D72006
BIBLOWITZ
SOLOMON

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

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 Bibkowitz Sol. S. (b) Reg'l. No. D-72006
2. (a) Arm of service ARMY (b) Unit R.C.E. (c) Rank Pte.
3. (a) Date of birth Dec 24 1912 (b) Have you any dependents? YES (c) Place of residence at time of enlistment N.Y.C. U.S.A.
4. (a) Place of enlistment Montreal, P.Q. (b) Date of enlistment 15 OCT 3. 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 22 (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.) 2 YEARS COLLEGE
7. If you attended a university, give name of university and standing or degree secured PRATT INSTITUTE N.Y.C.
8. (a) Did you ever enter upon a trade apprenticeship? — (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH - HEBREW (b) What languages do you read well? ENGLISH - HEBREW

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? —

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 HEBREW National Home Address 402 Tremont Ave Bronx N.Y.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) STATE institution for orphans
20. (a) Your specific occupation Sports Supervisor (b) Number of years' experience at this occupation with any employer 3 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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? (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? (b) How many years' actual farming experience have you had? (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? YES
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 Is Fine on Aviation

DATE Oct 15 1941 SIGNATURE Sol Bibkowitz

I. Regt. No. D.72006 Rank Cpl. Unit Victoria Rifles of Canada Date 24-8-42

Name Biblowitz Sol Age 26 Place of Birth N.Y.C. U.S.A.

Date of Enlistment 3-10-40 Place of Enlistment Depot

Languages spoken Some German English Hebrew R. Recruit A Med. Cat. Place

II. M. Test Date 25-8-42 A.70398

Test	Score	S.M.
1	15	
2	16	
3	11	
4	25	
5	21	
6	9	
7	24	
8	30	
Total	151	S.M.
9		

SUB-TOTAL 42
S.M.
SUB-TOTAL 46
S.M.
SUB-TOTAL 63
S.M.
GRADE 3

Other Tests Name or Type	Date	Place	Score	Grade

III. Military Background

Permanent Force three years. Basic and advanced training. Course in P.T.

IV. Educational Background

Completed High School and two years University.
Has N.Y. State Teachers course in P.T.
Left school at the age of 21.

V. Occupational Background

Three years Sport Supervisor.
Three years Social Service.

VI. ~~Arm Desired~~ Work in Arm Desired

Plays rugby, boxes. Spare time hobby is Gunnery.

VII.

Height 5'2". Weight 158. Married, no children.

M.F.M. 196
50M—7-42 (5144)
H.Q. 1772-39-1916

VIII. Summary

Superior learning ability. Very fair mechanical aptitude. High general intelligence. Army aptitude is very high.

IX. Suggestions

Suitable for Paratroop training.

X. Signature of Interviewer A.A.Day.	N.C.O.	Officer A.A.DAY LIEUT. ASSISTANT ARMY EXAMINER

XI. Action Taken — Date of Action

Follow-up

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Christina Biblowitz,
1417 St. Matthew Street,
Montreal 25, Que.

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

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

and the following number quoted:—

H.Q. 405-B-12,224 FD 317

ESTATES BRANCH
JAN 15 1945
H.Q.
OTTAWA.
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Dec 13 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

BIBLOWITZ Solomon S/Sgt.

D. 72006 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.

ES/JR

C. A. Stevenson Capt
for Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

5

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.....		Christina. Biblowitz	28	1417 St- matthew St. Montreal. P. Que.
2	Children of the Deceased and dates of their Births.....		no.		
3	Father of the Deceased.....		Abrham Biblowitz	—	I don't know his when abouts.
4	Mother of the Deceased.....		Beckie Biblowitz	—	Deceased. I don't know date of death.
5	Brothers of the Deceased	Full Blood	Seymour Biblowitz T/Sgt. 6910251. 213th Base unit. Section D. Box #44 A.A.F. Mt Home, Idaho. His last address.	25	
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	Mrs. Sylvia Maggi. 232 Meserole St. Brooklyn. N.Y.	34	
			Mrs. Lillian Frankel. 4196 Bedford ave. Brooklyn. N.Y.	31	
			Mrs. Beatrice Landesman. 2104 E. 23rd St. Brooklyn. N.Y.	27	
		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
	—	Barbara Linda Frankel. age 6. Lauril June Frankel. age 2. Concitta maggi age 16. ~~Louis maggi~~	Same as above.

There 16 children in the maggi family I can't remember all their names or ages.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Sof Biblowitz.
9	Date of his birth.	Feb 26th - 1914.
10	Place and date of his marriage.	St. Johns. newfoundland. 26th day of may. 1941-
11	Place and date of his parents' marriage. In Russia	I don't know the date.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Manhattan. new york. n.y.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) He resided in the U. S. A. (Brooklyn n.y.) (b) Coming to Canada (c) (d) to enlist in the army. 1940- I think
14	Nature of employment before enlistment. To my Knowledge. a school for Boys	Please write his sister for this information.
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. P. Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	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?	St. Johns newfoundland no Property between us.
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. In fact I don't think So.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none -
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	I have one ten dollar war bond belonginning to my late husband 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.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	not to my Knowledge
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.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*.....widow.....of the deceased. Sol Biblowitz

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.

.....Christina, Biblowitz..... {Signature of Informant

1417 St. Matthew St. Montreal, P.Que. Address

CERTIFICATE

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

See above. Christina Biblowitz {Name of Informant} is the.....widow.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....Montreal, Que.....this.....11th.....day of.....January.....19 43.

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

.....Daisy de Jong..... Qualification.....2-nd Lieut CWAC

Address.....1417 St Matthews St Montreal Que.

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

Records Received M. D. XI MAY 22 1942 Observed Checked F Card ✓ Observations

OCCUPATIONAL HISTORY FORM

COMPLETED Sept 1941

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

Unit VICTORIA RIFLES OF CANADA-C.A.S.F. Regimental Number D 72006

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

14
A/SSGT

1. Surname: Biblowitz
2. Christian Names: Solomon
3. Present address: 1614 Ave., T., Brooklyn, N.Y., U.S.A.
4. Date of birth: 26th August 1917
5. Place of birth: U.S.A. (Country) New York (County or Province) New York City (Town or Township)
6. Religion (state denomination): Jewish
7. Trade or Calling: Student
8. Married, Widower or Single: ~~Single~~ MARRIED
9. Name of next of kin: ~~Joseph Biblowitz~~ CHRISTINA MRS. E. BIBLOWITZ ~~Mrs Bee Frankel~~ 46
10. Relationship: ~~Father~~ WIFE (See CHANGE - INSIDE.) D. 65/41
11. Address of next of kin: ~~Unknown~~ ~~1614 Ave. T. Brooklyn N.Y. USA.~~ GAMBO. HOTEL GAMBO. NFLD.
12. Do you belong to, or have you served in the Active Militia of Canada? No
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No
    (Yes or No)
    (*b*) Any other Naval, Military, or Air Force? YES (If Yes, Give Regimental No. and Unit) 2 years U.S. R.O.T.C.
14. Did you serve during the Great War 1914-1918? No
    (Yes or No) (If Yes, specify Unit and Period of Service)

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Solomon Biblowitz 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 SEP 6 1940 Solomon Beblowitz
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(U.S. Citizen) (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, QUE. this 6 day of September 1940

H.E. Stark Capt. — Signature of Magistrate, Justice or Attesting Officer.

VICTORIA RIFLES OF CANADA-C.A.S.F. — Office or Rank and Unit or appointment.

WITNESSED

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

9905
2

Record of Service of **Biblowitz** (Surname) **Solomon** (Christian Names) Regimental Number D 72006.

QUALIFICATIONS

Military: **Corp'l in W.S. R.O.T.C.**
Business or Professional: **Nil**
Trade or Civil: **Physical Instructor**
Technical: **Nil**
Languages: ~~**English**~~ Nil English.

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: **4 Years** (years completed)
Graduation or Matriculation: **Matriculation** (specify)
*College: **Pratt Institute - Brooklyn N.Y. 2 Years**
*University: **Nil**

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

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
6-9-40		Joined on appointment T.O.S. VICTORIA RIFLES OF CANADA-C.A.S.F.	Rfm	6-9-40	V.R.C.	Montreal	D.O. 32 Part-2-	7-9-40
16.9.40		Admitted St Johns Mil. Hosp.	"	16-9-40	"	Mt Bruno	D.O. 38. Pt. 2.	21-9-40
16.9.40		Discharged ——"——	"	19.9.40	"	"	"	21-9-40.
13.10.40		Awt. fort. one day's pay — AWL 2nd from: 0100/13-10-40 to 2130/13-10-40	"	13.10.40	"	"	D.O. 56 Pt. II	15.10.40.
2.11.40		Permission to marry ~~Norma King~~ Christina Butler.	"	2.11.40	"	Montreal	D.O. 62. Pt. II.	25.10.40
9-11-40		Admitted R.V. Hosp.	"	9-11-40	"	"	D.O 79 Pt II	14-11-40.
2.12.40		Discharged R.V. Hosp.	"	13.11.40	—"—	—"—	D.O 94 Pt.	2.12.40
26-12-40		Proceeded from Montreal P.D.	"	26-12-40	"	"	Pt. II D.O. 112	25-12-40.
29-12-40		Arrived St Johns Nfld	"	29-12-40	"	St Johns	Pt. II D.O. 113	31-12-40
4.4.41		Granted 14 days furlough	—"—	4.4.41	—"—	—"—	Pt. II. D.O. 41	3-4-41
26.5.41		Married to Miss Christina Butler ~~proceeded on change from Father to wife~~ C.S.R.T.C.	—"—	26-5-41	—"—	Airport	Pt. II. D.O. 65.	4.6.41
7.6.41		Proceeded 'on command' Long Branch	—"—	11.6.41	—"—	—"—	Pt. II. D.O. 67	7.6.41

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

Statement of the Service of No. D-72006 Rank RFN. Sheet No. 2-1

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

Name BIBLOWITZ. S.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Returned from "on command"	RFN.	12.7.41	VRC.	AIRPORT, NFLD.	Pt. II. DO. 85	31.7.41
		Qualified. Pt Course "306- Q II.	—"—	17.8.41	—"—		Pt. II. DO 95	17.8.41
17.6.41.		CHANGE of NEXT OF KIN: GANBO HOTEL GANBO, NFLD. from father Jowitz	—"—	17.6.41.	—"—	—"—	Pt. II. DO 70.	17.6.41.
25-8-41		Proceeded from Airport with Party # 2	—"—	25-8-41	—"—	—"—	Pt II Do. 98	24-8-41
28-8-41		Arrived with Party #2 at Valcartier	—"—	28-8-41	—"—	Valcartier	Pt II Det D. 1	1-9-41
8-9-41		~~Promoted~~ Appointed	A/L/Cpl	1-9-41	"	"	Pt II Det O 3	8-9-41
7/11/41		Proceeded from Valcartier	"	17/10/41	"	Valcartier	pt II D.O. 127	7/11/41
7/11/41		Arrived Nanaimo	"	22/10/41	"	Nanaimo	pt II D.O. 127	7/11/41
21-11-41		PROCEEDED "ON COMMAND" ON DUTY TO VANCOUVER, B.C.	"	21-11-41	"	"	PT.11. DO. 131	21-11-41
26-11-41		RETURNED FROM ON COMMAND.	"	23-11-41	"	"	PT.11. DO. 133	26-11-41
1-12-41		APPOINTED	A/CPL.	28-11-41	"	"	PT.11. DO. 136	1-12-41
20-12-41		STOPPAGE 10¢ PAY. BARRACK DAMAGE.	"	20-12-41	"	"	PT.11.DO. 145	20-12-41
29-1-42		GRANTED 14 DAYS' FURLOUGH.	"	31-1-42	"	"	PT.11. DO. 24	29-1-42
9-3-42		ADMITTED NANAIMO MILITARY HOSPITAL. (Sick)	"	6-3-42	"	"	PT.11.DO.57	9-3-42
1-6-42		Discharged Nanaimo Military Hospital	"	30-5-42	"	Esquimalt	Pt.II. Do.125	1-6-42
		Recatagorized "D". Granted 2 weeks sick Leave	"	29-5-42	"	"	Pt.II. Do.125	1-6-42
		Granted subsistance Allowance (Art200-1FR&I)	"	29-5-42	"	"	Pt.II. Do.125	1-6-42
28-7-42		Recategorized "A-1" MFB 227	"	16-6-42	"	"	Pt.II. Do. 180	28-7-42
3-8-42		Proceeded from Macaulay Camp, 1200 hrs	"	3-8-42	"	Macaulay	Pt. 11 DO 186	3-8-42
10-8-42		Arrived Dartmouth, N.S., 0830 hrs.	"	9-8-42	"	Dartmouth	Pt. 11 DO 187	10-8-42

Statement of the Service of No. D. 72006 Rank Sheet No.

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

Name BIBLOWITZ SOLOMON.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		ATT'D TO H.Q. 1TH Can. Div. DEBERT N.S. W.E.F. 25-8-42						
		(T.O.S NEW UNIT 26-8-42 FOR A/P	Opl.	25-8-42	V.R.O.F.C.	HAZELHURST CAMP	D.O. 200	26-8-42
		S.O.S. ON TRANS TO 2nd Can PARA BN W.E.F. 25-8-42						
		(T.O.S. NEW UNIT 26-8-42)	"	25-8-42	"	"	" 204	30-8-42
		HAVING REPORTED FOR SELECTION — WAS ACCEPTED & T.O.S		26 AMENDED by P.O. 16/13-11-42.				
		FROM CAMP DEBERT DRAFT FOR A/P EXCEPT R.V.&Q	"	~~29~~ 8-42	2nd Can PARA BN	N.D.H.Q. OTTAWA	" 7	9-9-42
		QUALIFIED AS PARACHUTIST	"	5-9-42	" "	" "	9	25-9-42
		PROMOTED TO A/SJSgt. WITH PAY	A/SJSgt.	9-11-42	" "	" "	13	23-10-42
		ENTITLED TO DRAW PARACHUTE PAY AT 75¢ PER DIEM	"	26-8-42	" "	" "	16	13-11-42
X		CHANGE: NEW ADDRESS N.O.K.: 601 CHAUCER ST., HELENA, MONTANA, U.S.A.	"		"	"	17	27-11-42.
		ADMTD. TO STATION HOSP.	"	2-1-43	"	"	3	15-1-43
		DISCD. FROM STATION HOSP.	"	9-1-43	"	"	4	22-1-43
		MOVED TO NORFOLK, VIRGINIA, U.S.A.	"	15 APR. 43	"	"	17	23 APR. 43.
		EMBARKED SAN FRANCISCO, Cal. U.S.A.	"	9 July 43				
		DISEMBARKED AMCHITKA,	"	24 July 43				
		EMBARKED AMCHITKA,	"	22 AUG. 43				
		DISEMBARKED SAN FRANCISCO, Cal. U.S.A.	"	1 SEPT. 43	1ST. CDN. SPEC. SERVICE Bn.	"	35	17 SEPT. 43.
		GRANTED SPEC. LEAVE FROM 3 SEPT. 43 TO 15 SEPT. 43.	"	3 SEPT. 43	"	"	36	24 SEPT. 43

Regimental No. D72006 Rank Sheet No.

Name BIBLOW I.T.2, Solomon

M.F.M. 1 & 2 (a)
500M—2-43 (8593)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Embarked USA.		27 OCT 43				
Dis-Embkd. CASABLANCA		5 NOV. 43				
Embarked ORAN		13 NOV. 43				
Dis-Embkd. NAPLES	A/S/SGT	13 NOV. 43	1st L.S.S. Bn / 1st C.S.S. Bn	FIELD	#50	25 Nov. 43
CONFIRMED SGT.	SGT (A/S/SGT)		1ST C.S.S. Bn	"	#50	25 Nov. 43
S.O.S. TO X3 LIST 1st. LON SPECIAL SERVICE BN.	"	9 JAN 44	"	2ND ECHELON	#3	18 JAN 44
T.O.S. FROM 1st. LON. SPECIAL SERVICE BN.	"	10 JAN 44	X LIST 1st L.S.S. BN / 1st LON SPEC SERVICE BN	"	#3	19 JAN 44
ENTITLED TO Wear CVSM. RIBBON WITH CLASP	"	10 JAN 44		"	4	21 JAN 44
S.O.S. TO 1st. LON. SPECIAL SERVICE BN.	"	15 JAN 44	X LIST 1st L.S.S. BN	"	#3	27 JAN 44
T.O.S. FROM X3 LIST	"	16 JAN 44	1st LON. SPEC SERVICE BN	" CMF	#6	25 JAN 44
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
Confirmed in Rank Sgt	Sgt	9 Jan 43	15 S. Bn.	A A I	21	5 Apl 44
m 106 Adm 36 US Gen H. 9 Jan 44 Disc US Gen H/6 Jan 44	A/S/Sgt		1 Spec Serv Bn		C1493	26 Aug 44
SOS TOS TOS C/A T/S Killed	A/S/Sgt A/1/Sgt.	31 Aug 44 D.N.K.	1 S.S. Bn 1 S.S. Bn	A A I. A A I.	60 A 496	1 Sep 44 Sept 44

Regimental No..... Rank..... Sheet No.....

Name.....

M.F.M. 1 & 2 (a)
500M—2-43 (8593)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated

Regimental No. D-72006 Rank A/CPL Sheet No.

Name BIBLOWITZ S.

M.F.M. 1 & 2 (a)
500M—2-43 (8593)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Embarked Newport News Va, USA.	~~A/CPL~~ A/S/Sgt	27-10-43	1ST C.S.S.B.	FIELD.	50	25-11-43
Disembarked Casablanca, Fr. Morocco	"	5-11-43	"	"	50	25-11-43
Embarked Oran, Algeria.	"	13-11-43	"	"	50	25-11-43
Disembarked Naples Italy	"	18-11-43	"	"	50	25-11-43
Confirmed as Sgt	A/S/SGT.	~~9 Jan 43~~ ~~21-11-43~~	"	"	50	25-11-43.
SOS to X3 LIST 1 CSSB	"	9-1-44	"	"	#3	18-1-44
TOS X3 List 1CSSB	"	10-1-44	"	"	X2	19-1-44
Awarded Can Nat Serv Medal & clasp	-	10-1-44	-	-	4	21-1-44
SOS X-3 LIST	-	15-1-44	-	-	X3	27-1-44
TOS 1 CSSBn	-	16-1-44	-	-	6	25-1-44

Regimental No..... Rank..... Sheet No.....

Name.....

M.F.M. 1 & 2 (a)
500M—2-43 (8593)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Biblowitz Solomon ..... Date 4 Septembre.1940.

Part 1. Information obtained from the recruit.

1. Age 23 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	k. Ear disease	NO
b. Tuberculosis	NO	l. Eye disease	NO
c. Bronchitis or asthma	NO	m. Epilepsy	NO
d. Heart disease	NO	n. Nervous or mental disease	NO
e. Kidney or bladder disease	NO	o. Syphilis	NO
f. Gastro-intestinal	NO	p. Gonorrhoea	NO
g. Rupture	NO	q. Have you ever worn glasses?	NO
h. Varicose veins	NO	r. Are you now or have you in the past received disability pension or compensation? If so, give details	NO
i. Flat or deformed feet	NO		
j. Nasal trouble	NO		

Solomon Biblowitz
Signature of Applicant

Colour Vision ISHIHARA

Ears normal

URINE N

X-RAY N

C.N. Reflexes.N.

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

1. Identification marks or scars. (If operative obtain history.)

Scar left thumb. Mole right temple.

2. Height 5 feet 6 3/4 inches. 3. Weight 161 pounds.

4. Complexion Dark Eyes Brown Hair ~~Brown~~ Black

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 3 1/2 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth Good

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

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
12-9-40	N.d.c.c. Modified Reaction	4/11/41	T. A. B. T. ½ c.c. Dadswhite, Capt.
	T.A.B. 3 12-9-40 21-9-40 26-9-40		Allen Semple Lieut
	Tetanus Toxoid 1 c.c. 12-9-40 1 c.c. 24-10-40		
27.11.40	Re-boarded, Category A. O'Beirne Capt.		
29-5-42	Recategorized "D" A L Gordon		
16-6-42	Recategorized "A.1" Capt		

Regtl. No. D 12006. Rank Rfm. Surname Biblowitz Christian Name Solomon

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
Montreal Que	6-9-40	16	9	40	19	9	40	Urethritis, non-specific	3	Discharged to duty	[illegible] Capt
✓ ✓	✓	9	11	40	13	11	40	No Disease	4	✓ ✓ ✓	✓

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

N.F.M. 14A
20SM-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE NO. _____

NO. D72006 RANK Gdsm.(Alsat) NAME BIBIOWITZ, S.

CASUALTIES, ETC.

PART II D. O. No.	PART II D. O. DATE	NATURE AND PARTICULARS — IF IN HOSPITAL, NOTE NAME
20	18-12-42	Granted a special leave of absence from 8-12-42 until 14-12-42 and a ration allowance of 1 s 0 d per diem
3	15-1-43	Adm Station Hospital J H Harmon eff 2-1-43
4	22-1-43	Disch Station Hospital J H Harmon eff 9-1-43
B6	24-9-43	LEAVE 3-15/9/43 RATION ALC 50 d (12 days)
50	25-11-43	CONFIRMED AS Sgt.
4	21,1,44	AWARDED CVSM&C
3	18-1-44	SOS TO X13 CIST 9-1-44.
6	25-1-44	TOS FROM X-3 CIST 16-1-44.
21	5-4-44	CONFIRMED SGT 9-1-43
60	1-9-44	TOS CDN ARMY
		OVERSEAS CMF 31-8-44
CR136	15-9-44	KILLED IN ACTION, DATE UNKNOWN, BURIED 14-9-44

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME

LOWE-MARTIN CO. LIMITED D83960

M. F. M. 14
300M-5-41 (3234)
H. Q. 1772-39-1662

NO. D-72006 RANK ~~Cpl.~~ A/S/Sgt NAME "B" BIBLOWITZ Solomon N.F. 42.

*MARRIED
*~~WIDOWER~~
*~~SINGLE~~

PLACE OF ENLISTMENT Montreal, Que. Canada. DATE 6-9-40

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
32	7-9-40	Rfn.			1.30		TOS VRC wef 6-9-40
3	8-9-41	L/Cpl.			1.50		wef 1-9-41
136	1-12-41	Cpl.			1.70		wef 29-11-41
13	23-10-42	A/S/Sgt	Bombt	AS	3.25	NO	eff 9-10-42

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs Christina	~~Jan. 41~~	~~20.00~~	~~20 00~~
Biblowitz (wife)	~~1-11-42~~	~~31 00~~	~~25.00~~
~~Col Hancock Lt.~~	1-11-43	60 00	60.00
~~Helena Montana~~			
4196 Bedford Ave			
Brooklyn NYC			

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
30-5-41	wife	35.00	26-5-41

OUTFIT OR CLOTHING ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.

*DELETE WORDS WHICH ARE INAPPLICABLE

OCCUPATIONAL FORM COMPLETED

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE
32	7-9-40	TOS VRC wef 6-9-40	
39	21-9-40	Admit. St. Johns Military Hospital wef 16-9-40	
39	21-9-40	Disch'd " " " wef 19-9-40	
56	15-10-40	AWL 0100 hrs 13/10/ to 2130 13-10-40 forfeit. 1 day's pas.	
63	25-10-40	Granted Mermiss. to marry miss Christina Butler.	
79	14-11-40	Adm. R.V. Hosp. wef 9-11-40	
94	2-12-40	Disch R.V. Hosp. wef 13-11-40	
65	4-6-41	Married 26-5-41 Miss Christina Butler	
67	7-6-41	Command Long Branch wef 9-6-41	
85	31-7-41	Retd from on Command wef 12-7-41	
3	8-9-41	Prom L/Cpl. wef 1 Sep. 41	
136	1-12-41	Prom Cpl. wef 29-11-41	
125	1-6-42	Granted 14 days sick leave & Sub.Allow	
200	26-8-42	SOS Att'd to H.Q. 7th. Can. Div. Debert, N.S. wef. 25-8-42	
7	9-9-42	TOS 2nd Cdn Para Unit RCA eff ~~29-8-42~~ 26-8-42	
9	25-9-42	Qualified parachutist eff 25-9-42	
13	23-10-42	Promoted to A/S/Sgt eff 9-10-42	
13	23-10-42	P.O 7 amended to read TOS 26-8-42	
16	13-11-42	Entitled to parachute pay at 75¢ per diem eff 26-8-42	

No D.72006 Rank S/Sergeant Name BIBLOWITZ, Solomon

Unit 1st Cdn. Special Service Bn. ~~Victoria Rifles of C.~~ Date of death 12 SEPT. 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-B-12224

N/K Mrs. Christina Biblowitz, Relationship Widow

Address ~~xxxxxxxxxxxxx~~ 1417 St. Matthew St. Montreal, P.Q.
~~1417 St. Matthew Street, Montreal 25, Quebec~~
~~601 Chaucer St. Helena, Montana, USA~~

Remains buried in United States Military Cemetery

Draguignan, France.

Grave location Grave 58, row 5, plot AA

CHK ✓

OVER

HI & CR Form Despd. OCT 10 1946

REBURIED: Grave 58, row C, plot 4
Mazargues Cemetery Extension,
Marseilles, France.

BURIAL REPORT TO N.K. APR 17 1945

RETURN TO BUR. OF STAT. MAY 4 1945

ROYAL MESSAGE DESP'D. OCT 31 1944

CAN. MESSAGE DESP'D. OCT 19 1944

M.F.B. 371
300M—7-41 (1087)
H.Q. 1772-39-164

REPORT ON INJURIES

Other than Wounds Received in Action

1. Certificate to be signed by injured officer or soldier:

I, D-72006 A/S/Sgt Biblowitz, S.M.
(a) (number) (b) (rank) (c) (surname) (Christian names in full)

2nd Canadian Parachute Bn hereby declare that the injury sustained by me
(d) (unit)

on the 1 January 1943 ~~did not~~* did* occur while I was in the performance
(e) (date of casualty)

of military duty.

Sol M. Biblowitz
(Signature of officer or soldier)

Ft.Wm.Henry Harrison, Helena, Montana
(station)

Jan 30, 1943.
(date)

2. (a) Description of injuries Bursitis, traumatic, moderately severe, olecranon, left.

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? No

(c) Whether admitted to hospital or sick in quarters? Soldier admitted to Station Hospital, Ft William Henry Harrison, Mont, January 2, 1943.

(d) How long before initial treatment was given? Treatment instituted immediately on admission to hospital.

Date February 10, 1943 Signature of medical officer R. N. Brown

R. N. BROWN, Captain, MC, AUS, Registrar,
Station Hospital, Ft William Henry Harrison, Montana

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

During a problem on the Combat Range on 1 Jan 1943 at Ft.Wm.Henry Harrison, Helena, Montana, U.S.A. I fell on my left elbow. It swelled up over night and ~~xxx~~ I reported to the dispensary next day. I was sent to the hospital at Ft.Wm.Henry Harrison and had an xray and received treatment.

Sol M Biblowitz

*Strike out whichever is not applicable.

8

4. Statement of Commanding Officer:

(*a*) Was the individual in the performance of military duty? Yes

(*b*) Nature of duty Scouting and patroling training.

(*c*) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander? Na

(*d*) If it was incurred on leave, was such leave with or without pay? Na

(*e*) Was anyone else to blame? No

(i) Whom? Na

(*f*) Did the injury occur on military premises and if so in what part of such premises?
Yes Combat Range Ft.Wm.Henry Harrison,Helena Montana. U.S.A.

(*g*) Court of Inquiry:

(i) Has one been held? No

(ii) Will one be held? No

(iii) Date and place Na

Date Feb 11/43 Commanding J. Williamson Lt Col.

5. Remarks of District Officer Commanding or Division Commander:

Date 12 Oct 1943 Paul D Adams . Col. Inf

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.

(*d*) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Sol Michael Biblowitz, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of New York, in the County / District of

Province of New York, U.S.A., Physical Instructor
(Civil Occupation)

Regimental No. D-72006, Unit 2nd Cdn Parachute Bn., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my wife, Mrs. Christina Biblowitz, 232 Messorle St. Brooklyn N.Y. U.S.A. all 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

(4) I appoint Mrs. Christina Biblowitz, 232 Nessorle St., New York.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 29 day of January

19 43

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Sol M. Biblowitz
(Signature of soldier)

First witness sign here.

(5) Signature [illegible]

Civil Address 312 Graham St Woodstock Ont

Civil Occupation Bank Clerk

Second witness sign here.

Signature G. L. Sims

Civil Address 46 Collingwood St Kingston Ont

Civil Occupation YMCA Instructor

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

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

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

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

(2) Regimental or Air Force Number and Rank D- 72006 Rifleman.

(3) Unit VICTORIA RIFLES OF CANADA-C.A.S.F.

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife Nil:

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

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

(7) Are you a widower? No.

(8) Have you any children? No. Number of boys..... Girls.....

Names and ages.....

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

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

Name.....

Postal Address N-A.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No.

If so, state her full name and Postal Address

Nil.

(11) Is your father alive? Yes.

If so, state name and address, occupation Mr. Joseph Solomon Biblowitz.

(Address Unknown.)

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No.

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

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

(14) Is your mother alive? No.

If so, state name and address Nil

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? No.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship

Full Name Nil.

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? No.

If so, in what Company?

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Nil.
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.

Solomon Biblowitz
(Signature of officer or man)

Date SEP 6 1940

Officer Commanding [signature] Capt.

Date SEP 6 1940

VICTORIA RIFLES OF CANADA-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.

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: BIBLOWITZ (Block letters)

Given names: Solomon

4. RESIDENCE

Street: Avenue 8, No. 1614

Official name of civil municipality or township: Brooklyn

Municipal county: New York, Province: U.S.A.

Enlisted at: Montreal, Que.

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

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

10. BIRTHPLACE (Province or Country): U.S.A.

11. DATE OF BIRTH: August (Month) 26th (Day) 1917 (Year)

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

OCCUPATION

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

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	BIBLOWITZ Joseph	
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: September (Month) 12th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in Action

due to

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

(b)....

due to

(c)....

II

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

....

....

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

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

(b) Duration of disease....days

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

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

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

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

Signed....M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

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

E Graves Lt/S.

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

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

....

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

MAY 4 1945

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR — (a) dans l'hôpital ou l'institution ..... *Années* ..... *Mois* ..... *Jours* ..... | (b) dans la municipalité du décès ..... *Années* ..... *Mois* ..... *Jours* ..... | (c) dans la province ..... *Années* ..... *Mois* ..... *Jours* ..... | (d) au Canada (s'il s'agit d'un immigré) ..... *Années* ..... *Mois* ..... *Jours* .....

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint .....

10. LIEU DE NAISSANCE (Province ou pays) .....

11. DATE DE NAISSANCE ..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc. .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc. .....

15. Dernière date à laquelle le défunt vaquait à ce travail .....

16. Nombre d'années occupées dans cette profession .....

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport .....

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... 19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le ..... 19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) .....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) .....

dû à

(c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ..... 19.....

(b) Durée de la maladie ..... jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? ..... Date de l'opération ..... 19.....

Constatations ..... Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide ..... Date ..... 19..... (Spécifier)

Manière de la blessure ..... (Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature ..... **M.D.**

Adresse ..... **Date** ..... 19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.) .....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture. .....

(For English see other side)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit VICTORIA RIFLES OF CANADA C.A. Regimental Number D-72006

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	BIBLOWITZ	N.R.M.A. Clear. Depot.	#4.
2. Christian Names	Solomon	VICTORIA RIFLES OF CANADA	1st BN
3. *Substantive Rank and Appointment	Pte	1 st. C.S.S.	Bn
*Acting Temporary or Local Rank	A/Sgt.		
giving date	9-10-42.		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	New York City	(18) Medical	
5. Date of birth as declared on attestation	26-8-27		
(A)			
6. Date of enlistment	6-9-40		
7. Place of enlistment	MONTREAL, QUE.		
8. Residence at time of enlistment	Brooklyn, N.Y., 16th Ave. T.		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	Jewish		
12. If married, state date		(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	Student		
14. Corps, trade and grade		Wife - Mrs. Christian Biblowitz	
15. (D) Qualifications	(Q-11 P.T.)	601 Chauncey St.	
16. (E) Miscellaneous entries		Helena, Montana, U.S.A.	
		(20) E	
		(21) E	
		(22) E	

Category	Date	Authority
"A"	4-9-40	MFM 2 Page 3
"A"	27-11-41	MFB 227
"D"	29-5-42	MFB 227
"A-1"	16-6-42	MFB 227

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
26-12-40		VRC	Left Canada MONTREAL, QUE.		26-12-40	Rfn	Do.112
29-12-40		"	Arrived Newfoundland St. John's, Nfld.		29-12-40	"	DO.113
25-8-41		"	Left Newfoundland	Airport	25-8-41	"	Do.98
28-8-41		"	Arrived Canada	Valcartier	28-8-41	"	Do.Det.1
							Amended by PC 16/13-11-42
4-9-42		2nd Para Bn	Accepted for T.O.& E. and Bty	Ottawa	26-8-42	Gnr	7
25-9-42		" "	Qualified as Parachutist	" "	5-9-42	"	9
23-10-42		" "	Promoted to Bdr. at 1 1/- per day	" "	9-10-42	A/Sjt	13
13-11-42		" "	Entitled to Jump Parachute Pay 1/- per day	" "	26-8-42	"	16
15-1-43		" "	Admitted to Hospital	" "	2-1-43	"	3
22-1-43		" "	Disch. from Station Hosp.	" "	9-1-43	" "	4
23 Apr 43		" "	Moved to Norfolk, Virginia, U.S.A.	" "	15 Apr 43	" "	17
			Embarked San Francisco, Calif.		9 July 43		
			Disembarked Auckland		24 July 43		
		1st Can Sec	Embarked Auckland		22 Aug 43		
12 Sept 43		Seaforth Regt	Disembarked San Francisco, Calif.	" "	1 Sept 43	" "	35
24 Sept 43		"	Granted Special Leave, 3 Sept 43 to 15 Sept 43	" "	3 Sept 43	" "	36
25 Nov 43		"	Embarked Newport News Va. U.S.A.		27 Oct 43	"	50
		"	Disembarked Casablanca Fr. Morocco	Field	5 Nov 43	"	50
		"	Embarked Oran Algeria	"	13 Nov 43	"	50
		"	Disembarked Naples Italy	"	18 Nov 43	"	50
25-11-43		1 CSSB	Confirmed in the rank of Sergeant	"	9 Jan 44	Sgt	50
14-1-44	OC	"	SOS to X 3 Test 1 CSSB.	"	9 Jan 44	"	#3
"	OC	"	TOS X 3 Test 1 CSSB	"	10 Jan 44	"	X 2
"	"	"	Awarded Cdn Val Serv Medal oak leaf	"	10 Jan 44	"	#4
21-1-44	OC	"	SOS X 3 LIST	"	15-1-44	"	X 3
"	OC	"	TOS 1 C.S.S. Bn	"	16-1-44	"	#6
		"	Adm 3 Lt Msesen Hosp	"	9 Jan 44	"	X 40/44
		"	Dis 3 Lt Msesen Hosp	"	16 Jan 44	"	X 40
	OC	1 C.S.S.B.	TOS Cdn Army Overseas (CMF)	"	21 Aug 44	"	60/44
26 Sep 44	AFW 3014	1 C.S.S.B.	SOS - Died - Investigating (amended)	"	DNK	"	Gen 375 P 42
20 Oct 44	"	"	SOS - Killed in action	"	DNK	"	Gen 380 P 35
6 Oct 44	"	"	SOS - Killed in action	"	12 Sep 44	"	Gen 384 P 32 DO 68/44

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D72006 Rank and Name BIBLOWITZ. S. S/Sgt.

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

(Transfer or Discharge) ~~Death~~ on 12th. September. 19 44.

Reason Death Authority C.C.L."A" 498 d/8th Oct.44.

The following is a statement of the account of the above-named from 1st September. to 30th. September. 19 44. the inclusive date of transfer or discharge.

Particulars	Amount Dr		Particulars	Amount Cr	
Balance Dr from last account			Balance Cr from last account	72	73
First Monthly Payment			Regimental Pay 30 days at $ 2.50 ✓	75	00
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) Para Pay 30 days at $ 75¢ ✓	22	50
Assigned Pay	60	00			
Regimental Charges			Allowances (give particulars) .....days at $		
Public Stoppages (give particulars) :					
To Balance Cr — Free	110	23			
To Balance Cr — Deferred			By Balance Dr		
Total	170	23	Total	170	23

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

Remarks

Assnd Pay $60.00 (W) Stopped eff October.1944.

Compiled by A.Wood.

Checked by E.Knight

Date 19th.April. 1945.

Certified correct D. A. Towley
for Chief Treasury Officer, Overseas

MW

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C

Prior to compilation of statement below

Date	Unit	Payments	Amount Dr	Amount Cr	Paymaster's Signature
		Balance from L P C.....			

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above.....				
		Pay and Allowances from.....to.....				
		Assigned Pay months of.....				
		Civilian Clothing Allowance.....				
		Boat Expense Money.....				
		Train Expense Money.....				
		Miscellaneous Debits (give details).....				
		Miscellaneous Credits (give details).....				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr	Cr	Signature of Paying Officer

Place of Embarkation.....

Date of Embarkation.....

Place of Disembarkation..... HM Transport.....

Date of Disembarkation.....

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

EL/

405-B-12224

CASUALTY (REPORT DELIVERY)

OTTAWA 30 SEPTEMBER 1944

TO:-
MRS CHRISTINA BIBLOWITZ
1417 ST MATTHEW ST
MONTREAL 25 PQ

12607 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT

D72006 STAFF SERGEANT SOLOMON BIBLOWITZ HAS BEEN OFFICIALLY REPORTED

KILLED IN ACTION ON A DATE NOT YET AVAILABLE STOP WHEN FURTHER

INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVEI

wtk

PREPAID

DIRECTOR OF RECORDS

13

File Copy

Quote No. H.Q. 405-B-12224
(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.

4th October 1944

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

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

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

Regimental No. D-72006 Rank S/Sgt

Surname BIBLOWITZ

Christian Names Solomon

Nature of Casualty Killed in action

Date of Casualty DNK

Address at time of enlistment Brooklyn, N.Y. U.S.A.

Date enlisted: 6-9-40

Date of Birth 26-8-17

Marital Status (On enlistment) Single

Marital Status (Present) Married

Occupation Student

Name and address of Next-of-Kin Mrs. Christina Biblowitz
1417 St Matthew St., Montreal 25 Que.

MCL

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

Gd.

16

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.72006 RANK Staff Sergeant SERVICE UNIT The Victoria Rifles of Canada (CA).

[redacted] NAME BIBLOWITZ, Solomon

DATE OF BIRTH DAY 26th MONTH August YEAR 1917 Enlisted: 6-9-40

MARITAL STATUS Married Religion: Jewish

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife

ADDRESS 1417 St. Matthew St., Montreal 25, Que.

NAME ADDRESS D.A.B. Mrs. Christina Biblowitz

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1858A H.Q.405-B-12,224

CASUALTY DETAILS Killed in action DATE 12-9-44

MEDITERRANEAN

AMENDMENT AS TO DATE OF CASUALTY

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO PAL

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 3428 O/S with 1st Cdn. Spec. Serv. Bn. DATE 16-10-44

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

23

H.Q. 405-B-12,224 (Records C)

16 October 1944

Mrs. Christina Biblowitz,
1417 St. Matthew Street,
Montreal 25, Quebec.

Dear Mrs. Biblowitz:

Further to my telegram of the 30th ultimo, informing you of the regretted death of your husband D72006 acting Staff Sergeant Solomen Biblowitz, I am directed to inform you that official information has now been received from Canadian Military Headquarters Overseas, confirming the date he was killed in action as the 12th September 1944.

You may be assured that any additional particulars received will be communicated to you.

Please accept my deepest sympathy in your bereavement.

Yours sincerely,

20 X

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

ND:NB

24

21st November, 1944.

Mrs. Christina Biblowitz,
1417 St. Matthew Street,
Montreal 25, Quebec.

Dear Mrs. Biblowitz:

It was with deep regret that I learned of the death of your husband, D72006 Staff Sergeant Solomon Biblowitz, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 12th day of September, 1944.

From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major-General
Adjutant-General

NOV 17 1944

(A.E. Walford),
Major-General,
Adjutant-General.

/EMA

from Wife
5-12-44

31

Director of Estates

Regimental No. D-72006 ..... Rank. Staff Sergeant .....

..... BIBLOWITZ ..... Solomon .....
Surname Christian Names

Unit ..... The Victoria Rifles of Canada (CA) .....

Date of Death 12 Sep 44 ..... Place of Death OVERSEAS (Mediterranean)

Next-of-Kin.. Mrs. Christina Biblowitz . Relationship. Wife .....

Address ..... 1417 St. Matthew St., Montreal 25, Que. .....

.....

.....

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

Will ..... Wills d/2 Nov 40, d/29 Jan 43. herewith .....

Date ..... 8 Dec 44 .....

ESTATES BRANCH DEC 11 1944 OTTAWA NATIONAL DEFENCE

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

JEC/SLG

4

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Army

Name: BIBLOWITZ (Surname) Solomon (Christian Names) No.: D.72006

A.S. Sgt. (Rank) C.A. O/S (Unit) 12-9-44 (Date of Death)

AMOUNT

L.P.C. $ 110.23

Date: 6-5-45

Other Credits

Total 110.23

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Christina Biblowitz 1417 St. Matthew St. Montreal, 25, Quebec (sole beneficiary under will)	110.23

TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 21-6-45 QW 2

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	110.23

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-72006 RANK Staff Sergeant SERVICE UNIT The Victoria Rifles of Canada (CA)

NAME BIBLOWITZ, Solomon

DATE OF BIRTH DAY 26th MONTH August YEAR 1917 Date enlisted: 6-9-40

MARITAL STATUS Married Religion: Jewish

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife

ADDRESS 1417 St Matthew St., Montreal 25 Que.

NAME ADDRESS D.A.B. Mrs. Christina Biblowitz

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1481A H.Q. 405-B-12224

CASUALTY DETAILS Killed in action DATE DNK

MEDITERRANEAN

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MCL YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

O/S 1st Cdn. Spec. Serv. Bn.
S/L 3428

DATE 6-10-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CFA 167
40/P & S/2180 (4066)

155

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D.72006 A/S/Sgt. BIBLOWITZ S. (Dec'd)

RECEIVED FROM ..... 2nd Ech. A.A.I.

L.2864 Cpl. Halik, H.

CHECKED BY ..... B.131628 Sgt. Smith, E.L. ..... DATE ..... 5 Jan 45

1	Comforter Quilt		
1	Sweatshirt, with crest		
1	Gym Shirt		
1	pr Gym Pants		
2	Sweaters, woolen, pullover		
1	pr Ski Mittons, leather		
1	pr Mitts, 1 finger, woolen		
1	pr Gloves, leather		
1	Towel		
2	Leather Belts		
1	pr Braces, pant		
6	Brushes, misc.		
1	USA FS Cap		
1	Housewife, containing sewing kit		
1	pr Scissors		
1	Nail File		
1	Comb, pocket		
1	Handkerchief		
1	Sewing Kit in leather holder		

8

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

TRIPLICATE — with effects.

E Smith Sgt
for OC 1 Cdn KSD

CFA 187
40/P & S (2) 40 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

1555

No., RANK and NAME ...D-72006 A/S/Sgt....Biblowitz S.....(Dec'd).....

RECEIVED FROM ..Cdn Sec G.H.Q....2nd Ech AAI.....
B-47665 Gnr Lynn W

CHECKED BY ....B69920 Tpr Browning W..... DATE ...17 DEc 44.....

1	Pipe		
1	Identity disc		
2	New Testaments		
1	Cross of St. Lorraine		
1	Pr. Barber clippers		
2	Prs. Scissors		
1	Pr Eye glasses in case		
1	Match holder & compass		
	Souvenir German decorations		
1	Leather suveyors set		
1	Leather shaving kit		
2	Razors		
2	Undeveloped rolls of filum		
1	Childs suitcase		

10

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

TRIPLICATE — with effects.

Tpr. W. McBrowning

for OC 1 Cdn KSD

File No 405-B-12,224

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 72006 Name Bibliowitz, Solomon

Rank on Discharge Sgt (a/s/Sgt)

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 6-9-40.	to	26-12-40	
Nfld.	from 27-12-40.	to	25-8-41	
Canada	" 26-8-41	To	15-4-42	
~~United Kingdom~~ U.S.A.	from 16-4-42	to	27-10-43	
Casablanca	from 28-10-43	to	13-11-43	
Italy	from :- 14-11-43.	to	12-9-44 (Killed in action)	
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

---.-.-.-.-.-.- _____

Italy Star OK ✓

~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓ No.

with Clasp OK

M

NRD.

Verified by Annette Boucher

Date 12-6-46.

JUN 13 1946

Carded _____

HA 165

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: Solomon (CHRISTIAN NAMES) BIBLOWITZ (SURNAME)

REGISTER NO. D-7523
FILE NO. 405-B-12224
DATE 3-7-45
SERVICE NO. D-72006
FINAL RANK OR RATING S/Sgt.
DATE OF DISCHARGE 12-9-44

PAYEE Mrs. Christina BIBLOWITZ,
ADDRESS 1417 St. Matthew St., Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 12-9-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1467/30 EQUAL TO 48 COMPLETE PERIODS AT $7.50	360.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 365 LESS 27 INELIGIBLE DAYS, EQUAL TO 338 DAYS @ 25c. PER DAY	84.50	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	444.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE			

RECEIVED
JUL 13 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

DAILY RATES AT DISCHARGE

PAY	$ 2.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$ .75	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 37.20	$ 1.24	
TOTAL	$ 5.74 X7 = $ 40.18	
NO. OF DAYS 365/183	X$ 40.18	80.14
D. WAR SERVICE GRATUITY		524.64
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		524.64

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

53

PREPARED BY	CHECKED BY
KMK	

TREASURY

CHECKED BY	DATE
R. Armstrong	July 18/45

Kirkin Lt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME. SOLOMON BIBLOWITZ (Christian Names) (Surname) — Register No. D 75-23

PAYEE'S NAME. MRS CHRISTINA BIBLOWITZ (Christian Names) (Surname) — File No. 40S-B-12224

ADDRESS. 1417 ST. MATTHEW ST. MONTREAL — P.Q. — Date 26-6-45

DATE OF TERMINATION OF OVERSEAS SERVICE. 12-9-44 — Service No. D 72066

Final Rank S/Sgt.

Date of Discharge 2/9/44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 1467 / 30 = 48 (27) Periods @ $7.50	360	00
B. QUALIFYING OVERSEAS SERVICE No. of days 365 less 27 Ineligible days, equal 338 Days @ 25c per day	84	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 2.50 Subsistence Allowance $ 1.25 Additional Pay $ .75 Dependents' Allowance 1/30 $ 37.20 $ 1.24 TOTAL $ 5.74 × 7 = $ 40.18 No. of Days 365 / 183 × $ 40.18	444 80	50 14
D. WAR SERVICE GRATUITY Computed By Gates	524	64
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 524.64 each)	524	64

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

$ ..... × 30 = $ .....

REMARKS

32

100M-11-44 (6087)
H.Q. 1764-81-3

HEADQUARTERS FIRST SPECIAL SERVICE FORCE
APO 4994, N. Y., N. Y.

19 November 1944

Mrs. Sol Biblowitz
1417 St. Matthew Street
Montreal, Quebec
Canada

Copy

Dear Mrs. Biblowitz:

I appreciate your letter and your expression of best wishes for me and the Force.

There was no more courageous soldier in the Force than your husband. He was in my Regiment until I took command of the Force. He did great work on the Anzio Beachhead - mainly leading patrols against the enemy at night. I talked to him many times personally to get the information he had gotten. He always had a clear, concise knowledge of the enemy positions, and obtained very valuable information.

His death was a great loss to me. I found, as I suspected, that he was acting beyond the call of duty when he was killed by an enemy sniper.

His unit contacted an enemy company. Major Hufft, his Battalion Commander, formed a combat group and personally lead it to capture or kill as many of the enemy as possible. Your husband was a volunteer in this group.

They gave the enemy a rough deal, had killed many and captured several prisoners. Your husband had two disarmed prisoners and had started back with them, as the rest of the group withdrew. He did not return as they expected but was seen returning around to one flank and then he failed to join them on the way back so the group returned to look for him. They found he had been killed instantly by a sniper of which none of the group had been aware.

He was a very brave soldier and it was the opinion of the remainder of the group that he had not returned as directly as he could have in the hope of capturing more prisoners.

It is with deepest sympathy that I assure you of the great loss that we have sustained. It was a very sad group that returned, in spite of the great work they had done.

Your husband's death was avenged many times that day and will be many more by the men that knew him.

His organization will never forget him.

38

In sorrow, I again extend my sympathy to you and his loved ones.

Very sincerely,

EDWIN A. WALKER,
Colonel, 1st Special Service Force,
Commanding.

(Re: S. Biblowitz, D-72006,
Staff Sergeant)

91

CANADA

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA, 20th January, 1948.

IN YOUR REPLY REFER TO FILE NO.

D.V.A. 405-B-12,224
R. 4 (B)

Mrs. Christina Biblowitz,
601 Chaucer Street,
Helena, Montana,
U.S.A.

D.72006, S/Sergeant Solomon BIBLOWITZ

Dear Mrs. Biblowitz:

I am sorry it is necessary to write to you again in connection with your late husband, the marginally named, but owing to the United States policy of repatriating their dead to the U.S.A., it has been found necessary to remove certain graves from U.S. Military Cemeteries for concentration elsewhere in order that they might receive proper care and attention.

The Department has recently been informed that in carrying out this work the remains of S/Sergeant Biblowitz were exhumed from the United States Military Cemetery at Draguignan, France, and reburied in grave 58, row C, plot 4, of Mazargues Cemetery Extension, Marseilles, France. This is a recognized military burial ground containing more than 1,200 graves of the 1914-18 war and the cemetery will, of course, be maintained in perpetuity.

Yours faithfully,

F. B. Ludiug

A/Director,
War Service Records.

D. V. A. 1 500M-1946 REQ. 1314

File Reference No. 405-B-12224
D.R. 2 (D).

Date: May 4th, 1945.

REGIMENTAL PARTICULARS

Branch of Service: Canadian Army.
Unit or Formation: Victoria Rifles of Canada.
Regimental or Personnel No. D.72006

REPORT OF DEATH OF UNITED STATES CITIZEN

IN MILITARY SERVICE

Name in full: Solomon BIBLOWITZ.

Date of birth: August 26th, 1917.

Place of birth: New York, New York, U.S.A.

Nature of evidence of birth submitted: Man's statement on attestation.

Date of attestation: September 6th, 1940.

Indicate nature of oath taken upon enlistment: No oath taken.

Date of death: September 12th, 1944.

Place of death: In the Field (France).

Cause of death: Killed in action.

Disposition of remains: Buried in France.

Disposition of effects: Forwarded to Director of Estates, Department of National Defence, Ottawa, Canada.

Previous profession or occupation: Student.

Previous place of abode: 1614 - 8th Avenue, Brooklyn, N.Y., U.S.A.

Next of kin: Mrs. Christina Biblowitz, (wife)
1417 St. Matthew St., Montreal 25, Quebec.

Notification sent to: Above.

J. B. Lading
(Signature of reporting Officer)

for C.L. Laurin, Colonel,
Director of Records,
Dept. of National Defence.
(Title of reporting Officer)

3

NOTE: This form to be forwarded in single copy and without covering letter to American Legation, Ottawa, Canada, copy being retained in personnel file.

MILITIA BOOK M. 1

(DM-5-40 (3202-8)
M.O. 1753-39-1672

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

D-72
B1B40
2006
CWIT N.S.

Militia Book M-1. (Part I)
10M—5-40 (5202)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

3368—1

VICTORIA RIFLES OF CANADA-C.A.S.F.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-72006 Unit .....

Surname (in capitals) BIBLOWITZ

Christian Names (in full) Solomon

Date of Birth 26 August 1917

Place of Birth New York, N.Y. U.S.A.

Trade on Enlistment Student

.....

.....

Nationality of Father at birth American

Nationality of Mother at birth American

Religion Hebrew

Enlisted at Montreal, Que.

Date 6 Sept. 1940

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. 2 years U.S. R.O.T.C.

Signature of Soldier Sol Biblowitz

Signature of Officer .....

Place Helena Date Nov 21/42

USA.

(II) CORPS and UNIT to which Soldier actually BELONGS

Date of Posting or Transfer	Corps	Unit	Signature of Officer
6/9/40	VICTORIA RIFLES OF CANADA-C.A.S.F.		
29-8-42	2nd Can Para Bn		M.F.M.O.

(III) If serving in a Corps other than his own, CORPS and UNIT to which ATTACHED

Period From	Period To	Corps	Unit	Signature of Officer

(IV) 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	Latest known Address in full
1st	Wife	S. BIBLOWITZ	12/6/41	GAMBO HOTEL, GAMBO, N.F.L.D. 601 Chauncey St Helena Montana
	Children			
2nd	Father	JOSEPH SOLOMON BIBLOWITZ		ADDRESS UNKNOWN
	Mother	Deceased		
3rd	*Brothers and Sisters	Syd. Lee Frankel	6/9/40	1614 Ave. T. Brooklyn N.Y. U.S.A.
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

NOW LIVING

(V) **RANK and APPOINTMENT**

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
6/9/40	Pte.	Witness	D.O. *32. 7/9/40	
1-9-41	A/L/Cpl.	"	U.R.C. D.O. 3	D.F.M.2.
28-11-41	A/Cpl.	"	" R.O. 136	"
9-10-42	A/Sgt.	"	2 CMS H/Q D.O.	

(VI) 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..... .....

Commanding.....

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

3368—2½

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result.	Date	Signature of Officer
Qualified. Pt. Course. #306. Q II	1.8.41	M Fair
Qualified "Parachutist"	5-9-43	M Fair.
Qual. M-1 Rifle 55	11-2-43	
Qual TSMG 2nd class	7-eff-43	

(VIII) SMALL ARMS RANGE COURSES

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

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Matriculation			
4 YEARS H. SCHOOL			M. E. M. 2
2 YEARS PART. INSTITUDE	BROOKLYN. N. Y.	MATRIC	"

(X) 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

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
6/9/40		Regimental.	
28/7/42		Section Leader	W. B. Rogers, Lieut

(XIII) 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.....

(XIV) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Blood Type "O"

IMMUNIZATION REGISTER

Last Name	First Name	ASN
Biblowitz, S. M.		D-72006

Grade	Company	Regiment	Age	Race
S.Sgt	2nd	3rd		W

SMALLPOX VACCINE

Date	Type of Reaction
NOV 10 1942	IMMUNE

TRIPLE TYPHOID VACCINE

	Dates of Administration			M. O.
SERIS	1st Dose	2nd Dose	3rd Dose	
1st	NOV 10 1942	NOV 17 1942	DEC 1 1942	
2nd				
3rd				

TETANUS TOXOID

	Initial Vaccination			Stimulating Dose		M.O.
666						
Date	MXO.	M.O.	Amt	Date		M.O.
Comp 11-4-41				NOV 10 1942		

YELLOW FEVER VACCINE

Date	Lot	Amt.	M.O.

OTHER VACCINES

Disease	Date	Type	Amt.	M.O.

Raymond J. Kaye

RAYMOND J. KAYE
Captain, Medical Corps
Force Surgeon.

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X Ray Nos.		M. 15/01. 22
Blood type O	30/11/42	

...ccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T. A. B. I	12-9-40	
T. A. B. II	21-9-40	
T. A. B. III	26-9-40	
Tetanus Toxoid 1cc	12-9-40	
" " 1cc	24-10-40	
T. A. B. T. 1/2 C.C.	4/11/41	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
12-9-40	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X Ray No 2		
Blood type O	20/11/42	

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

Particulars	Date	Signature of Officer

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

Particulars	Date	Signature of Officer

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form 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, 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.

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.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date 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. Cameron Highlanders.

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. Cameron Highlanders.

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).

WILL IN CUSTODY of N.D.HQ

Signature.....

Rank, Regt'l Number.....

Regiment.....

Date.....