D7057
ANDREOLI
JOSEPH PIERIN

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

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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(1) Name of Officer or Other Rank ANDREOLI Joseph Pierranieo
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank 7057

(3) Unit 27th Field Battery R.C.A.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife .....

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

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

(7) Are you a widower? .....

(8) Have you any children? ..... Number of boys ..... Girls .....

Names and ages .....

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

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

Name .....

Postal Address .....

[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 .....

(11) Is your father alive? Yes.

If so, state name and address, occupation Mr. Pasquale Andreoli
1305 Conway St, Montreal, Que.

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment .....

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

(14) Is your mother alive? Yes.

If so, state name and address Mrs. Lucy Andreoli
1305 Conway St., Montreal, Que.

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

(17) Are you contributing to the support of any dependents, other than those shown above? .....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

(18) Are you insured? Nil

If so, in what Company? Nil
(Give number of policy)

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

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

(Sgd) Joseph Andreoli
(Signature of officer or man)

Date Sept. 14th 1939 Wit: G.U. Morslosel?

(Sgd) R.S.Bliss?

Officer Commanding O.C. 27th Field Battery (How

Date 14 Sept. 1939 R.C.A. C.A.S.F.

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

Dec - 4050 N.R. 307. d/ 19 Jan 45

FORM No. 1

Register No. D-8170 4050 Nominal Roll No. D-172

H.Q. File No. 405-A-6946

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-7057	A/S/Sgt	ANDREOLI	JOSEPH, PIERRANIEO

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

DUPLICATE

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 14 SEPT 39	T.O.S.	T.O.S.
S.O.S. 17 DEC 43 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1556	Total Days	Total Days

Total Service 1556 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	99	—	99
Overseas Service	1457	28	1429
Totals	1556	28	—
Add Non-qualifying Service			28
Total Service			1556

EMBARKATION DETAILS: to s o/s 22 DEC 39

1. Date S.O.S. Overseas 17 DEC 43 2. Date S.O.S. Overseas

KILLED IN ACTION 17 Dec 43

REMARKS:

Computer's Signature J. L. O'Hagan

Checker's Signature D. E. Davis, Sgt

Date Computed 7 April 45

(Index show name as "Andreoli" AB

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

W O Long, Capt.

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
				Total	

Overseas: T.O.S. 22 DEC 39 T.O.S. T.O.S.

S.O.S. 17 DEC 43 S.O.S. S.O.S.

A-A-15			5 June 40		28
				Total	28

D 4050

☐ Navy
☒ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service ANDREOLI (dec) (Print)

2. Christian Names JOSEPH. P (Print)

3. Service No. D-7057 4. Paid rank or rating at date of termination of Service A/S-Sgt

5. Address, in full, to which payments of gratuity are to be forwarded
Mr Pasquale Andreoli (father).
1305 Conway St
Montreal (3) P.Q.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Army	D-7057	A/S-Sgt	12-9-39	17-12-43.

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N/a If so, state name of Force or Forces

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? N/a If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Nov. 17-44 (Date)

Pasquale Andreoli (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

1305 Conway St
Montreal (3) P.Q.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

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

Register No. D4050

File No. H.Q. 4805-A-6946

WAR SERVICE GRANTS ACT 1944

OTTAWA January 13th 1945

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

Service No. D7057

Name J.E. ANDREOLI
Christian Name Surname

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

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

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award		$
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	PASQUALE ANDREOLI FATHER. DISC 1/1/44	25.00
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

JAN 23 1945 194__

C. [illegible]
For Chief Treasury Officer,
D.A. & A.P. Branch

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

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

______ 194__

______
for C.T.O.

Form No. 1

1565

Register No. D-40500

Nominal Roll No. D-83

H.Q. File No. 405-A-6946

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-70570	A/L/SGT	ANDREOLI	JOSEPH, PIERRANIEO

Reason for Termination of Service:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 14 SEPT 39	T.O.S.	T.O.S.
S.O.S. 17 DEC 43 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1556	Total Days	Total Days

TOTAL SERVICE 1556 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	99	—	99
OVERSEAS SERVICE	1457	28	1429
Totals	1556	28	1528
Add Non-qualifying Service			28
TOTAL SERVICE			1556

EMBARKATION DETAILS:

1. YOS O/S 22 DEC 39
Date S.O.S. Overseas 17 DEC 43

2.
Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 17 DEC 43

Computer's Signature J. L. O'Leary

Checker's Signature E. Richer Sgt.

Date Computed 17 JAN 45

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

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

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	nil

OVERSEAS

T.O.S. 22 DEC 39 T.O.S. .... T.O.S. ....

S.O.S. 17 DEC 43 S.O.S. .... S.O.S. ....

A-A-15 FOL	DO/3 U/14 JUN 40		5-JUN 40		28
				TOTAL	28

405-A-6946
D.R.2(D)

February 9th, 1945

Mr. Pasquale Andreoli,
1305 Conway St.,
Montreal, Que.

No D7057, S/Sergeant Joseph P. ANDREOLI

Dear Sir:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains ha e been carefully exhumed from the original place of interment and reverently reburied in grave 5, row F, plot 11, of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours truly,

F. B. Rading

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

FBR/RL

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Pierranieo ANDREOLI
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-4050
FILE NO. 405-A-6946
DATE 27-9-45
SERVICE NO. D-7057
FINAL RANK OR RATING A/L/Sgt.
DATE OF DISCHARGE 17-12-43

PAYEE Mr. Pasquale ANDREOLI,
ADDRESS 1305 Conway St.,
Montreal(3) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 17-12-43

	$ ¢
A. TOTAL QUALIFYING SERVICE	
1500 NO. OF DAYS 1528/30 EQUAL TO 50 COMPLETE PERIODS AT $7.50	375.00
B. QUALIFYING OVERSEAS SERVICE	
NO. OF DAYS 1429 LESS 28 INELIGIBLE DAYS, EQUAL TO 1401 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	350.25
	725.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 1.90	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $	
TOTAL $ 3.15 X7 = $ 22.05	
NO. OF DAYS 1429/183 X$ 22.05	172.18
D. WAR SERVICE GRATUITY	897.43
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	897.43

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

The Administrator of Estates.

Regimental No. D.7057 Rank Acting Staff Sergeant.

ANDREOLI Joseph Pierranieoo
Surname Christian Names

Unit 1st Anti Tank Regiment (CA)

Date of Death 17-12-43 Place of Death Overseas(Mediterranean)

Next-of-kin Pasquale Andreoli Relationship Father.

Address 1305 Conway St., Montreal, Quebec.

N.F.H.5 Copy herewith.

Will Pay-Book Will d/19-3-43, herewith.

Date Jan. 21st, 1944.

ESTATES BRANCH
JAN 22 1944
R.O.
OTTAWA
NATIONAL DEFENCE

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

KVB/JEC

MEMORANDUM FOR **P. 64**

Mr. Pasquale Andreoli
1305 Conway St.,
Montreal, Quebec.

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

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

and the following number quoted:—

H.Q405-A-6946 FD 394

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH FEB 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

January 31 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

ANDREOLI Joseph Pierranieoo A/S/Sgt.

D.7057 (C.A.)

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R.G. Phelan
(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

PSD:TL

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

Write reference mass

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		Does not apply		
2	Children of the Deceased and dates of their Births		Does not apply		
3	Father of the Deceased		Pasquale Andreoli	66	1305 Conway St Montreal
4	Mother of the Deceased		Lucia Andreoli	62	1305 Conway St Montreal
5	Brothers of the Deceased	Full Blood	Pasquale Andreoli	24	1348 Conway St Montreal Quebec
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Joseph Balena	32	158 Menai St Montreal Quebec
		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	Joseph Pierrano Andreoli
9	Date of his birth	April 23, 1921
10	Place and date of his marriage.	Does not apply
11	Place and date of his parents' marriage.	Montreal – July 1st 1907

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Montreal (b) (c) (d)
14	Nature of employment before enlistment.	Montreal Drydock
15	State whether he owned the premises in which he lived and, if so, where situated.	Had no property
16	Name place where deceased stated he intended to make his permanent home.	1305 Cemetery St. Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will?	No
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?	Does not apply
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.	No
20	Amount of War Savings Certificates held by deceased.	No
21	Amount of Victory Loan Bonds held by deceased.	No
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	No
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

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.	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.	Funeral Mass – 25.00 by Father

(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 elswhere 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 *Father of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Pasquale Andreoli {Signature of Informant}

1305 Conway St. Montreal. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Pasquale Andreoli {Name of Informant} is the* father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Montreal this 8th day of February 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: Rev. Gerald Kuster Qualification Pastor - St-Louis Church

Address 1355 Basin St. Montreal.

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

Mrs. Pasquale Andreoli is a diabetic patient of many years which demands continual expense in medicine and hospital care.

Gerald Kuster Ptr.

21

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: ANDREOLI, Joseph P. No.: B.7057
Surname Christian Names

Sgt., C.A. O/S 17-12-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 229.41

Date: 7-9-44

Other Credits

Total 229.41

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	Mother	Mrs. Lucy Andreoli, 1305 Conway Street, MONTREAL, Que., (Sole beneficiary under will)	229.41
		TO BE FORWARDED BY REG. MAIL DIRECT.	
		P4. TO TREAS. 14-12-mw	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$229.41

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

MILITIA BOOK M. 1

40/P & S [illegible]

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

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.

D 7051
Andreoli, J. P.

W. S. D. Oswald Lt
(FOR) OFFICER I/O RECORDS
CANADIAN MILITARY HEADQUARTERS

D 7057

Andreoli, J. J.

Complete Record

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 7057

Surname (in capitals) ANDREOLI

Christian Names (in full) Joseph Pierranico

Date of Birth 23 Apr 21

Place of Birth Montreal Que.

Trade on Enlistment Shoemaker

Nationality of Father at birth

Nationality of Mother at birth

Religion Roman Catholic

Enlisted at Montreal Que

Date 14 Sept. 1939

Particulars of former service (if any) i.e. Regtl. No., Corps and period. Nil

Signature of Soldier

Signature of Officer W. S. D. Oswald Lt.

Place U.K. Date 8 Nov 43

D 7057

Andreoli,

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	NOW LIVING — Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Mr. Pasquale Andreoli		1305 Conway St. Montreal P.Q.
	Mother			
3rd	*Brothers and Sisters			
4th	Other Relations (stating) relationship)			

*State whether brothers are older or younger.

D 7057

Andreoli, J. P.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
21 Dec 39	Gnr.	Subs.	APP "A" 3 Jan 41	W.E.D. Oswald Lt.
4 Mar 41	L/Bdr	Acting	Do. 14/14-3-41	
21-3-41	Gnr.	Reverts	Do 18/31-3-41	
23-10-41	L/Bdr.	Acting	Do. 61/30-11-41	
31-12-41	Gnr.	Reduced	Do 4/23 Jan 42	
8-9-42	L/Bdr	Acting	Do 48/30-9-42	

(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:*—*

Qualified in addition as under :—

Date

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

D 70577

Andreoli, G.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer

(VI) SMALL ARMS RANGE COURSES

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

D 1057

Andreoli, J. P.

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer

(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

D 1057

Andreoli, J. P.

(IX) EMPLOYMENT WHILST SERVING

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

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
27-11-39	"A"	Medical Board	W.E.D. Oswald Lt.

D 1057

Andreoli, J. P.

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

D 1057
Andreoli, J. P.

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
X Ray Chest (4)	15-11-39	W.E.D. Oswald Lt.
T.A.B.T. 1	1-11-39	
T.A.B.T. 2	8-11-39	
T.A.B.T. 3	15-11-39	
Tet. Tox. 1cc	2-12-39	
Tet. Tox. 2.	21-2-40	
Tet. Tox. 3.	16-9-40	
T.A.B.T. scc	25-2-42	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
27-Nov 39.	W.E.D. Oswald Lt.
27-Aug 42.	

(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
Leave	5/10 Jan 40	W.E.D. Oswald Lt.
P. Leave	3/10 Feb 41	
P. Leave F.T.W.	8/15 May 41	
Leave F.T.W.	12/19 Apl 41	
Priv Leave N.W.	24/31 Mar 42	
Priv Leave	24/31 Jul 42	
Priv Leave M.A.	30 Oct - 6 Nov 42	
Priv Leave	28 Jan 43 to 7-2-43	
	18.6.42	
FINGERPRINTED—CAIB		
"M" TEST (REV.) COMPLETE		
Card Camp	18/6/42	Hazell 8/8/[illegible]

D 7057
Andreotti, G.

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

Particulars	Date	Signature of Officer

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

Particulars	Date	Signature of Officer

(XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form in this Book, but the Soldier must understand that the entries made there do not relieve him from the necessity of making a Will. **The next-of-kin entries have no legal effect,** and unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other man who dies intestate, and the person intended to be benefited may receive little or no share in the distribution.

2. The Soldier's Will should be made out either on one of the separate Forms provided for that purpose (M.F.M. 10 or 10a), or on the short form of Will contained in this book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation, and the general outline of the Will, as shown in the Forms referred to in para. 2 above, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together, and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In the event of the testator marrying subsequent to the making of his Will, he should make a new Will as in certain instances a Will is revoked by the subsequent marriage of the testator.

7. If any alteration is made in the writing of a Will, the signature of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

9. The Short Form of Will (See pages 23 and 24) can only be used to leave personal property and effects. If it is desired to leave Real Estate to anyone, then a formal Will must be executed in the presence of two witnesses, both present and at the same time, and signing in the presence of the Testator, and of each other. Forms of Will (M.F.M. 10 and 10a), are obtainable through your Commanding Officer.

D 1057
Andreoli, J P

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
at

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

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

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

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

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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).

Signature.....

Rank, Regt'l Number.....

Date.....

D 7057
Andreoli,

File No 405-A-6946

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 7057 Name Andreoli, Joseph Pierrasico.

Rank on Discharge

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 14-9-42	to 18-12-39		
	from	to		
United Kingdom	from 19-12-39	to 10-6-43		
	from	to		
Italy	from 11-6-43	to 17-12-43		
				Killed in Action.
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star O.K ✓

Italy Star O.K ✓

~~France-Germany~~ Star

Defence Medal O.K ✓

War Medal O.K ✓

Canadian Volunteer Service Medal O.K ✓

with Clasp O.K

M

Verified by Edna Lamme

Date 29/5/46

MAY 29 1946

Carded

N.R.P

HA 165

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D7057 RANK Acting Staff Sergeant SERVICE UNIT 1st Anti Tank Regiment (CA)

NAME ANDREOLI, Joseph Pierranieo

DATE OF BIRTH
DAY 23rd MONTH April YEAR 1921

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Pasquale Andreoli

ADDRESS 1305 Conway St., Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4105 H.Q.405-A-6946

CASUALTY DETAILS Killed in Action DATE 17-12-43

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 10-1-44

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

File Copy

Quote No. H.Q.405-A-6946 (Records - C.)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,
10 January, 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. D7057 Rank A/S/Sgt.

Surname ANDREOLI

Christian Names Joseph Pierranieo

Nature of Casualty Killed in Action

Date of Casualty 17-12-43

Address at time of enlistment 1305 Conway St., Montreal, Que.

Date of Birth 23-4-21

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Shoemaker

Name and address of Next-of-Kin Pasquale Andreoli 1305 Conway St., Montreal, Que.

P.L.

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

DH/MEB

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

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: ANDREOLI, (Block letters)

Given names: Joseph, Pierranieo.

Do not write in this space

4. RESIDENCE

Street: Conway Street, No. 1305

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: April (Month) 23rd, (Day) 1921. (Year)

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

OCCUPATION

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

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	ANDREOLI, Pasquale.	
MOTHER (Maiden Name)		

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

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 17th, (Day) 19 43. (Year)

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

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

24. CAUSE OF DEATH

I

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

(a) Killed in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)....

due to

(c)....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

....

....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

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

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

State findings.... Was there an autopsy?....

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

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

J. B. Radine

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

FEB 25 1944

for Director of Records, Dept. of National Defence.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME..ANDREOLI, Joseph Pierranieo. PLACE & DATE OF BIRTH..23 Apr. 1921. Montreal, Que

RANK..A/L/Sgt..... REGIMENTAL NO...D-7057.....

UNIT.1.A/T.REGT...R.C.A..... NEXT OF KIN.Father, Mr. Pasquale Andreoli

ADDRESS.....1305 Conway Street,....

.....Montreal, Que.....

PARTICULARS OF HOSPITALIZATION.

DATE OF ADMISSION..... NAME & LOCATION OF HOSPITAL.....

DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH...17 DEC 43..... PLACE OF DEATH...Italy.....

HRS.....

CAUSE OF DEATH.....KILLED.....

PARTICULARS OF BURIAL.

DATE OF BURIAL.18 Dec. 43..... CEMETERY. Italy MR. LANCIANO SH.147 (313118) Italy 1/100,000 LANCIANO SH.147 X roads.

DEATH CERTIFICATE NO..... DATE OF REGN OF DEATH CERTIFICATE.....

LOCATION OF CEMETERY.....

..... PLOT NO.....ROW.....GRAVE.....

RELIGION....R.C.....

SEP 18 1944

DATE.....

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

(B.E.WILLAN) Capt.
For ~~(R.T.E.HICKS-LYNE) Lt.Colonel~~,
Officer i/c Records,
Canadian Military Headquarters.

Noted
JS

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Lucy ANDREOLI (MOTHER)

ADDRESS: ~~1305 Conway St.~~, 7239 Lasalle Blvd. Crawford Park, Verdun, MONTREAL, P.Q. Corres. on file.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Lucy ANDREOLI,

ADDRESS: 1305 Conway St., MONTREAL, Que.

(1)

MEMORIAL B R

DATE DESP

(2)

REGN. NO 4831

DESP. FEB 18 1944

REGN No. 4447

(3)

17-12-43
(O.C.L.-417)

AWARDS—CANADIAN ARMY (ACTIVE)

M (1536)

100M—10-41 (2195)
H.Q. 1772-45-8

FB

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ANDREOLI, Joseph ~~Pierranico~~ Pierino	D-7057	S/Sgt.	Anti Tank Regt.

FILE NO. 405-A-6946

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	
Defence Medal	
War Medal	
~~C.V.S.M. & Clasp~~	

MEDALS RET'D UNDELIVERED AND RET'D TO STOCK 1440 5/10/49

5-064 11/5/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No D.7057 Rank S/Sergeant Name ANDREOLI, Joseph Pierraniso.

Unit R.C.A. Date of death 17th December, 1943.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-A-6946 d 10-1-44

N/K Mr. Pasquale Andreoli, Relationship Father.

Address 1305 Conway Street, Montreal, P.Q.

Remains buried in Cemetery

MR 313118. Sheet 147, Lanciano, Italy.

Grave location

CHK ✓

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. FEB 9 1945

RETURN TO BUR. OF STAT. 25-2-44.

ROYAL MESSAGE DESP'D. FEB 2 1944.

CAN. MESSAGE DESP'D. 18-1-44

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 5, row F, plot 11.

HI & CR Form Despd. OCT 7 1946

SERVICE AND CASUALTY FORM

(PART II)

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

Regiment or Corps .... Regimental Number D 7057

Substantive Rank .... Surname ANDREOLI Christian Names JOSEPH PIERANTIRO

Acting Temporary or Local Rank ....
(To be entered in pencil to facilitate alteration)

(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 1 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 shown
		1 A/TK R.	To be L/Bdr	M	8 Dec 42	A/L/Bdr	49 - 3 Dec 43
		✓	Reduced to L/Bdr on adm to hosp	✓	14 Nov 43	A/L/Sgt	49 - 3 Dec 43
		✓	SOS to X-3 List RCA sec "B" (Sick)	✓	14 Nov 43	L/Bdr	49 - 3 Dec 43
		X-3	TOS from 1 A/TK Regt RCA	✓	15 Nov 43	L/Bdr	26A 3 Dec 43
121		✓	Adm 9 Cdn Fd Amb	✓	14 Nov 43	✓	26A 3 Dec 43
		X-3	Posted to X-4 List RCA "B" (4 Bn)	✓	11 Dec 43	✓	28A Dec 43
	4 Bn	X-4 (B)	SOS to 1 A/TK Regt RCA	✓	13 Dec 43	✓	28A Dec 43
		1 A.TK	TOS fm R(A"B" 4 Bn	✓	14 Dec 43	✓	51/43
15 Dec 43	✓	✓	A/L/Sgt	✓	14 Dec 43	A/L/Sgt	51/43
21 Dec 43	3014	✓	SOS (Killed in action)	✓	11 Dec 43	✓	52/43
		X-3	Adm 1 CCS.	✓	18 Nov 43	L/Bdr	29A Dec 43
		✓	Trans Out - 1 CCS.	✓	18 Nov 43	✓	29A Dec 43
		✓	Adm 98 Gen Hosp	✓	19 Nov 43	✓	29A Dec 43
		✓	Trans Out - 98 Gen	✓	26 Nov 43	✓	29A Dec 43

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit: 27TH FIELD BATTERY R.C.A. Regimental Number: D 7057

1. Surname: ANDREOLI
2. Christian Names: JOSEPH PIERANTIEO
3. *Substantive Rank and Appointment: GNR
   *Acting Temporary or Local Rank: A/L/BDR.
   giving date: 8 SEP 42
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal
5. Date of birth as declared on attestation: 23/4/21
   (A)
6. Date of enlistment: 14/9/39
7. Place of enlistment: Montreal
8. Residence at time of enlistment: 1305 Conway St Mtl
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion: R.C.
12. If married, state date
13. Trade on enlistment: Shoemaker
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: R.C.A.

Unit (Battn., etc): 27th Fd Bty

(18) Medical

Category	Date	Authority
A.	14/9/39	

(19) Next of kin (entries to be made in pencil)
Mr Pasquale Andreoli (father)
1305 Conway St.
Montreal P.Q.

(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
14-9-39		27th Bty	T.O.S.	Montreal	14-9-39	G.A.R.	Pt.II ORD #11 15-9-39
1-12-39	Pt.II 92	" "	Forfeiture 1 day pay A.W.L. 30-11-39 to 1-12-39	"	30-11-39	"	F.R.I. 149 (a)
			SOS CASF (OVERSEAS) ON EMBARKATION AT HALIFAX ON 18-12-39				
			TOS CASF (OVERSEAS) ON TRANSFER ON 19-12-39 AND DISEMBARKED AT GREENOCK ON 30-12-39				
5-6-40	C.O.	27	Awarded 28 days forfeiture of pay for A.W.O.L. from 1st Jan d [illegible] & being outside Camp area.		5-6-40		Pt II 3, 14-6-40.
28 Feb 41	CO	1A.T.K.	Leave (P-2) 3 Feb 41 to 10 Feb 41	England	3 Feb 41	Gnr.	D.O. 12
14 Mar 41	CO	1A.T.K.	To be A/L/Bdr.	England	4 Mar 41	Gnr.	D.O. 14
31 Mar 41	CO	1A.T.K.	Reverts to rank of Gunner at own request	England	21 Mar 41	Gnr.	D.O. 18
31 Mar 41	CO	1A.T.K.	Pay forfeiture of £0-3-7 (A.A. Sec 24(2))	England	25 Mar 41	Gnr.	D.O. 18
26 May 41	CO	1A.T.K.	Leave (P-3) 8 May 41 to 15 May 41	England	8 May 41	Gnr.	D.O. 29
27 Aug 41	CO.	1A.T.K.	Leave (P-4) 12 to 19 Aug 41	"	12 Aug 41	"	D.O. 43
30 Nov 41	CO.	1A.T.K.	To be A/L/Bdr.	"	23 Oct 41	"	D.O. 61
19 Dec 41	CO.	1A.T.K.	Admitted to 4 Fd Amb	"	3 Dec 41	"	D.O. 66
22 Dec 41	CO.	1A.T.K.	Discharged " "	"	8 Dec 41	"	D.O. 67
2 Jan 42	CO.	"	Admitted to 4 Fd. Amb	"	17 Dec 41	"	D.O. 2
9 JAN 42	CO.	"	Discharged	"	24 Dec 41	"	D.O. 2
23 Jan 42	"	"	Reduced to Gnr. A.A. Sec. 40	"	31Dec41	Gnr.	D.O. 4.
10 Apr 42	"	"	Leave p-5 NoFW 24-31 Mar 42	"	24Mar42	"	D.O. 17
4 Aug 42	"	"	Leave p-10, 24Jul42 - 31 Jul 42	"	24Jul42	"	D.O. 41, 19 Aug 42.
25Sep42	"	"	Appointed A/L/Bdr.	"	8 Sep42	A/L/Bdr.	D.O. 48, 30 Sep 42.
10 Nov 42	"	"	Leave F.2. 30 Oct 42 to 6 Nov 42	"	30 Oct 42	"	55, 14 Nov 42.
28 Jan 43	✓	✓	Granted daily rate of pay of $1.60 per diem	"	1 Jan 43	"	5 D. Jan 43
4 Feb 43	"	"	Leave 29 Jan 43 - 7 Feb 43	"	29 Jan 43	"	7, 10 Feb 43
3 May 43	"	"	Leave 20 to 29 Apr 43.	"	20Apr43	"	21, 8 May 43.
			SOS ex UK ON EMBARKATION ON 10 Jun 43 TOS CAM ON 11 Jun 43 AND DISEMBARKED ON 13 Jul 43				39, 24 Jul 43
20 Sep 43	-	✓	Posted to X-4 R(A "B" (4 Bn)	✓	4 Sep 43	✓	41 5 Oct 43
		X4	T.O.S. X4 "B" (4 Bn) from 1 A/TK Regt	✓	5 Sep 43	✓	16A 30 Sep 43
		X4 (4 Bn)	S.O.S. to 1 A/TK Regt. RCA.	✓	17 Sep 43	✓	16A 30 Sep 43
25 Sep 43	-	1A.T.K.	T.O.S. from 4 Bn, RIA "B"	✓	18 Sep 43	✓	41 5 Oct 43
6 Oct 43	-	✓	Appt A/L/Sgt.	✓	22 Sep 43	✓	43, 22 Oct 43

Statement of the Service of No. D 7057 Rank Gnr Sheet No. 1

M.F.M.1 & 2A
40/P & S/119

Name ANDREOLI J. P.

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
		Leave 7 days 4TW (Priv)	Gnr	12/19 Aug 41	1 A.Tk Regt	UK	43	22 Aug 41
		To be A/L/Bdr.	A/L/Bdr.	23 Oct 41	1 A.Tk R.	U.K.	61	30 Nov. 41
		Adm 4 Fd Amb.	L/Bdr	3 Dec 41	1 A/Tk	UK	66	19 Dec 41
		Disch 4 Fd Amb.	L/Bdr	8 Dec 41	1 A/Tk	UK	67	22 Dec 41
		Adm 4 Fd Amb.	L/Bdr	17 Dec 41	1 A/Tk	UK	1	2 Jan 42
		Disch 4 Fd Amb.	L/Bdr	24 Dec 41	1 A/Tk	UK	2	9 Jan 42
		AA Sec 40 Reduced to rank of Gnr	Gnr	31 Dec 41	1 A/Tk	UK	4	23 Jan 42
		Priv Leave No Warrant	Gnr	24/31 March 42	1 A/Tk Regt	UK	17	10 April 42
		Priv Leave	Gnr	24/31 July 42	1 A/Tk Regt	UK	41	19 Aug 42
		~~To be A/L/Bdr~~	Gnr	8 Sep 42	1 A/T Regt	UK	48	30 Sep 42
		Priv Leave with m.a. to 6 Nov 42	Gnr	30 Oct 42	1 A/Tk	UK	55	14 Nov 42
		Regtl pay increased to $1.60 per day	Gnr	1 Jan 43	1 A/Tk	UK	5	29 Jan 43
		Priv Leave to 7 Feb 43 ma	Gnr	29 Jan 43	1 A/Tk	UK	7	10 Feb 43
		S.O.S. C.A. (U.K.) on embarkation 10 June 43						
		T.O.S. C.A. (M) 11 June 43						
G.R.O. 25/12/43		Disembarked 5 July 43	Gnr	5 July 43	1 A/Tk	NA	39	24 Sep 43
~~Tos~~		SOS						
	TOS	TOS from 1 A/TK	Gnr	5 Sep 43	RCA X4 List B	NA	16A 7(a)	30 Sep 43
SOS		SOS to 1 A/TK	Gnr	17 Sep 43	X4 List B	NA	16A	30 Sep 43
CJ.	TOS	TOS from X List B	Gnr	18 Sep 43	1 A/Tk	NA	41	5 Oct 43

Statement of the Service of No. D 7057 Rank .... Sheet No. ....

Name Andreoli J P

M.F.M.1 & 2A
40/P & S/119

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
c27		App A/Bdr	A-Bdr	2 Sep 43	1A/TK	NA	41	5 Oct 43
c27		App A L Sgt	A.L. Sgt	22 Sep 43	1A/TK	NA	43.	22 Oct 43
(m 51) SOS		SOS to X-3 list (sick)	L/Bdr	14 Nov 43	1 A/TK	NA	49	3 Dec 43
	(m 51) TOS	TOS from 1 A/TK from X-3 list RCA	L/Bdr	15 Nov 43	X list RCA Sec B	NA	26A ~~49~~	11 Dec 43
		To be L/Bdr	L/Bdr	8 Dec 42	1 A/TK	NA	49	3 Dec 43
		Reverts to L/Bdr	L/Bdr	24 Nov 43	1 A/TK	NA	49	3 Dec 43
		Adm to 9 C Fd Amb	L/Bdr	14 Nov 43	Sec B X list RCA	NA	4A 26A	11 Dec 43
ols 28 Mar 44 X, 151 1733		Adm 98 Gen Hosp	L/Bdr	19 26 Nov 43	X list B RCA	NA	29A	28 Dec 43
		Admitted Discharged 11 Con Depot	L/Bdr	26 Nov - 9 Dec 43	X list B	NA	2a	12 Jan 44
		~~Appt'd~~ A/L/Sgt	A/L/Sgt	14 Dec 43	1A/TK	NA	51.	24 Dec 43
SOS		SOS to 1 A/TK	L/Bdr.	13 Dec 43	X L B	NA	28A	24 Dec 43
	TOS	TOS from X4 list B"		14 Dec 43	1A/TK R	NA	51	24 Dec 43
		Killed	L/Bdr	17 Dec 43	1A/TK R	CMF	CLA 370	27 Dec 43
		SOS to X4 list	L/Bdr	4 Sep 43	1A/TK R	CMF	9	25 Oct 44

Regimental No. D 7057 Rank ....

Sheet No. ....

MFM 1 & 2a
40/P & S/119 (3913)

Name Andreoli J. P.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
	Adm & Disch 4 Fd Amb	L/Bdr	17 24 Dec 41	A/T Regt	UK	42	2 Jan 41 9 Jan 41
	Reduced to rank of Gnr	Gnr	31 Dec 41	1 A/T Regt	UK	4	23 Jan 42
	To be A/L/Bdr	a/L/Bdr	8 Sep 42	1 A/T Regt	UK	48	30 Sep 42
	Regtl increased to $1-60 per day	Gnr	1 Jan 43	1 A/T Regt	UK	5	29 Jan 43
	SOS C/A on Emb UK		10 June 43				
	TOS C/A M		11 June 43				
	Disemb NA	Gnr.	5 July 43	1 A/T Regt	NA	39	24 Sep 43
ols.	SOS						
	TOS from 1 A/T Regt	Gnr	5 Sep 43	RCA X4 List B	NA	16 A	30 Sep 43
	SOS to 1 A/T Regt	Gnr	17 Sep 43	X4 List B	NA	16 A	30 Sep 43
	TOS from X List B.	Gnr	18 Sep 43	1 A/T Regt	NA	41	5 Oct 43
	appt A/Bdr	A/Bdr	2 Sep 43	1 A/T Regt	NA	41	5 Oct 43
	appt A/L/Sgt	a/L/Sgt	22 Sep 43	1 A/T Regt	NA	43	22 Oct 43
	SOS to X3 List sick	L/Bdr	14 Nov 43	1 A/T Regt	NA	49	3 Dec 43
	TOS from 1 A/T Regt from X3 List RCA	L/Bdr	15 Nov 43	X List RCA	NA	26 A	11 Dec 43
	To be L/Bdr	L/Bdr	8 Dec 42	1 A/T Regt	NA	49	3 Dec 43
	Revert to L/Bdr	L/Bdr	24 Nov 43	1 A/T Regt	NA	49	3 Dec 43
	adm 9 Fd Amb	L/Bdr	14 Nov 43	Sec B X List RCA	NA	26 A	11 Dec 43
	Killed		17 Dec 43			CL 370	27 Dec 43

Received 2-2-40 Checked CBK Card ✓ Observations + O

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

O History Form completed

M.F.M. 2
A.F.B. 271
168M-11-36 (9359)
H.Q. 1772-45-18

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit 27TH FIELD BATTERY R.C.A. Regimental Number D 7057

ACTIVE SERVICE
CANADIAN [redacted] FORCE 01
ATTESTATION PAPER

1. Surname ANDREOLI
2. Christian Names JOSEPH ~~XXXXXXXXX~~ PIERRANIEO
3. Present address 1305 Conway St Montreal P.Q. Can.
4. Date of birth April 23rd, 1921
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Shoemaker
8. Married, Widower or Single Single
9. Name of next of kin Mr Pasquale Andreoli
10. Relationship Father
11. Address of next of kin 1305 Conway St Montreall P.Q. Can.
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ANDREOLI, JOSEPH PIERANIEO do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 Sept 14th, 1939 Joseph Andreoli (Signature of recruit) witness G. A. Macdonald

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Joseph Andreoli (Signature of Recruit.)

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

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me, at Montreal this 14 day of Sept 1939

Signature of Magistrate, Justice or Attesting Officer.

Capt RCA

Office or Rank and Unit or appointment.

M. F. M. 2 RECEIVED FEB 2 1940

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

FINGERPRINTED

Record of Service of ANDREOLI (Surname) JOSEPH (Christian Names) ~~XXXXXXXXXX~~ PIERRANTEO Regimental Number D7057

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS	
Military		High School or Collegiate	NO (years completed)
Business or Professional		Graduation or Matriculation	(specify)
Trade or Civil	SHOEMAKER	*College	
Technical		*University	
Languages	ENGLISH AND ITALIAN		

*(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.

Report: Date	Report: From whom received	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
2301 –		Joined on appointment						
–								
–		SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON 21 Dec 39	Gnr	21 Dec 39	1 A Tk Rgt	Field	app "A"	3 Jan 41
–		TOS CDN. ARMY (OVERSEAS) ON TRANSFER ON 22 Dec 39 AND DISEMBARKED AT GOUROCK ON 30 Dec 39	Gnr	22 Dec 39	1 A Tk Rgt	Field	app "A"	3 Jan 41
–		Granted leave from 5-1-40 to 0700 hrs 10-1-40	Gnr	6-1-40	1st Anti Tank Reg REAR	Lille Barr Aldershot	Do 6	6-1-40.
–		Returned from leave 9-1-40	"	9-1-40	"	"	Do 9	9-1-40
		Awarded 28 dys Pay forfeiture AA Sect 140(3)	"	5-6-40	"	Field	Do 3	14-6-40
		Priv Leave (7 days)	"	3/10 Feb 41	1 A.1 Tk Regt	"	12	28 Feb 41
		To be A/L/Bdr with pay	L/Bdr	4 March 41	1/A/Tk Regt	"	14	14 March 41
		Reverts to rank of Gnr at own request	Gnr	21 March 41	1 A/Tk Regt	"	18	31 March 41
		Forf of Pay 3/7 s d (FRO 1.158(21) loss by neglect. (AA Sec. 24(7)	"	25 March 41	1A/TK. Regt	"	18	31 March 41
		Leave 7 days 3rd Priv with FW	Gnr	8/15 May 41	1 A Tk Rgt	Field	29	26 May 41

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

Are you receiving or have you in the past received, disability pension or compensation? If so

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Andreoli, Joseph PIERRANIEO Date Sept. 14th, 1939

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	No	j. Nasal trouble	No
b. Tuberculosis	No	k. Ear disease	No
c. Bronchitis or asthma	No	l. Eye disease	No
d. Heart disease	No	m. Epilepsy	No
e. Kidney or bladder disease	No	n. Nervous or mental disease	No
f. Gastro-intestinal	No	o. Syphilis	No
g. Rupture	No	p. Gonorrhoea	No
h. Varicose veins	No	q. Have you ever worn glasses?	No
i. Flat or deformed feet	No		

Joseph Andreoli
(Signature of Recruit)

Examiner's remarks *re* above

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Right leg - middle third - Internal surface scar, left thigh
Internal boarder upper third

2. Height 5 feet 9-1/4 inches. 3. Weight 168 pounds.

4. Complexion Fair Eyes Black 5. Development Good (Good ~~Fair~~ ~~Poor~~)
Hair Black

6. Chest measurement—Girth on full expansion 37-1/2 inches
Range of expansion 2-1/2 inches

7. Vision, right 20/20 left 20/30 8. Hearing, right Good left Good

9. Condition of mouth and teeth One tooth needs attention

10. The abnormalities (congenital and pathological) found on examination are as follows

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 ~~1A~~

[signature] Capt — President
[signature] M.O. — Member
[signature] — Member

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Are you receiving or have you in the past received, disability pension or compensation? If so give details No

Date	Brief details and signature	Date	Brief details and signature
1-11-39	~~TAB 3~~	21-2-40	ATT. 2 PRT. 34 Units 3/13
8-11-39	TAB 3	16-9-40	Tet Tox III
15-11-39	~~TAB 3~~	25-2-42	.5cc TABT
15-11-39	X-RAY OF CHEST- NEGATIVE- 31933	27aug42	Vacc.
27-11-39	VACCINATED		
2-12-39	TETANUS TOXOID 1CC		
27-11-39	RE-EXAMINED, NORMAL URINE, EARS, REFLEXES CAT "A" [signature] Maj		

Regtl. No. D 7057 Rank GUNNER Surname ANDREOLI Christian Name JOSEPH ~~XXXXXXXXXX~~ PIERRANIEO

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

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

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
150M—5-41 (4470)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

Regimental No. D-7057 Rank DECEASED A/L/Sgt.

Surname ANDREOLI

Christian names Joseph. Pierranieo

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps 1st.Anti-Tank Regiment. R.C.A. Date of Enlistment (CA) 14 Septmeber 1939

Date of Discharge 17 Dec. 43 Total Service (CA) ..... yrs. ..... days

Place of Discharge Overseas Military District No. .....

C.A.A.

1. **DESCRIPTION AT DATE OF DISCHARGE**

Age 18 years ..... months

Height 5 feet 9¼" inches

Complexion Fair

Eyes Black

Hair Black.

Descriptive marks:
Right Leg-Middle third- internal surface scar, left thigh
Internal boarder upper third.

Intended place of residence .....
(Street and Number)

.....
(P.O., City or Town, etc.) (Province)

(To be given as fully as practicable: i.e., mailing address)

2. The above-named is discharged in consequence of DECEASED DECEASED.

Authority for discharge .....

(N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.)

No reference to Conduct is to be made on the discharge certificate.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: ANDREOLI, Joseph Pierranied (b) Reg'l. No.: D-7057
2. (a) Arm of service: Army (b) Unit: 1st. A/Tank Regt. R.C.A. (c) Rank: Gnr.
3. (a) Date of birth: 23 April/21 (b) Have you any dependents?: No (c) Place of residence at time of enlistment: Montreal Que.
4. (a) Place of enlistment: Montreal Que. (b) Date of enlistment: 14 Sept./39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 13 (b) Were you attending school or college up to the time of enlistment?: No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): Grade 5
7. If you attended a university, give name of university and standing or degree secured: None
8. (a) Did you ever enter upon a trade apprenticeship?: Yes (b) If so, for what occupation?: Shoemaker (c) Did you finish it?: No (d) If you did not finish it, how long did you serve at it?: 2 yrs.
9. (a) What languages do you speak fluently?: Italian English (b) What languages do you read well?: English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member?: None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Montreal Drydocks Ltd. Address: Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Drydocks
20. (a) Your specific occupation: Labourer (b) Number of years' experience at this occupation with any employer: 4 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge?: No (b) Did your employer refuse to promise you employment on discharge?: No (c) Do you wish to return to your former employment?: Undecided

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?: No (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm?: No (b) How many years' actual farming experience have you had?: None (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?: No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Undecided

DATE 11th. March 194 3 SIGNATURE [signature]
For Officer i/c Records C.M.H.Q.

RA. CMHQ
12-1-45

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D.7057 A/L/Sgt. ANDREOLI J. P. (Dec'd) .....

RECEIVED FROM ..... HQ I CKSD .....

CHECKED BY ..... L.2864 Cpl. Halik, H.
B.131628 Sgt. Smith, E. L. ..... DATE ..... 11 Jan 45 .....

1	Kit Bag	
1	pr BD Trousers	
1	Sweater, woolen	
1	Pajama Top	
1	Sweat Shirt, with crest	
2	Sweatshirt Sweaters, with zippers	
1	Handkerchief	
1	Warmer Jacket, (Red Cross)	
1	Hose Top, woolen	
2	Cloth Bags	
	Cloth Badges & Patches	(No inventory rec'd with effects)
1	Crucifix, in leather folder	
3	Medalliens	
1	Rosary, in leather case	FURTHER EFFECTS - TO CANADA
1	Scapula & Medallion, on cord	
2	Holdalls	
3	Souvenir Coins	
2	Prayer Books	
1	Eye Guard	
2	Rings (1 broken)	
3	Medallions	
1	Crucifix	
1	Leather Wallet, for photos	
1	pr Spectacles, in case	
2	small Leather Purses	
2	Safety Razors, in 1 case	
1	Houswife Bag	
1	Tooth Brush	
	Personal Letters & Papers	
1	Key	

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

E Smith Sgt
for OC 1 Cdn KSD