School Certificates Union Cards Bundle Letters Web Haversack G.I.RTS(RSD) Spare Parts Case G.I.RTS(RSD) Hebrew Cards Souvenir Book Book on Scotland Memo Book Note Book Hebrew Prayer Book Regimental Photograph		

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

TRIPLICATE — with effects.

Der El

Felicity.

1. Maads Road.

Guildford. Surrey

13.9.44.

The Officer i/c Estates, Cochspur Street, London. S. W. I.

Estertes

Dear Sir.

D-175522, Pta GERTEL, Joseph.

The above Pte Gertel, who was my france, was killed in Normandy on July 8th.

I shall be grateful if you will let me know what has happened to his personal belongings which he took with him to France. the also once mentioned that he had stored some books and other belongings in some depot and maybe you know where this is.

This mother Mrs. Gertel of Nontreal asked me to make this enquiry. I believe he left all his belongings to her.

her. Thanking you in auticipation,
Yours faithfully,
tedwig Neumann
(M:35)





VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D/	75522	Wane 6	Tertel	Joseph	<u></u>		
Rank on Di				of Discharge			
Authority:	for Dischar	ge or Reti	rement	<u> </u>	ceased		
Served in:				N	n-qualifying service		
Canada	from 31-	3-43	to	27-8-43			
	from		to				
United Kingdom	from 28	8-43	to	8-6-44			
	from						
Italy	from		to				
Northwes	e from	7-6-44	to	8-7-44	blied of Woun	d	
	- from		to				
	from		to				
	e for award 						
					The state of the s		
Italy Star France-Germany Star OK Defence Medal OK							
C	anadian Volu		vice Meda with clas				
NQ	RiBBON	DESPAT	CH	Verified by Date Carded	JUL 12 1946		

ARMY

BATTE

Name	GERTEL	JOSHPH Christian Names	No	
Rank	to.	Unit	B.7. his	e of Death
	Date	AMOUNT 2.47	L.P.C\$ Other Credits	220.74 55.23
			Total	276.97
SHARE	RELATIONSHIP	NAME AND ADDRI	ESS	AMOUNT
1/2	FATHER	ISRAFL GERTEL. 3843 Arcade St., Montreal, P.Q.		110.37
1/2	MOTHER	Mrs. Mirlam Gertel, ("s above.) (Co-beneficiaries under wi	11.)	110.37
		P4. TO TREAS. FEB 8 1947		
				W.S.G.

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel Director of Estates

AUDITED FOR PAYMENT

30M-1-46 (8630) H.Q. 1772-45-27

For Chief Treasury Officer

SERVICE NAVY ARMY AIR FORCE C.E.F. DATE OF DEATH 1/2 - Facheri-W.S.G. - 220.74 L.P.C. - 36.23 Parael Gertel 110.37 3843 arcade St., TOTAL 276.97 montreal, P.2. Prev. Dist. 56.23 1/2- mother: -Mis Dust. 220.74 Mrs. Miriam Gertel, 110.37 W. S.G. Co-heneficiaries underwell)

5M-1-46 (8548) H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ==== ARMY === AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

ARMY



Joseph (CHRISTIAN NAMES) GERTEL (SURNAME)

REGISTER NO. D. 24260

Director of Estates PAYEE

FILE NO. 405-G-11737 DATE 3-1-47

ADDRESS

SERVICE NO. D. 175522

DDRESS	SE	RVICE NO. 1.175522
	FINAL RANK O	R RATING Pte
ATE OF TERMINATION OF OVERSEAS SERVICE	~ ~ 11	ISCHARGE 8-7-44
TOTAL QUALIFYING SERVICE		\$ ¢
NO. OF DAYS 46	66 EQUAL TO 15 COMPLETE PERIODS	AT \$7.50 112.50
QUALIFYING OVERSEAS SERVICE OF DAYS LESS INELIGIBLE DAYS, EQU	JAL TO 300 DAYS @ 25c. PER DAY	75.00
SUPPLEMENT FOR OVERSEAS SERVICE		187.50
DAILY RATE	ES AT DISCHARGE	
PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.50 \$ 1.25	
ADDITIONAL PAY	\$	
	\$	
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
	TOTAL \$2.75 X7 = \$ 19.2	5
	NO. OF DAYS 316 X\$ 19.2	
	183	00.65
WAR SERVICE GRATUITY		220.74
DEDUCTIONS OVERPAYMENT OF	PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
OTHER DEDUCTIONS	\$	
		220.74
TOTAL AMOUNT PAYABLE		

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.

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$___

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

PREPARED BY CHECKED BY

TREASURY DATE CHECKED BY

SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY Register No. 24260 MEMBER'S NAME (Christian Names) (Surname) File No. 405-6-11737 PAYEE'S NAME Date 3 - /- 4/7 (Christian Names) (Surname) Service No. 2 - 175522 Final Rank Date of Discharge DATE OF TERMINATION OF OVERSEAS SERVICE 2.7-44 AMOUNT A. TOTAL QUALIFYING SERVICE No. of day 466 .Periods @ \$7.50 B. QUALIFYING OVERSEAS SERVICE No. of days less less Ineligible days, equal......Days @ 25c. per day C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay Subsistence Allowance Additional Pay Dependents' Allowance 1/30 \$..... TOTAL No. of Days_ D. WAR SERVICE GRATUITY Computed By Overpayment of E. DEDUCTIONS (1) Pay & Allowance (2) D.A. & A.P.

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

(This amount is payable in.....monthly

Other Deductions

\$..... × 30 = \$.....

instalments of \$.....each)

REMARKS

Entered By

F. AMOUNT PAYABLE

Region No	C.D. 2	FORM No. 1	Nominal Rol	1 No. D-6	18
				405-0-1	
To: P.M.G.		CANADIAN ARMY Computation of WAR SERVICE G	(ACTIVE) Service		
Regt. No.	Rank when S.O.S.	Surname		Christian Nan	ne in Full
D.175522	PTE.	OEBTEL.		J.a.S.E.p.11.	
REASON FOR T	ERMINATION OF SER	evice:			
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T	otals		46	6	466
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REMARKS:	O.S. Overseas.	22 y y y 2. W H I I	Date S.O.S. S T	Overseas	
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dates	. T.O.S. 4.	S 0.5 Serv	ice Grants A	ct, 1944, has been e	s under the War stablished, based
		/ OII Se	January 1		
			e. L. T.	AURIN,	ocey , N
500M—11-44 (601 H.Q. 1772-45-8	2)			Colonel,	R OF RECORDS.

Details of Non-Qualifying Service

Western Hemisphere-

Forfeits for	From	То	Effective Date	Days	Total
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CASUALTIES ONLY For purpose of W.S.G.	Register	No. C.D. 2245
Casualities include death subsequent to discharge.	File No.	405-G-11737
WAR SERVICE GRANTS	S ACT 1944	
	Ottawa	21st Feb. 194 6
To: Chief Treasury Officer, Dependents' Allowance and Assigned Pa	ay Branch	
Service No. D-175522		
Name Joseph, Gertel, Christian Name Surname		
Please supply the following information in named at the time of his discharge or deaduplicate along with the file to the under	th and retu	of the marginally ern this form in
	1	10 ce
	(K. W. R	ICE) Captain, ster-General. Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	1.	\$ 26/
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.	ikiem,	Estel 2000
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		
		The second of th
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		
4/3 194 6	For Chie	of Treasury Officer,
C.T.O., D.A.&.A.P.	D. A	A. & A.P. Branch
Overpayments of D.A. and/or A.P. recovered	d from W.S.C	÷. \$

194

for C.T.O.

Mrs. Marion Gertel, 3843 Arcade Street, Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D.175522 Private Joseph Gertel, have now been carefully exhumed from the original place of interment and reverently reburied in grave 1, row E, plot 11, of Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, 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,

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

for Adjutant-General.

DOL/IT

RECORDS OFFICE OVERSEAS. 405- 4- 11737

CANADIAN MILITARY HEADQUARTERS.

GRAVE'S REGIS	
NAME GERTEL Joseph	PLACE & DATE OF BIRTH Dolny, Poland.
RANK PTE	REGIMENTAL NO D.175522
UNIT NORTH NOVA SCOTIA HIGHRS	NEXT OF KIN & ADDRESS FIANCE,
	Miss Hedwig Neumann, "Felicity"
	1. Meads Road, Guildford, Surrey.
PARTICULARS	OF HOSPITALISATION
DATE OF ADMISSION	NAME & LOCATION OF
DIAGNOSIS	HOSPITAL
PARTICULARS	OF DEALE
DATE OF DEATH 8 JULY 44	PLACE OF DEATH FRANCE.
HRS	
HRS	
HRS	DUNDS
HRSCAUSE OF DEATHDIED OF WO	DUNDS
CAUSE OF DEATH DIED OF WO	OUNDS S_OF_BURIAL
CAUSE OF DEATH DIED OF WO	OUNDS S_OF_BURIAL
CAUSE OF DEATH DIED OF WO PARTICULARS DATE OF BURIAL 9 Jul.44 PLOT NO 4. ROW GRAVE 1.	OUNDS S_OF_BURIAL
CAUSE OF DEATH DIED OF WO PARTICULARS DATE OF BURIAL 9 Jul.44 PLOT NO A. ROW GRAVE 1. DEATH CERTIFICATE NO.	OUNDS S_OF_BURIAL
CAUSE OF DEATH DIED OF WO PARTICULARS DATE OF BURIAL 9 Jul.44 PLOT NO A. ROW GRAVE 1. DEATH CERTIFICATE NO.	OUNDS S_OF_BURIAL CEMETERY_Beny-sur-Mer. 987813,Gr.1.

For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

- (CASU.	ALTY	SECT	ION	ΕX	TRACT	FORM	-
						2		

Date Message Received .. 20 JUL 44.

ALL
REGIMENTAL NO. RANK NAME FULL CHRISTIAN NAMES D-175522 PTE GERTEL JOSEPH
UNIT NORTH NOVA SCOTIA HIGHRS UNIT SER.NO.
CATEGORY and DIAGNOSIS CONTINUED WOUNDED AND DIED OF WOUNDS 8 JUL 44
(PREVIOUSLY REPORTED DEAD BELIEVED KILLED IN ACTION 8 JUL 44)
Hospital Admitted to
NEXT, OF KIN MISS. HEDWIC NEUMANN RELATIONSHIP FIANCE
NOTE: If the Next-of-Kin resides in the British Isles or J.S. A. Mark RED X. In upper left-hand quare. Address Address
Cable No Gille. Inland Tel. No. 3041

REMARKS:-

Verification Clerk's Signature

*

ARMY

Name:	Surname	Christian Names	Joseph	No.:	.175522
	Pto		C.A. 0/S	••••••	5-7-44
Rank		Unit		Date	of Death
			AMOUNT		
				L. P. C\$	56.23
	Date:	9-4-45		Other Credits	
				Total	56.23

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
	father	Israel Gertel. 3843 Arcade St Montreal, Que.	\$28.12
	mother	Mrs. Miriam Gertel. (as above)	\$28.11
		(co-beneficiaries under will)	
		TO BE FORWARDED BY REG. MAIL DIRECT! P. TO TREAS.	G.

AUTHORITY

H.Q. F.E. No. VOTE PRI H.Q. OBJ. AMOUNT

9999

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

MAVY - ARMY - AMR The undermentioned bond (4) purchased under the Dominion Government Employees' Instalment Purchase Plan was (were) forwarded by Registered Mail on January 20. 1944 City, Town or P.O. in accordance with instructions shown on your application form. Dominion of Canada 572 Wictory Loan Bond(s) Series 2.1497874 Le Caracena Chief Clerk Employees' Instalment Purchase Plan

TO BE COMPLETED IN DUPLICATE

on other side before commencing to

WILL

40/P & S/423 (3767) 3/18B

complete.	
	(1) I, Joseph Shabathat GenteL, of the City, Town, Village, Township)
Address in civil life.	of Montreal, in the Gounty of Partier
	Province of Questice FOR OPERATOR (Civil Occupation)
	Regimental No. 2.1.7.55.2.2, Unit
Relationship, names and address of beneficiaries, and what each is to receive.	(2) I GIVE, DEVISE AND BEQUEATH Unto my mother MiRIAM GERTEL 3843 acade St Montreel P.Q. Canada half of my estate.
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 my father Israel Gertel of 13843 Areads & Montreal P. J. Sanada Secology MAY 1944
	(4) I appoint Israel Gentel 3843 areade St Montral Can (Name) (Address)
	Theree To be the Executor Executor of this my Last Will. (Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand this. 9 day of affail. 19.44
	Signed and acknowledged by the Testator as and for his last will 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.
First witness sign here.	(5) Signature Climpfott. Level Oltona Con Civil Occupation of Contact of Cont
Second witness sign here.	Signature Civil Occupation Civil Address Civil Occupation Civil
	(Witnesses are not to be beneficiaries.)



 Mrs. Marion Gertel,
3843 Arcade St.,
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.O. 405-G-11,737 FD 26

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

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

Gertel, Joseph Pte., Nov D.175522

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.

НО

Thruscally Director of Estates...

TAC

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ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

egrees			INFORMANT'S ST	ATEMI	ENT
egrees of Rela- tion- ship	RELAT	accounted for	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 D	eceased			
2	Children of the dates of their	Deceased and Births			
			yara dibana		
3	Father of the D	eceased	ISRAEL GERTEL	47	3843 Arcade St. Montreal.
4	Mother of the I	Deceased	Miriam Gertel	45	3843 Arcade St. Montreal.
5	Brothers of the	Full Blood			
	Deceased		Nil		
		Half Blood	Nil		
		Full Blood			
6	Sisters of the Deceased	Blood	Rachel Gertel	11	3843 Arcade Stre Montreal.
		Half Blood	Nil		
7	Names of brothers of the full or the Deceased, who a death of each.	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children
			Nil		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	GERTEL, JOSEPH,
9	Date of his birth.	August 30th, 1921.
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	Gorzen Dolny, Poland, June 15/
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Gorzen Dolny, Poland,
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(c)
		Quebec, since March, 1930.
14	Nature of employment before enlistment.	Fur Operator.
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, Canada.
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	I don't know.
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?	I don't know.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	I don't know.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	I don't know.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	I don't know.
	OTHER PARTICU	JLARS
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.	No
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.	No

DECLARATION
*Insert degree of relationship for example, "Widow", "Father", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Brother", etc.
* mother
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
Public or Commissioned Officer of any of His Majesty's Forces. 3843 Arcade Street, Montreal, Quebec. Address
CERTIFICATE
I hereby certify that to the best of my knowledge and belief
*See above. Name of \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
above described. The above Declaration was made by the Informant and signed in my presence.
Dated at Montreal, this 12th day of September, 1944.
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Signature of Clergyman, Commissioner Superio Qualification Court, District of Montreal.
Address 359 St. James Street, Montreal, Quebec.

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.)

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

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PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1)	Name of Officer or Other Rank(Surname fire	GERTEL st—Christian names in full—Block capi	tals)
		Joseph	
(2)	Regimental or Official Number and Rank	D-175522	Gnr.
(3)	Unit	R.C.A. (11) 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 y	our wife? If not—state reasons.	
(7)	Are you a widower?) 	
(8)	Have you any children?	of boys Girls	•••••••••••••••••••••••••••••••••••••••
	Names and ages		
(9)	If Dependents' Allowance is claimed in respe	ct of children—state whether	you have been
	regularly supporting them		•••••••••••••••••••••••••••••••••••••••
,		· · · · · · · · · · · · · · · · · · ·	
	Give particulars of Guardians to whom Depen	dents' Allowance should be paid-	—if authorized.
	Name		
	Postal Address		
			EE OTHER SIDE
		S	EE UIHER SIDEL

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?
	If so, state her full name and Postal Address
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
(11)	Is your father alive?
	If so, state name and address, occupation Mr. Israel GERTEL-Fur worker 3843 Arcade St., Montreal Quebec, Canada.
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
(13)	If sole or partial support of father who is a widower, totally incapacitated from earning a living
	-state what amount per month you have given him prior to appointment or enlistment
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support?
(14)	Is your mother alive? Yes
	If so, state name and address
	3843 Arcade St., Montreal, Quebec, Canada.
	If your mother is a widow, are you her sole or partial support? Partial support.
(16)	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistment
	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? father working
(17)	Are you contributing to the support of any dependents, other than those shown above? Yes. 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 Ruth GERTEL (10 yrs old)
	Postal Address 3843 Arcade St., Montreal, Quebec, Canada.
	Amount contributed monthly during the past six months
	included in parents! allowance.
(18)	Are you insured?
	If so, in what Company? (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium?
	I hereby certify that the information given by me on this form is correct in each and every particular.
	(Sgnd.) Joseph Gertel,
	Date April 5th 1943 (Signature of officer or man)
	(Sgnd.) ? ?
	Date April 5th 1943 Officer Commanding No. 4-District Depot A.F.
N.B.	Date

FIELD SERVICE

9/31B Army Form B. 2090A. (5504)

M.B.R

ORT 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	N.N.S.H.	Sc	uadron, Troop		
OR CORPS	5	Batt	ery or Company		
Officer's Per	sonal No. (if known) } .D.	-175522	Rank	Pte	
Soldier's Ari	ny No.				
Surname	GERTEL	Christian Names	J.		
Date	8 Jul 44	Place F	RANCE	•••••	
Died { Caus	se of Death*K/A				
Nati	are and Date of Report	A.F.W.301	4/62 d.21 Jul 4	4	
By	whom made	Cdn Sec GHQ 2	Ech 21 A Gp		
* Specially	y state if killed in action, or fatigue, privation or expos	died from wounds received sure while on military duty	in action, or from illne, or from injury while	ss due to field operations or to on military duty.	to
(Pla	ce Beny-Sur-Mer.	987813.	Date		
Burial { By	ce Beny-Sur-Mer, whom reported	*F.			
C	(a) in Army	Book 64			
State whethe	i lie leuves				
a Will	or not (b) as a sepa	arate document			
All priv	ate documents and effects red t should be at once forwarded	ceived from the front or hold to the War Office.	spital, as well as A B.	64, should be examined, and	if any
Any rep	ort received as to verbal expr warded to the War Office at	essions by a deceased office	er or soldier of his wish ied statement of the pe	nes as to the disposal of his erson who actually received to	estate he in-
A. B. 64 (after	ease of a soldier a duplicate of withdrawal of any will from	this report is to be sent the latter), for transmission	o the Paymaster at the n to the Paymaster who	Base, together with the dece	ased's nt.
Station and Date	England. 31 July 44	Signature of Officer in Adjutant-General's Officer	charge of Section Zarice at the Basefor	Officer i/c	1
			Cdn, Sec GHQ	2 Ech 21 A Gp	4

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DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE	Muni-	Official nam	e of					applies to this m	ver the word which unicipality or this	territory
OF	county IN THE FIELD (eivil municip	ship						lage Parish Tow	
DEATH	Street	No.		Hospital	or					
2. LENGTH	(a) In hospital Years Months Day	s (b) In munici- Years	Months	Days		Years Months	Days	(d) In Canada	Years Months	Days
OF STAY	or institu-	death occurred			(c) In Province .			(if immigrant)		
3. NAME			A Do north	mas art	CONFIDEN	TIAL MED	ICAL C	ERTHRICATE	DE DEATH	80
OF	Surname(Bloc	k letters)	Write in	1012 UA						
DECEASED	Given names		this space	22. Date	of death					.19 (Year)
[7]	Joseph			OO T III	REBY CERTIF	Y that I attend		d from	h	44
Street		No			ast saw h	alive	19	to		19
Municipal county		Province		and A	Cast Bert IIII			DEATH		
5. SEX 6. 9. If married grame of wife or huband of deceased	NATIONALITY (Citizenship) 7. RACIAL ORIGI	N 8. Single, Married, Widowed or Divorced (Write the word)		Give tion wh mode of asphyxia, Morbid rise to	dying, such as asthenia, etc. conditions, if immediate car	or complica- th, not the heart failure,	(a)	ed of word ceived in	unds n action	
10. BIRTHPLAC (Province or Court 11. DATE OF BIRTH	Poland Aug(Month) Years Months Days	Day) h (Year) If less than one day old		Other national tant) concausally cause.	II norbid conditiontributing to de related to	ns (if impor- eath but not immediate	(c)			
		hrs. ormin.		III ment	communicable distinctioned on this cert	sease is $\begin{cases} (a) I \\ \hline \end{cases}$	Date of app	earance		19
kind of teamster 14. Kind business, lumbering 15. Date	ade, profession or work, as spinner, r, office clerk, etc			25. If a v		a puerperal co	ndition?	of		
- WOINCU A	17. NAME	18. BIRTHPLACE (Province or		27. If de	eath was due to ex	cternal causes (violence) fil	l in also the following	ng:—	
FATHER		Country)		Acci	dent, suicide or h	omicide(Si	ate which)	Date	•••••••••••••••••••••••••••••••••••••••	.19
MOTHER (Maiden Name)	GERTEL, Israel		0	C	are of injury		(F	Iow sustained)		
19. Place of bur mation or	ial, cre-			Spec	ify whether injur	y occurred in or in public p	ace			
IIIation of	France									
20. Date of buris	al	19		Signe	edbe					M.D.
(a) I	Name of parish							Date		19
	or church			Addr		a in the form	1 20	-	in charge of Ro	gister of
CE O	Civil muni- cipality of Municipal county			2 A A	person who fill ner, hospital auth			Name of clergyman Civil Status in w burial was made.	hich registration	of this
(P) REC	Date(Month)	(Day) (Year)	The same of the sa	nature aut	horizes the colle	ctor to accept		(Voir l'autre	côté pour le frai	nçais)

MON 24 1944

Do not write in his space

1

3843 Arcade Street, Montreal, P.Q.

5th August, 1944.

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

Re: D-175522, GERTEL, J. 17:19

Dear Sir,

Acknowledgment is made of your telegram 15240, dated 21st July 1944, informing me of the death, by enemy action, of my son who is identified as above.

For personal and family reasons and if at all possible, it would be greatly appreciated if the following particulars could be supplied at your convenience.

- (1) When wounded and extent of wound
- (2) Whether attended by Chaplain
- (3) Disposal of personal effects (known to have kept a diary).
- (4) Where buried
- (5) Whether in single or multiple grave
- (6) Approximate length of time in action
- (7) Copy of Will.

Aug 8 1944
Nat Derence Hqr
Ottawa, - Canada;

I Sertel.)

34

MAIN FILE

Character and the manufacture of the control of the 0

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To base

12 0

8th August, 1944. Mrs. Marion Gertel, 3843 Arcade Street. Montreal, Quebec. Dear Mrs. Gertel: It is with deep regret that I learned of the death of your son, D175522 Private Joseph Gertel, who gave his life in the Service of his Country in France on the 8th day of July, 1944. From official information we have received, your son died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay. The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement. We pay tribute to the sacrifice he so bravely made. Yours sincerely, H. F. G. LETSON Major - General Adjutant - General (H.F.G. Letson), Major-General, GR/MM Adjutant-General.

3843 Arcade Street, Montreal, October 13th, 1943.

Department of National Defence, Ottawa, Ont.

Gentlemen: -

A. G. Branch

OCT 14 1943

Nat. Defence Hors.
Ottawa, - Canada:

I am taking the liberty of writing you this letter and trust that you will give same your kind attention.

My name is Israel Gertel and reside at No. 3843 Arcade Street, Montreal, I am the father of Joseph Gertel who is a gunner attached to No. 3 Canadian Artillary Reinforcement Unit, C.A.O. and whose No. is D-175522.

My son's call No. under the National Selective Service

Mobilization Section was Ell2507. On the 3rd of March, 1943 he received

a Certificate of Medical Examination No. 18271, which stated that "because

of his physical condition, he is not, for the time being, required to report for

military training."

About the same time my son enlisted for active service and on March 15th, 1943, he was advised by the District Recruiting Detachment M.D. NO.4, that he has been found medically fit for the Canadian Active Army, and to report immediately to the Central Reception Centre, 1121 St. James St. W., Montreal, which he did, and has left for overseas on or about August 28th, 1943.

The reason for my writing this letter is as follows:
My son suffers from a congenital fistula of the left side of the neck

just at the upper level of the thyroid cartilage about one inch from

the mid line. There is a clear mucus discharge coming away almost

continually. The suggested treatment for this was Bougies and Lip-

iodol injections. This fistula is chronic and is easily inflamed.

We have consulted many physicians since our son's birth. While some suggested operating others were of the opinion that this condition may return as they do not know the source of this fistula.

It is my belief that my son concealed his real condition from the medical authorities when being examined.

I would therefore humbly request that your Department investigate this matter and that my son be re-examined, especially as to this fistula, for I am certain that very often he may endanger both himself and others should his condition not be thoroughly investigated and acted upon.

I will be pleased to furnish you with any further information you may require in this matter.

Thanking you in anticipation and hoping to receive an early reply, I beg to remain,

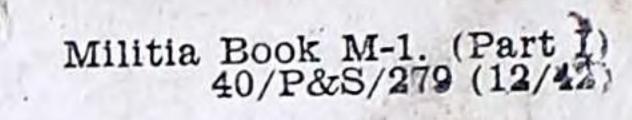
Sincerly yours,

I Gestel

P.S. I am enclosing herewith a Report of the Royal Victoria Hospital on the condition of my son Joseph Gertel.

STERS 0 732-91 Miss N. D. OX 24/43. Hon. S.L. Kalston, Munister of National Experse, OHarbo, Ont. blear Sie: I am writing this teller in the hope that you will mable me to locate my son, who is a member of the Candran not heard for a considerable leugth My pons name Trank are no follows GNAS LA J. GERTEL, D-175522
LAST adress "A" BTY, #1 TROOP, L.A.A. A-23-TC
ELKINS BARRACKS, HALIFAX, N.S. In have not heard from him for I have received a note from a facend oversear, payme that he met my son on a transport point overseas. That was rebout lasyou may well understand, Paux exceeding by worried sour This petuation,

son's whereabouts would do nuch to relieve my fears & appreheusions as to his safely. I succerely hope and pray, that you will be able to do something for me on this matter, as 9 am not m good health, and further worryme may bome me great harm. You as soon as possible, and I thank you we anticipation. Yours succerely (Mes.) S. Gertel 3843 Ascade St., Montreal, Que.



· 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 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 this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

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.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Com- plet- ed	Use authorized Abbrevi- ations and Symbols	Signature of Dental Officer
41/0143	~		N, L.	scho ho
14/44.		<i>V</i>	Cf.K.	melian In
		4		
	*			
220000000000000000000000000000000000000				

(1)	SOLDIER'S	NAME	AND	DESCRIPTION	ON
	the state of the state of	ATTES			

Regtl. No. 0175522.	
Strname (in capitals). 6EPTEL.	
Christian Names (in full). VOSEPH. SHABATHAI.	
Date of Birth AUG, 30, 1921.	
Place of Birth GORZIN DOLNY, POLAND.	
Trade on Enlistment. FUR OPERA TOR.	
Nationality of Father at birth. AUSTRIAIY.	,
Nationality of Mother at birth AUSTIPIAIV.	
Religion HEBREW.	
Enlisted at LONGUEIL, QUEBEO.	
Date 30 MARCH 1943-	
Particulars of former service (if any) i.e. Regtl. No., Corps and period.	
Signature of Soldier	
Signature of Officer and Ilm Spense.	
Place 3 CAPU GA. O. Date 26 56-27 43.	

Near	rest degree of elationship	Names	Date
	Wife		
1st	Children		
	Father	ISRAEL GERTEL.	26:5EA
2nd	Mother	MIRIAM GERTEL	26 5e/
	*D	RUTH GERTEL	26 SEA
3rd	and Sisters		
4th	Other Relations (stating) relationship)		

^{*}State whether brothers are older or younger.

NOW LIVING

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

	Latest know	vn Address in full	
	2.7		
		102	
	•••••••••••		
3942-1	APPLANT ST	o Min	
	1.1.C. A. Q.L	R, MONTA	F. A.L. G.LIF.
			ELEMENT E
7843-	ARMADE	500 May	VIREAL, QUE.
			VIAL HE, YUE.
3843-1	ARCA DE	STR. MOIN	TREAL QUE
		•••••	
			*
		,	•••••

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APPOINTMENT
P
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7
and
M
RANK
5

Signature of Officer

Authority of Part II Orders

Substantive, Tem-porary, Acting or Local (with or without pay)

Rank and Appoint-ment

Date

18

A

	(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas
	TRAINED (passed Recruit's Course as laid down for his arm of the Service) except that he requires further training in:—*
	Dasie Overreggs J.
	Lamb Baric Tring an Del
	Lemp Baric Tring & Alet
	Qualified in addition as under:—
	Class 111 Jun. L.a. 18.11. 43
	(Ocerseas) Willeung 18
Y.	
	12
4	•••••••
	•••••••••••••••••••••••••••••••••••••••

The state of the s

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Vante Sur Lag	18-11-43	Of Hyloung RT

(VI) SMALL ARMS RANGE COURSES

Year 43	Classification	If Table not completed, state parts fired	Signature of Officer
	71 Xyl	aB30	Merries

	•		

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
NIOR MATRICULATION	MONTCEAL QUE	1939.	Ell. Lepine H.

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
•					
*					
•••••			••••••	•••••	
•••••					
••••••					

(IX) EMPLOYMENT WHILST SERVING

Period	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From To	Nature of Employment	0.0. Coy., c.c.
		······································
		*

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



(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	gnature of Medi- cal Officer
3-43	A	medipal Donal. 6	oleping Lt
143	A	Conf	Mackaga
To the			

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Cent	- ,	Date of Exam.:
R	6/12	- 0.75	-0.58	180	6/6	Frame No. (measurement		Date of Issue:
L	6/9		-0.50	180	6/6	90-26.	7	
Sign	ature of M	1.0.	raf	Roth	vell			
	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Cent	re:	Date of Exam.:
2						Frame No. (measurement		Date of Issue:
			II) PAF		S OF DE	NTURES SUE		nature of Medical r Dental Officer
			- I and a second		S OF DE			
			- I and a second		S OF DE			
			- I and a second		S OF DE			
			Particula	rs		Date	Sig	nature of Medical r Dental Officer
		XIII) P	Particula	JLARS OF			CES	nature of Medical r Dental Officer
		XIII) P	ARTICI	JLARS OF		Date AL APPLIAN	CES	nature of Medical Dental Officer
		XIII) P	ARTICI	JLARS OF		Date AL APPLIAN	CES	nature of Medical Dental Officer
		XIII) P	Particula	TLARS OF	SURGIC	Date AL APPLIAN Date	CES	nature of Medical Dental Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT/2000 Typhus 2	27-10-43	TREPERE CALL
		/V /
	\n_	
		· · · · · · · · · · · · · · · · · · ·
		••••••••••
	CINATION	
Date Vaccinated	Signature	of Medical Officer
30-7-43		
12-2-44.	AJ De	und Capa
	-	•

(XVI) 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
Cettifiet!	of to	6 April
Prin- Leave OF T.W.	12/9/420	Harme H.
Pain leave F.T.W.	1 / 5/0 /1 /5	P. Cundal
P. CHAMBER TERR	0. Lt-	
		1 = 2 +

A soldier who has made a Will 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

Signature of Officer. Rank or Appointment.

Date.

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

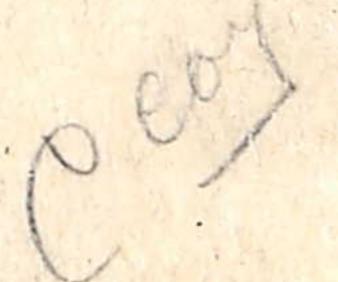
M.F.M. received and forwarded to the Officer i/c Records at Actor.

Signeture of Officer. Rank or Appointment. B-133952 B-134952 B-1349

STATE ON THE

MILITIA BOOK M. 1

PART III 40/P&S/1894(3620)



CANADIAN ARMY

Clothing and Equipment Statement

Regt No.	- 1.7 5523

Rank John.

Name Destel. al.

INSTRUCTIONS TO SOLDIER

- 1. You will always carry this book on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)
- 2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.
- 3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.
- 4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

- 1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.
- 2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will not be recorded on this statement.
- 3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.
- 4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.
- 5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.
- 6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.
- 7. See instructions re kit inspections on inside of back cover.

ARTICLE	QUANTITY
Anklets, web, prs	
Blouses, Battle-dress	
Bonnet, tam-o'shanter	
Boots, ankle, prs	2
Boots, rubber, high, prs	
Boots, leather, high, prs	
Bonnet, drab, Irish	Market 1
Cap, field service	1
Cap, mechanic	
Cap, tank battalion	
Drawers, Cellular short, prs	2
Drawers, Woollen, prs	
Gloves, knitted, drab, prs	
Freatcoat, drab	
nitials of Soldier	
Initials of QM or Rep	Soft.

ARTICLE	QUANTITY
Jacket sweater, or jersey pullover	
Overalls, combination	
Overalls, blouses, denim	X
Overalls, trousers, denim	X
Shirts, Angola, drab	2
Shoes, canvas, prs	
Socks, prs	3
Trousers, battle-dress, prs	71
Vests, woollen	2
Badges, cap	7
Badges, arm, drab, crowns	
Badges, arm, drab, crown in wreat	h
Badges, arm, Tank Bn	
Badges, shoulder, "CANADA", pre	3
Initials of Soldier	
Initials of QM or Rep	8 113

ARTICLE	QUANTITY		
Badges, arm, drab, Royal Arms			
Badges, arm, drab, Royal Arms in Wreath			
Bags, kit, universal			
Braces			
Brass, cleaning	X		
Brush, button, brass	X		
Brush, clothes	X		
Brush, hair	/		
Brush, shaving			
Brush, shoe, blacking			
Brush, shoe, polishing	/		
Brush, tooth	/		
Cap, comforter			
Chevrons			
Initials of Soldier			
Initials of QM or Rep	8		

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ARTICLE	QUANTITY
Combs, hair	
Discs, identity, sets, with cord	
Dressing, field	
Fork, NS Table	
Holdall:	
Housewife, complete	
Knife, clasp	
Knife, table	
Lanyard, knife	
Razor, safety, with blade	
Patches, distinguishing, prs	
Shorts, gymnasium	
Spoon, NS dessert	
Vest, cotton, gym	
Initials of Soldier	
Initials of QM or Rep	

ARTICLE	QUANTITY		
Towels, hand	2		
Unit or Corps titles, prs			
•••••			
Attachments, brace			
Bag, ration			
Belts, waist			
Bottles, water			
Braces, WE Right			
Left			
Carriers, cartridge			
Carriers, waterbottle			
Cases, binoculars			
Cases, pistol			
Covers, breech, rifle	The state of the s		
Initials of Soldier			
Initials of QM or Rep	5		

ARTICLE	QUANTITY.		
Cover, mess tin			
Frogs, web, bayonet			
Haversack			
Helmet, steel			
Net camouflage helmet			
Packs			
Pockets Compass			
Pouches, amm, pistol			
Pouches, basic	7		
Pouches, utility { Front Rear			
Slings, rifle, web			
Straps, shoulder, haversack { left right			
Straps, web supporting			
Tins, mess, TP			
Initials of Soldier			
Initials of QM or Rep	8		

ARTICLE	QUANTITY
Veil, face, camouflage	
Yoke	

Capes, A/G	
Respirators, A/G, complete with haversack	
Outfits, A/D	/
Ointment, A/G	2
Eyeshields, A/G, pk of 6	
Detectors, Individual, prs	
Wallet, A/G	
Blanket	
Mug, drinking	
Sheet, ground	
Initials of Soldier	
Initials of QM or Rep	

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ARTICLE			QUANTITY		
Rifle No	14 C 244 9	. /			
Bayonet No	w,/scabbard	/			
Bottles, oil					
Pullthroughs, single					
Rods, cleaning, pistol	Regt'd No				
Carbine, Mach	()			
Magazines, Carbine					
Pistol Revolver	Regt'd No	.)			
Ctges, SA, revolver .38	0 in				
Ctges, SA, .303 in Mk	VII				
······································					
		•			
Initials of Soldier					
Initials of QM or Rep		1			

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AT EACH KIT INSPECTION

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

Signature	Date	Signature	Date
Thought.	8-4-44		
1 Benne Coms.	19 5		
			•••••••••••••••••••••••••••••••••••••••