

J17747
BALCER
CYRIL RENE

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CONFIDENTIAL

3848

R.C.A.F. M. 2
300M-4-41 (87)
H.Q. 1062-10-2

R.C.A.F. Special Reserve
ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Montreal, P.Q. Date 2-9-41

R 132556

Surname BALGER Chr. Names CYRIL RENE
Nature of Commission M-2-1 Date of Birth 13-1-18(23) Married or Single Single
Branch Gen. List. Hours Flown None
Address 3565 Northcliffe Ave., Montreal, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown..... NO
Severe or "Sick" Headaches, Migraine..... NO
Fits or Convulsions of any kind..... NO
Sun or Heat Stroke..... NO
Head Injury or Concussion (including "knock-out")..... NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... NO
- (ii) LUNG TROUBLE or Consumption..... NO
Bronchitis, Pneumonia or Pleurisy..... NO
Asthma or Hay Fever..... NO
- (iii) HEART DISEASE, "Weak or Strained Heart"..... NO
Fainting Attacks or Giddiness..... NO
Rheumatism, Rheumatic Fever or "Growing Pains" Has "growing pains"
Frequent Sore Throats or Tonsilitis..... T & A 1929
Diphtheria, Scarlet Fever or Scarlatina..... NO
- (iv) STOMACH or BOWEL TROUBLE..... NO
Chronic Indigestion or Pain after Food..... NO
- (v) KIDNEY or BLADDER TROUBLE..... NO
Syphilis or Gonorrhœa..... NO
- (vi) TROPICAL DISEASE..... NO
Malaria..... NO
Dysentery..... NO
- (vii) EYE TROUBLE or Inflammation of Eyelids..... NO
Wearing of Glasses..... NO
Colour or Night Blindness..... NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... NO
Deafness, Noises in the Ears, or Dizziness..... NO
Frequent Colds in Head, Catarrh or Obstruction..... NO
Prolonged Hoarseness or Loss of Voice..... NO
Sea, Car or Train Sickness..... NO
Discomfort on Swings, Roundabouts, Switchbacks..... NO
- (ix) OPERATIONS..... T & A 1929 only
- (x) Any illness or Injury not mentioned above. chickenpox

Education Four years High School - graduate.
Present Occupation clerk Hobbies NO
Previous Service 30 days N.P.A.M.
Athletics Swimming, baseball, tennis
Habits—Smoking 18 c.a.d. Alcohol Beer - 2 qts a week.
FAMILY HISTORY—Consumption NO Diabetes father has diabetes Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits"..... NO
Father Alive—Health good ex. above. Dead—Cause.....
Mother Alive—Health good Dead—Cause.....
Brothers (2) Alive—Health good (0) Dead—Cause.....
Sisters (2) Alive—Health good (0) Dead—Cause.....

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 3/9/41 Signature C.R. Baker Witness J.M. Guad

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique..... **good**..... (b) Mentality..... **standard**
 Body Marks, Scars, Deformities..... **numerous pigmented small moles**
 Size of Thyroid Gland..... **not palpable**
 Surgical Abnormalities..... **NIL**
 Results of Wounds, Injuries, Operations..... **NIL**..... *26/6/42. Naval*

	Date 2-9-41	Date 26.6.42	Date	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	69	69 1/2		Date.....
Weight (lbs.).....	137	144		
Chest Circumference (ins.).....	32			
Body Build (lbs.).....	-8			
LEG LENGTH (ins.).....	41			
Pulse Rate { Sitting.....	72			
Standing 1st.....	84			
Standing 2nd.....	78			
After Exercise.....	96			
Time to Normal.....	20			
Arterial Walls.....	soft			Date.....
Blood Pressure { Systolic.....	110			
Diastolic.....	75			
Room Temperature.....				
Heart { Size (in cms.).....	N			
Sounds.....	N			
Rhythm.....	regular			
Lungs { Inspection.....	N			
Palpation.....	N			
Percussion.....	N			
Auscultation.....	N			
Expiratory Force.....	150			
X-Ray.....				Date.....
Reflexes { Knee.....	N			
Ankle.....	N			
Triceps.....	N			
Abdominal.....	N			
Plantar.....	↓ N			
Cranial Nerves.....	N			
Balancing Rod.....	R. S L. S	R. L. R. L.		
Self Balancing.....	R. S L. S	R. L. R. L.		
Tremors { Fingers.....	nil sp.			
Eyelids.....	nil sp.			
Abdomen { Liver.....	not palp.			
Spleen.....	not palp.			
Muscular Tone.....	good			
Urine { Albumen.....	N			
Sugar.....	N			

Initials of M.O. *[Signature]* *W.F.*

40 mm. Hg. Test. **1. 8910/1699/999/99 - 55**
2. 799/998/887/878 - 60

Date.....
 Date.....
 Date.....
 Date.....

MEMORANDUM FOR

P. 64

Mr. Albert Balcer,
 4437 Oxford Avenue, N.D.G.,
 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.Q. 1022-B-4060 FD 336

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

January 5th, 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

BALCER, Cyril Rene, P/O

No. J.17747, R. C. A. F.



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 com-
 plete 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 import-
 ance 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.

ADB/BM

for (N. O. Seagram) S/Ldr.,
 for (L. M. Firth) Lt.-Col.
 Administrator of Estates.

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.....	X		X	
2	Children of the Deceased and dates of their Births.....	X		X	
3	Father of the Deceased.....	Albert, Gabriel, BALCER	64	4437 Oxford Ave. N.D.G., Montreal, Que	
4	Mother of the Deceased.....	Jeanne (Auger), BALCER	61	- do -	
5	Brothers of the Deceased	Full Blood	Lieut. Robert, Emile BALCER	24	- do -
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Madeleine (Mrs. W.E. Batson)	33	4330 Girouard Ave., Montreal, Que.
		Half Blood	Jeanne (Mrs. Yvan Roy)	22	4437 Oxford Ave., N.D.G., Montreal, Que.
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	
		Nil			

ANSWER FULLY E

PARTICUL

8	Full names of the deceased
9	Date of his birth
10	Place and date of his marriage.
11	Place and date of his parents' marriage.
PARTICUL	
12	Place where deceased was born.
13	State, in order, the Province, State and/or Country he resided before enlistment and the period of time in each.
14	Nature of employment before enlistment.
15	State whether he owned the premises in which he resided, so, where situated.
16	Name place where deceased stated he intended to make his permanent home.
PARTICUL	
17	Did he leave a Will?
18	If married, and domiciled in the Province of Quebec or in the U.S.A. or in a Country under the laws of which a community of property between spouses, — was there, — was there a contract dealing with property?
19	Did he have a Bank, Post Office or other deposit account? Give name and address of bank, etc. and the amount.
20	Amount of War Savings Certificates held by deceased.
21	Amount of Victory Loan Bonds held by deceased.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary. Describe other assets, if any, and estimated value.
23	Is application for Probate or Letters of Administration necessary (see page 1)?
OTHER	
24	Did the deceased after enlistment incur any debts? (a) His own separate board and lodging when overseas. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should sign and "approve" and sign same. If believed incorrect, state particulars.
25	Have you or any other relative paid the funeral expenses in part thereof? If so, attach itemized account of amount paid, and by whom.
(NOTE:—The Government pays funeral expenses and burial is made Overseas as well as where deceased was domiciled, and if a relative has already paid those expenses authorized in the Regulations. Any amount of expenses paid by the Government nor is it chargeable against the estate.)	

BLE QUESTIONS

ath, of all the relatives that the deceased ever

RMANT'S STATEMENT

egree	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
		X
		X
BALCER	64	4437 Oxford Ave. N.D.G., Montreal, Que
BALCER	61	- do -
e	24	- do -
s		
erseas.		
	33	4330 Girouard Ave., Montreal, Que.
	22	4437 Oxford Ave., N.D.G., Montreal, Que.
n		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Cyril, Rene, B A L C E R
9	Date of his birth	13th. January, 1918
10	Place and date of his marriage.	X
11	Place and date of his parents' marriage.	Montreal, Que. 20th. Sept. 1904

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Westmount, P.Q.
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, P.Q. (b) (c) (d)
14	Nature of employment before enlistment.	Insurance Clerk
15	State whether he owned the premises in which he lived and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Montreal.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Yes, with R.C.A. F., Dated October 18th. 1941.
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?	X
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.	\$15.00
21	Amount of Victory Loan Bonds held by deceased.	Nil
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.	See remarks on page 4.
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.	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.)

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.

A. G. Balcer

{Signature of Informant

4437 Oxford Ave., N.D.G., Mtl., Que. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief *a. g. Balcer*

See above. {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.

Dated at *Montreal* this *10* day of *January* 19*44*

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

D. R. Kennedy

Qualification

DAVID R. KENNEDY, Commissioner Superior Court, Province of Quebec, District of Montreal

Address *201 St James St West*

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

QUESTION NO. 22.

Confederation Life Association - Group Policy G.1388- Principal \$1000.00 Beneficiary A. G. Balcer (Father)

Canada Life Insurance Co. - Policy 721096 - Beneficiary, His Estate. Premiums only refundable App. Amount. \$223.00

Probate not required

In addition to the above, my son left with us the following Mining Stock Certificates:

Am. Gold Mines Ltd. - 500 shares - No Market quotations
Wendigo Gold Mines Ltd. - 250 " Last " " About 20 cts. a share.

R.C.A.F. Special Reserve

AIR FORCE No. R132556 *Lab* POSTED TO ~~XXXXXXXXXXXXXXXXXXXXXX~~ Q. TRADE Pilot or Observer Std. RCAF. Recruiting Centre, Montreal.

ROYAL CANADIAN AIR FORCE
(ATTESTATION PAPER)

(Pages one and two, only, are to be completed in Applicant's own Handwriting)

Surname BALCER FULL Christian Names CYRIL RENE
 2. Present Address 3565 Northcliffe Ave., Montreal, P.Q. Telephone De. 0834
 3. Permanent Address 3565 Northcliffe Ave., Montreal, P.Q.
 4. Place of Birth Westmount, Montreal, P.Q. Citizenship Canadian
 5. Date of Birth January 13th, 1918 Married, Single, Widower, Separated, Divorced Single
 6. Particulars of Children None

Name	Date of birth	Name	Date of birth
<u>N.A.</u>			

7. Occupation Clerk 8. Religion Roman Catholic
State denomination
 9. Languages French and English fluently
State proficiency
 10. Next of Kin (Full Name) Albert Balcer Relationship Father
 " Address 3565 Northcliffe Ave., Montreal, P.Q.
 11. Father (Full Name) Albert Balcer Birthplace Three Rivers, P.Q.
 " Address 3565 Northcliffe Ave., Mtl. Citizenship Canadian
 " Occupation Steamship Official
 12. Mother (Full Maiden Name) Jeanne Auger Birthplace Montreal, P.Q.
 " Address 3565 Northcliffe Ave., Montreal, P.Q. Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
<u>Royal Montreal Regiment</u>	<u>Montreal, P.Q.</u>	<u>Private</u>		<u>Oct</u>	<u>Nov</u>	<u>Training Finished</u>
				<u>1940</u>		

14. Honours, Awards, Mentions None
 15. Are you now on any Naval, Military or Air Force Reserve? No
 16. Have you previously made application to join the R.C.A.F.? No If so, where? N.A.
 When? N.A. Result N.A.
 17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
 If so, state nature of disability N.A.
 18. Have you ever been or are you now in receipt of a Disability Pension? No
 If so, state nature of Disability N.A.
 19. Have you ever been convicted of an indictable offence? No If so state nature N.A.
 20. Are you in debt? No If so, state particulars N.A.

R.C.A.F. Records Office
 Recd. SEP 19 1941
Lab

195-367

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	St. Augustine	1926	1932	Primary
High School—Collegiate Institute, etc.....	Catholic High	1932	1936	Jr. Matric.
Technical School				
University or School other than above.....				
Correspondence Courses, etc.....	O'Sullivan Business College	1936	1937	Busniess Course

22. Particulars of all Civil Occupations (in full):

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Pratte & Co. Ltd. Montreal, P.Q.	Clerk	1937		Still employed <i>To join RCAF</i>

23. Flying Experience (in Hours) Solo..... None Dual None Passenger..... None

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. None

25. Sports engaged in. State: extensively, moderately, occasionally..... Swimming, tennis, baseball all moderately

26. AIR FORCE DUTY you wish to enlist for ~~Ground Duties.~~
Flying Duties. *Pilot*
If for Ground Duties, state Air Force trade in which you wish to enlist.....
If for Flying Duties, state preference as (a) Pilot; (b) ~~Observer~~; (c) ~~Air Gunner~~ (d) ~~Wireless Operator (Air Crew)~~.
(Cross out words not applicable.)

27. Names of at least ~~two~~ ¹¹ persons who can give references as to character and ability.

Name	Address	Occupation
C.M. Gmston	3843 Harvard Ave., Montreal, P.Q.	Director
J. Lunny	Westmount, P.Q. 657 Lansdowne Ave.,	Manager
C.E. Bickerdike	300 St. Sacramento Montreal, P.Q.	Insurance Agent
J.T. Mowatt	222 Hospital St., Montreal, P.Q.	Average Adjuster

28. Other information that may have any bearing on this application..... Have been driving car for seven years.

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory?..... Yes

I HEREBY CERTIFY that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date..... August 28th 19 41 Signature..... *C.R. Baker*

NATIONAL REGISTRATION CERTIFICATE
PRODUCED
80/87 A.L. Lapointe 76

FOR OFFICIAL USE ONLY

SEP 10 1941

(A) Report of Interviewing Officer—

Type.....General appearance.....

Availability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) Report of Trade Test—

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

Date.....Signature.....Rank.....

(C) DECLARATION MADE BY MAN ON ATTESTATION

I, **Cyril Rene Balcer**.....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date **Sept. 10th** 19 **41**.....

C.R. Balcer
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

I, **Cyril Rene Balcer**.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date **Sept. 10th** 19 **41**.....

C.R. Balcer
Signature of Recruit

(E) CERTIFICATE OF 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, P.Q.** this **10th** day of **Sept.** 19 **41**

A.L. Lapointe 76
Signature of Officer Rank

RCAF Recruiting Centre, Montreal.
Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 23 2. Have you ever suffered from any of the following defects in health?
- | | | | |
|------------------------------------|---|------------------------------------|---------------------|
| (a) Rheumatism..... | <u>Had had "growing pains"</u> | (j) Nasal Trouble..... | <u>no</u> |
| (b) Tuberculosis..... | <u>no</u> | (k) Ear Disease..... | <u>no</u> |
| (c) Bronchitis or Asthma..... | <u>no</u> | (l) Eye Disease..... | <u>no</u> |
| (d) Heart Disease..... | <u>no</u> | (m) Epilepsy..... | <u>no</u> |
| (e) Kidney or Bladder Disease..... | <u>no</u> | (n) Nervous or Mental Disease..... | <u>no</u> |
| (f) Gastro-intestinal..... | <u>no</u> | (o) Syphilis..... | <u>no</u> |
| (g) Rupture..... | <u>no</u> | (p) Gonorrhoea..... | <u>no</u> |
| (h) Varicose Veins..... | <u>no</u> | (q) Bone Fracture..... | <u>no</u> |
| (i) Flat or Deformed Feet..... | <u>no</u> | (r) Other Disease or Defect..... | <u>slender face</u> |

3. Have you ever worn glasses? No
for more than one week's duration. No

5. I certify that I have revealed my full medical history and have not withheld any relevant information.

Examiner's Remarks re above.....

[Handwritten signature]

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history).....
innumerable small brown moles
naacc - neck - L arm
2. Height..... 5 feet 9 inches. 3. Weight..... 137 pounds.
4. Complexion..... Fair 5. Color of Eyes..... Brown Hair..... D. Brown
6. Development { Good
Fair
Poor } 7. Chest Measurement—Full expiration..... 32 inches
Range of expansion..... 2 inches
8. Hearing—Right..... N-V-20 Left..... N-V-20 Tympana—Right..... N Left..... N
9. Vision—Without glasses—Right..... 20/20 With glasses—Right..... /
Left..... 20/20 Left..... /
10. Condition of mouth and teeth..... Good
11. Urine—Albumen..... neg Sugar..... neg
12. Abnormalities (Congenital and Pathological) found on Examination.....
no

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category

D, Part B

Any special remarks of the Medical Officers.....

OK for service
92015 # X-Ray Neg. 9/9/41. P.H.
10-9-41 Rechecked normal

13. Reflexes..... N
14. Heart..... N
15. Lungs..... N
16. Blood Pressure..... 110/75
17. Colour Vision..... N 24

Date..... 3/9/41 19.....

[Handwritten signature]
President

[Handwritten signature]
Member

Member

DEPARTMENT OF VETERANS AFFAIRS

AWARDS ARMY TRAINEE **M**

WAR SERVICE RECORDS

BALCER	Cyril Rene	D-536045	Pte	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
	30 days Training

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

8593

FINAL GRAVES REGISTRATION REPORT FORM

(in lieu of A/F 3372)

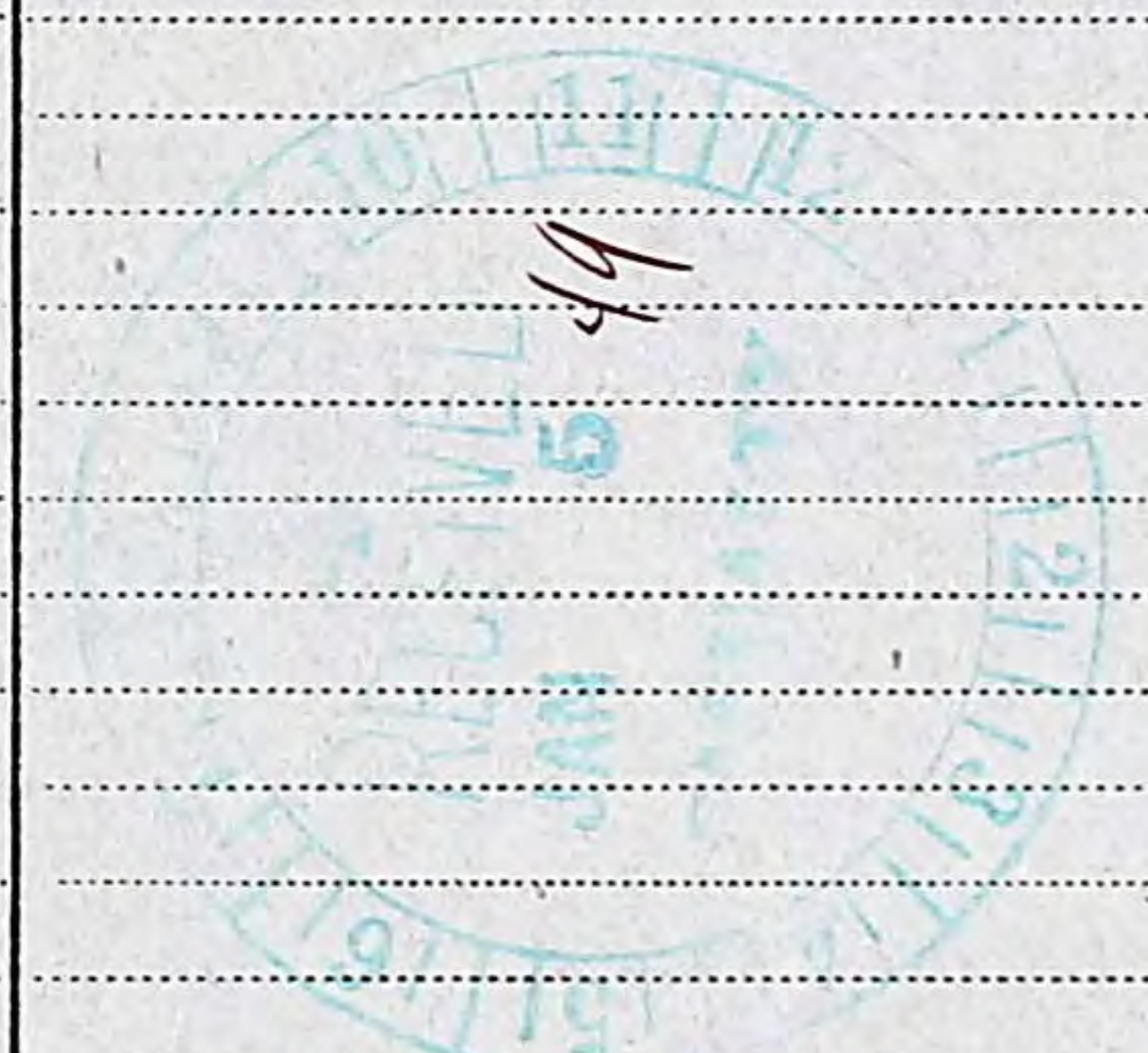
PRE-D-Day
Wangerooze Com.
13th Nov, 1948

No. Section, No. 4 Missing Research and Enquiry Unit, R.A.F. (Germany)

File Ref. 4 MREU / 1115 / 5/10 / P4.

Missing Research Cas. Enq. No. <u> </u> Date of Death <u>29-4-43</u>	ORIGINAL PLACE OF BURIAL Location <u>Wangerooze</u> Kreis <u>Priesland</u> Map Reference <u>K. 54/R. 07</u>	REBURIAL DETAILS British Official Military Cemetery <u>Oldenburg (Sage)</u> Map Reference <u>K. 53/W. 38</u>
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Number	Rank	Name	Grave Inscription	Plot	Row	Grave	Plot	Row	Grave	Remarks
144180	P/O.	Parkinson, R.A.			12	9	XI	D	5	
126743	P/O.	Neakins, G.			13	2	XI	C	7	
J. 17747	P/O.	Balcer, C.R.			13	8	XI	C	4	
1382466	Sgt.	Garnett, K.P.				Wilhelmsaven	IV	D	2	A.S. Authority: Wangerooze Gen. Schedule P. 403543/43 (G. 197006) BJA No. 000941 refers.
			(C)							



ARMY 3372	
DISTRIBUTION	Prov.
IWGC	2
A.M.	✓
R.C.A.F.	✓
R.A.A.F.	/
R.N.Z.A.F.	/
DATE	11/12/48
SIGNATURE	[Signature]

K.R.

S.14. (Cas.) C.5

POST PRESUMPTION MEMORANDUM NO. 37/49

FILE NUMBER P.403543/43

DATE 4/1/49

Relating to WELLINGTON HE.543

Missing on 28-29/4/43

Crashed at SEA

NUMBER	RANK	NAME	BURIAL DETAILS			INFORMATION
144180	Plt.Off.	PARKINSON, R.A.	<u>OLDENBURG (SAGE)</u> <u>BRITISH MILITARY</u> <u>CEMETERY</u>			<u>GERMANY</u> Information on file shows that the bodies of the first 4 mentioned members were washed ashore and buried at WANGEROOGE, now concentrated to the cemeteries as indicated. In view of this and in absence of any further news, it is assumed that Sgt. COLLIER was "Lost at Sea". Case Closed.
126748	Fg.Off.	MEAKINS, G.	Plot	Row	Grave	
J.17747	Plt.Off.	BALCER, C.R.	XI	D	5	
			XI	C	7	
			XI	C	4	
			<u>WILHELMSHAVEN</u> <u>CEMETERY</u>			
			Plot	Row	Grave	
1382466	Sgt.	GARNETT, K.P.	4	D	2	
1500013	Sgt.	COLLIER, W.	LOST AT SEA			

Circulation:

P. File

B.1(Alpha)

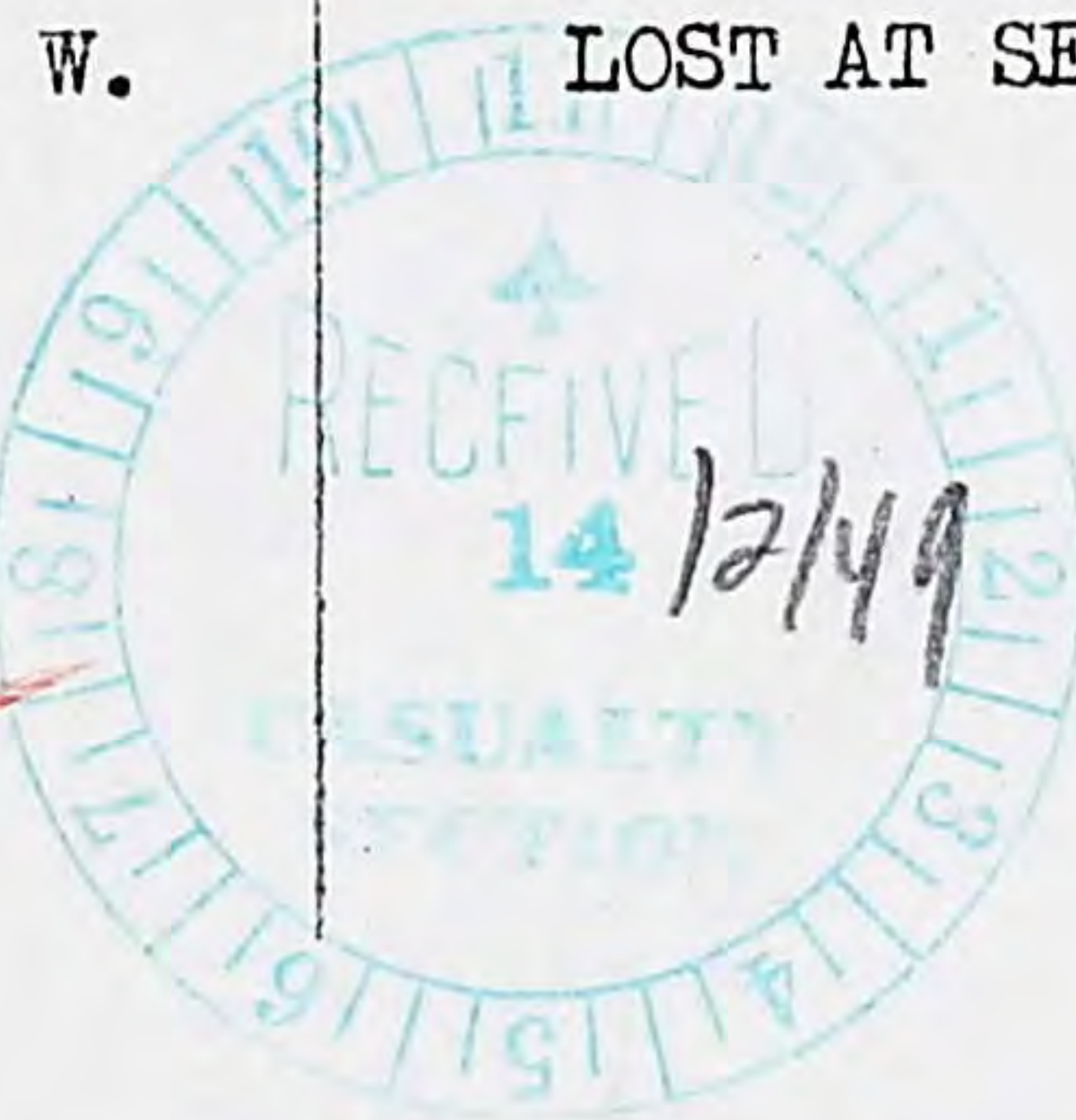
B.1(Chron.Cards)

B.1(MEM)

S.14 Cas. (C.5)

S.14 Cas. (C.7)

Cas. Can. 2



G.215997/EJW/1.49(N.F.S.)

J17747 (DPC)

OTTAWA, Canada, March 10th, 1948

Mr. A.G. Balcer,
4437 Oxford Avenue,
N.D.G., Montreal, Que.

Dear Mr. Balcer:

It is with regret that I must again refer to the loss of your son, Pilot Officer Cyril Rene Balcer, but you will wish to know of a communication which has been received from the Graves Registration Service which states that your son has been re-interred in Oldenburg (Sage) British Military Cemetery, 13 miles South of Oldenburg, Germany. Your son lies at rest in Plot 11, Row C, Grave No. 4.

This is one of the permanent British Military Cemeteries which has been located in Germany in accordance with the agreed policy of Canada, Australia, New Zealand and the United Kingdom, that all British aircrew buried in Germany would be moved to British Military Cemeteries located in Germany. This Cemetery will be turned over shortly to the Imperial War Graves Commission (of which Canada is a member) who are responsible for the reverent and perpetual care of the resting places of our Fallen. The cemeteries will be beautified by landscaping and the planting of shrubs and flowers, and a headstone will be erected at each grave. Unhappily, there are great numbers of these headstones to be erected and it will quite naturally take considerable time. It is not necessary to write to the Imperial War Graves Commission as you will be contacted by them before the stone is prepared.

May I take this opportunity of extending my sincere sympathy.

Yours sincerely,

J.F.
R.C.A.F. Casualty Officer
for Chief of the Air Staff

MINUTE 1

20

D.P.S.

No.428 R.C.A.F. Squadron reported that Wellington aircraft HE 543 with a crew of 5 failed to return from a gardening operation over Germany. It left base at 20.59 hours on the 28th April, after which no further news was received. This aircraft was due to return to base at approximately 0215 hours on the 29th April, 1943. (Enc.2 and 7).

2. An extract from official German totenliste No.172 states that the body of P/O Balcer, was washed ashore on the 10th August, 1943, at Nordstrand of Wangerooe Island and was buried on the 13th August at the local Cemetery Wangerooe, Suite 190, S.E.Section, Grave 13.

3. It is accordingly submitted that the death of CAN/J17747 P/O C.R. BALCER, be presumed, for official purposes, to have occurred on the 29th April, 1943.

4. The remaining four members were not R.C.A.F.personnel.

26/11/43

LAC Goldberg m.

/11/43

R.C.A.F.Casualties Officer.

MINUTE 2

Para. 3 of Minute 1. approved.

Original filed on P4/cas/can 4-17/2/42

/11/43

Wing Commander,
for Director of Personal Services.

403543
Copy to Ottawa

COPY
R132556 SGT. BALCER C.R.
No. 428 (RCAF) Squadron,
R.C.A.F. Overseas.

April 30th, 1943.

(5)

Dear Mr. Balcer:

You will already have received word that your son, Sgt. C.R. Balcer, has been reported missing from air operations. You will, I know wish to know any details that are available. There are very few I am afraid and even these I must ask you to treat as confidential.

Your son took part in a mining raid on the night of 28/29th April. Unfortunately, nothing has been heard of him or of his crew since they took off. This was your son's fifteenth operation as air gunner and he and his pilot were very skilled.

There is always the possibility that your son may be a prisoner of war in which case you will either hear from him direct or through the Air Ministry who will receive advice from the International Red Cross Society. I share your hopes that this may, in fact, be the case.

Your son's belongings have been gathered together and forwarded to the Royal Air Force Central Depository where they will be held until better news is received or in any event for a period of at least six months before being forwarded to you through the Administrator of Estates, Ottawa.

May I offer you my own deep sympathy and that of all members of the squadron in your great anxiety.

Your son's quiet manner, and his obvious ability endeared him to us all and made him a most valuable member of the squadron. We miss him badly and all are hoping for better news of him soon.

Yours sincerely,

(Sgd.) D.W.M. Smith.

Mr. A. Balcer,
3565 Northcliffe Ave.,
Montreal, Que.

R.C.A.F.
OVERSEAS HEADQUARTERS
8 MAY 1943
IN

WILL

R.C.A.F. r.60

(1) I, BALGER, Cyril Rene of the Montreal County of Quebec in the District of Quebec Province of Quebec Clerk (Civil Occupation)

(City
Town
Village
Township)

a member of the Royal Canadian Air Force, Number, R 132556 Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My father: Mr. Albert Balcer,
3565 Northcliffe Avenue,
Montreal, Quebec.

MY WHOLE ESTATE

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both real and personal, of whatsoever kind and wheresoever situated unto:-

(4) I appoint my father, Mr. Albert Balcer OF THE ABOVE ADDRESS
(Name) (Address)

Executor

.....to be the ~~Executor~~ of this my Last Will
8th

IN WITNESS WHEREOF I have hereunto set my hand thisday of

Oct. 41
.....19.....

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.)

Albert Balcer
(Signature of Testator)

(5) Signature William Gray
Address No. 1 Manning Depot. R.C.A.F. Toronto.
Occupation Clerk
Signature W. Gray
Address No. 1 Manning Depot. R.C.A.F. Toronto
Occupation Clerk

R.C.A.F. Records Office
OCT 13 1941
Clerk
m.n. N.I.
P.F.



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Faint, illegible text across the top of the page, possibly a header or title.

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Faint, illegible text in the lower section of the page.

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ADDRESS REPLY TO:
The Secretary,
Department of National Defence for Air,
Ottawa, Ontario.

1022-B-4060 (R.O.4)

OTTAWA, Canada, 5th May, 1943.

Mr. Albert Balcer,
3565 Northcliffe Avenue,
Montreal, Quebec.

Dear Mr. Balcer:

It is my painful duty to confirm the telegram recently received by you which informed you that your son, Sergeant Cyril Rene Balcer, is reported missing on Active Service.

Advice has been received from the Royal Canadian Air Force Casualties Officer, Overseas, that your son was a member of the crew of an aircraft which failed to return to its base after air operations on the night of April 28th, and the early morning of April 29th, 1943.

This does not necessarily mean that your son has been killed or wounded. He may have landed in enemy territory and may be a Prisoner of War. Enquiries have been made through the International Red Cross Society and all other appropriate sources and you may be assured that any further information received will be communicated to you immediately.

Your son's name will not appear on the official casualty list for five weeks. You may, however, release to the Press or Radio the fact that he is reported missing, but not disclosing the date, place or his unit.

May I join with you and Mrs. Balcer in the hope that better news will be forthcoming in the near future.

Yours sincerely,

W.R. Gunn

(W.R. Gunn)
Flight Lieutenant,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

GLS/checked

W.R.K.

H/G

9691 23/1/50

Albert G. Balcer (Father)
4437 Oxford Ave.,
N. D. G.,
Montreal,
Que.

Dec. - 44.

MEMORIAL BAR	
DATE DESP	.....
REGN. NO	1,241

H.Q. FILE No. 1022-B-4060

NAME BALCER, Cyril Rene

REGT'L No. ~~1022556~~
J17747

RANK ~~SGT XXXXXXXXXX~~ P.O. UNIT ~~MISSING~~ Presumed Dead

CABLE		NATURE OF CASUALTY	CAS. LIST				
NO.	DATE		NO.	DATE			
	DATE OF DEATH:	29 April 43	MOTHER LIVING: YES	WIFE: NA			
	MINISTERIAL CARD:	19-5-43	ROYAL MESSAGE	MEMORIAL CROSS:	APR 1 - 1944		
		To mother & father					
	New Card Sent	24/9/43					
	To mother & father:	16 Dec 43					
	Mr. & Mrs. Albert Balcer,				No. 3		
	3555 Northcliffe Avenue,	Now: 4437 Oxford Avenue,			R.C.		
	Montreal, Que.	N.D.G.					
		Montreal, Que.					

AIR FORCE No. **R182556**

BALCER, CYRIL RENE
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE **Montreal**
DATE **10-9-41**

RE-ENLISTMENT

C.R. FILE NUMBER **SK**

J.17747

OFFICER

RECORD OF SERVICE AIRMEN

Comm 16-3-43.

R.C.A.F. FORM R44(B)

7. BIRTH: DATE **13-1-18** PLACE **Montreal Que.** CITIZENSHIP **British**

FATHER (FULL NAME) **Albert Balcer**

BIRTHPLACE **Three Rivers P.Q.**

MOTHER (FULL MAIDEN NAME) **Jeanne Auger**

BIRTHPLACE **Montreal P.Q.**

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE **Que.**

JUNIOR MATRICULATION **Que.**

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES
Business College 1 year.

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Clerk. 4 yrs. (Hatter & Co Ltd) 1937-41

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
Royal Montreal Regiment 1 month training

11. HONOURS-AWARDS, MENTIONS
Air Gunner's Badge 3888 F83 31-7-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO -- DUAL -- PASSENGER --

13. RELIGION **P.C.**

14. LANGUAGES **English, French.**

15. SPORTS **Swimming Tennis baseball.**

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: **Single.**

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS RANK EFFECTIVE D.R.O.

18. CHILDREN

CHRISTIAN NAMES BIRTH DATE D.R.O. CHRISTIAN NAMES BIRTH DATE D.R.O.

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)

FULL NAME: **Albert Balcer** RELATIONSHIP **Father**

ADDRESS: **4437 Oxford Ave., N.D.G.** D.R.O. **Letd/23-11-43**

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O.

1 day pay & Sub allow 10 9 41 M.C.E. 81

Club pay 7 10 41 17mD243

Rtn Allow 14 8 42 17y236

21. ENGAGEMENTS

TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O.

Duration 10 9 41

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM TO DATE D.R.O.

Rep. 0400 hrs 8-10-41 17mD243

Acc. Gov't gtr. & drawing rtrns 22-12-41 3828239

Occ. Gov't 2 hrs & draw rtrns 3-4-42 31E.F.81

22. (A) ADDRESS PRIOR TO ENLISTMENT

3565 Montclair Ave. Montreal Que

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60 R79 B465 X-RAY AFM-13 IDN. CARD

13-10-41 JAN 23 42 10-10-41

4-10-41

Date and Place of Signing R40-

22302

24. SIGNATURE

25. DATE

26. INITIALS

27. COMMENTS

28. SIGNATURE

29. DATE

30. INITIALS

31. COMMENTS

32. SIGNATURE

33. DATE

34. INITIALS

35. COMMENTS

36. SIGNATURE

37. DATE

38. INITIALS

39. COMMENTS

AIR FORCE No.

J14444

BALCER
SURNAME

CYRIL RENE
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE

Montreal, Que.

DATE

10.9.41

RELIGION

R.C.

R132556

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE
OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY										
<i>13.1.18</i>	<i>Montreal, Que.</i>	<i>Canada</i>	<i>British</i>		SINGLE, MARRIED, WIDOWER, DIVORCED <i>Single</i>										
CIVIL EDUCATION					WIFE (FULL MAIDEN NAME) OR HUSBAND										
PUBLIC SCHOOL		JUNIOR MATRICULATION <i>x</i>			PRESENT ADDRESS (IN PENCIL)										
HIGH SCHOOL ENTRANCE <i>x</i>		SENIOR MATRICULATION			PLACE OF MARRIAGE		DATE								
TECHNICAL SCHOOL		UNIVERSITY			AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)										
CORR./BUSINESS COURSES <i>Junior College - 1yr</i>		LANGUAGES SPOKEN <i>Eng. & French</i>													
CIVIL OCCUPATIONS AND EXPERIENCE					CHILDREN										
<i>Clerk</i>		<i>8300</i>			NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH							
PREVIOUS SERVICE					NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)										
<i>Royal Montreal Regt. 1 month training</i>					<i>Albert Balcer (Father) 4437 Oxford Ave, HDB, Montreal, Que. (CCR 345)</i>										
PLACE AND DATE OF MEDICAL					EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN										
CATEGORY		PLACE AND DATE OF MEDICAL			TYPE		FROM	TO	TYPE		FROM	TO			
<i>A1B A3B</i>		<i>3.9.41</i>													
<i>A1B</i>		<i>26.1.42</i>													
<i>A3B</i>		<i>26.6.42</i>													
OFFICERS					AIRMEN AND AIRWOMEN					OFFICERS, AIRMEN/AIRWOMEN					
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.		RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
<i>P/O (S.R.-C.N.) A/G</i>	<i>16.3.43</i>	<i>592/43</i>			<i>AC2</i>	<i>10.9.41</i>	<i>517555</i>	<i>P.O.</i>	<i>10.9.41</i>	<i>517555</i>	<i>Trans. from case 45 to 44</i>				
					<i>AC6</i>	<i>26.2.42</i>	<i>317555</i>	<i>Pilot</i>	<i>25.2.42</i>	<i>507155</i>	<i>case 44 Inad. waiting</i>				
					<i>Y/Lt. (pa)</i>	<i>31.7.42</i>	<i>306555</i>	<i>P.O.</i>	<i>8.6.42</i>	<i>5160</i>	<i>posting in adv.</i>				
								<i>Dis. S.</i>	<i>5.9.31</i>	<i>7.42</i>	<i>3155153</i>	<i>3394</i>			<i>21/7/42</i>
COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)															

J17747
AIR FORCE No. R.132556

BALGER, CYRIL RENE
SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE *Montreal, Que*
DATE *10-9-41*

RELIGION
No Doc. Le
P. C.
R.C.A.F. FORM R230

TYPE OF LEAVE				TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT	POSTINGS, ATTACHMENTS & TEMPORARY DUTY				ALL OTHER CASUALTIES					
FROM	TO	No. DAYS	DESCRIPTION	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY		
<i>20/3/43</i>	<i>26/3/43</i>		<i>P. L.</i>		<i>SOS</i>	<i>3 REGS</i>	<i>7th sq</i>	<i>Donald</i>	<i>1 8 42</i>	<i>3 REGS 183</i>	<i>Str. Anne de Bellone 24-2-42:6-342</i>	<i>34-T.S. 52-57</i>		
					<i>SOS</i>	<i>19 Dep to RCAF trainee pool</i>			<i>20 8 42</i>	<i>12. 246</i>	<i>1 day pay & Suballice. 10-9-41</i>	<i>mx/c 81</i>		
						<i>Disembarked UK</i>			<i>1 9 42</i>	<i>6518</i>	<i>Ent. pay</i>	<i>7-10-41</i>	<i>mx/c 243</i>	
						<i>20d 3 REG to 230 T.O.</i>			<i>6 10 42</i>	<i>3 REG 263</i>	<i>Rtn. allice</i>	<i>14-8-42</i>	<i>19. 236</i>	
						<i>20d at 428 Agdn</i>			<i>7 1 43</i>	<i>13/19</i>				
						<i>20d at Uxbridge RCAF</i>			<i>28 4 43</i>	<i>9/43</i>				
						<i>Missing 428 Ag.</i>			<i>29 4 43</i>	<i>CA 306</i>				
						<i>POR 20/43/19 428 Ag. cancelled</i>			<i>POR 9/43</i>					
						<i>MISSING BEL. KILLED</i>								
						<i>PRESUMED DEAD</i>			<i>29 4 43</i>	<i>CR 394</i>				
						<i>TOS FROM 428 Ag. (RCAF) (RCAF) (RCAF)</i>			<i>30 4 43</i>	<i>CR 405</i>				
						<i>SOS RCAF NE/UNIT (PD)</i>			<i>30 4 43</i>	<i>NEU 443</i>				
				SERVICE MACHINES FLOWN	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>ADVISE ENTRIES UNIT RECORDS RETURNED TO CANADA</p> </div>									
				CHARACTER AND TRADE ASSESSMENT										
				DATE									CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS		
DATE	AWARD	AUTHORITY
<i>31 7 42</i>	<i>Air Gunner's badge</i>	<i>3 B.G.S. 183</i>

Emb. 21/8/42

J17747.
AIR FORCE No. *R132556*

Balcer, Lepil Rene.
SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT PLACE *Montreal Que.* RELIGION *R. C.*
DATE *10-9-41*

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE
OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY
<i>13-1-18</i>	<i>Montreal Que.</i>	<i>Can.</i>	<i>British</i>		SINGLE, MARRIED, WIDOWER, DIVORCED <i>Single</i>

CIVIL EDUCATION	
PUBLIC SCHOOL	JUNIOR MATRICULATION <i>X</i>
HIGH SCHOOL ENTRANCE <i>X</i>	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES <i>Business College 1 yr.</i>	LANGUAGES SPOKEN <i>Eng. & French</i>

WIFE (FULL MAIDEN NAME) OR HUSBAND	
PRESENT ADDRESS (IN PENCIL)	
PLACE OF MARRIAGE	DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	

CIVIL OCCUPATIONS AND EXPERIENCE	
<i>Club</i>	<i>8300</i>

CHILDREN			
NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

PREVIOUS SERVICE
<i>Royal Montreal Regiment 1 month training</i>

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
<i>Albert Balcer (Father) 4437 OXFORD AVENUE, NRG Montreal Que. (CR 348)</i>

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>3-9-41</i>	<i>A1B A3B</i>		
<i>26-1-42</i>	<i>A1B</i>		
<i>26-6-42</i>	<i>A3B</i>		

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN					
TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS			
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
<i>P/O (S.R.G.L.) A/C.</i>	<i>16 3 43</i>	<i>(O.O) 592/43</i>	

AIRMEN AND AIRWOMEN					OFFICERS, AIRMEN/AIRWOMEN					
RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
<i>Ce. C. 2</i>	<i>10 9 41</i>	<i>M/10/91</i>	<i>Par. C.</i>	<i>10 9 41</i>	<i>M/10/91</i>	<i>Trans from crse 43 to 44</i>				
<i>L. G. C.</i>	<i>29 2 42</i>	<i>3P/IS. 55</i>	<i>Pilot</i>	<i>29 2 42</i>	<i>3P/IS. 55</i>	<i>crse 44 Grad waiting</i>				
<i>T/Sgt. pd.</i>	<i>31 7 42</i>	<i>3B/S. 183</i>	<i>A. G.</i>	<i>5 6 42</i>	<i>E 160</i>	<i>posting in statu</i>				
<i>T/P Sgt.</i>	<i>31 1 43</i>	<i>APRO 297/44</i>	<i>Air G.</i>	<i>59 31 7 42</i>	<i>3B/S. 183</i>	<i>3B/S (A. m. lin)</i>				<i>23/6 31/7 42</i>

COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

U.S. AIR FORCE
SERIAL NO. 100-100000
100-100000

U.S. AIR FORCE



SERVICE

AND

PAY BOOK

THIS BOOK IS TO BE USED FOR THE
RECORD OF SERVICE AND PAY
AND IS TO BE KEPT IN THE
POSSESSION OF THE MEMBER

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Miss. 15-5-43 Pres Yeard
1 CR405
Air Force No. R/32556 Surname BALCER
Christian Names (in full) CYRIL RENE
Date of Birth 13/11/18 Religion RC 1774
Date of Enlistment/Appointment 10/9/41 7
Married (M), Widower (W) or Single (S) S
Occupation in Civil Life CLERK
Signature of Holder
Name and Address of Next-of-Kin ALBERT
BALCER 3165 NORTHCLIFFE
AVE MONTREAL QUEBEC (CANADA)
Name, Address, and Relationship of Person to be informed
of Casualties—
Certified Correct for A.B. Wachter 712
Date 2/4/43 Place RCAP 50 H.Q.

WILLS

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

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

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

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

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

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

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

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.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

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

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer. Signature of Officer..... Rank or Appointment..... Date.....

Date Certificate extracted..... Signature of Officer..... Unit..... To Whom sent.....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL (Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the 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 writing of the name of a person on the next page without stating what he or she 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 all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix. (Signature) GEORGE GRIFFIN, Sgt., R. 12345, R.C.A.F. Date October 10th, 1942.

The following is a specimen of a Will leaving gifts 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 Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix. (Signature) GEORGE GRIFFIN, Sgt., R. 12345, R.C.A.F. Date October 10th, 1942.

To Whom sent..... Unit..... Date Will extracted..... Signature of Officer.....

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 Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

The book enclosed is your Service and Pay Book, R. C. A. F. Form A. 47. Part II of the Pay Book shows your fortnightly entitlement. If you note discrepancies kindly advise your Unit Accountant Officer.

In order to receive pay in the future, your Unit Accountant Officer should be advised immediately that you are in possession of your Pay Book and should be informed of the amount of your fortnightly entitlement.

23

air gunner

453

XIP

R.C.A.F. T. 82
5M-11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER)
OR AIR GUNNER

AIR AND GROUND TRAINING

Surname Balcer Christian Names Gyrl Rene
Number R 132556 Rank LAC Sgt

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. Wireless School. Course No. To. From.

2. Flying Times—

(a) In Flying Classroom as 1st Operator hours.

(b) In Flying Classroom, listening watch hours.

(c) In 2-seat aircraft as sole operator hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 (a) above, no assessment is to be made and therefore all categories are to be deleted.

Above average
Average
Below average

4. Ground Training—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	.....	Signals Organization.....	150	.....
Radio Equipment.....	250	.....	Armament.....	100	.....
Morse (buzzer and lamp).	200	.....	Drill and P.T.....	50	.....
Procedure.....	200	.....	TOTALS.....	1000	.....

Maximum Marks, 1000. Marks Obtained..... Percentage..... Pass or Fail.....

Position in Class..... No. in Class.....

5. Date authorized to wear Wireless Operator's Badge.....

PART I—Concluded
WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—

DOMINION OF CANADA
NATIONAL REGISTRATION REGULATIONS, 1940
REGISTRATION CERTIFICATE

This certificate must always be carried upon the person of the registrant.

Electoral District	No. 80	Mount Royal
Division	No. 87	Stanislaus

(Name) _____
(Name if any) _____

THIS IS TO CERTIFY THAT
M. Loyd Rene Baker 517747
 residing at *3565 Markham Ave. N. W.*
Montreal P.Q. was duly registered under the above-mentioned
 Regulations this *19* day of *August* 1940.

John D. Ince
Deputy Registrar

To be passed to No. 3

1. No. 3
2. Dates of Courses:— From *22/9/42* to *31/7/42*

AIR TRAINING
GUNNERY

3. Flying Time:—

Aircraft	Day	Night	Passenger	Total	
				Hrs.	Mins.
Battle	15:25			15	25

4. Air Gunnery Results—

	Average percentage hits to rounds fired
(a) Beam Test.....	6.5 %
(b) Beam Relative Speed Test.....	3 %
(c) Under Tail Test.....	5.5 %

5. Total Rounds Fired—

Ground.....	750 %
Air to Ground.....	380 %
Air to Air.....	2900 %

6. Assessment—

		Marks Obtained
(a) Written Examination..... (100 Marks)		72
(b) Practical and Oral Examination..... (100 Marks)		71
(c) Ability as Firer..... (250 Marks)		168
(d) Qualities as an N.C.O..... (150 Marks)		.....
Totals..... 450 (600 Marks)		311

7. Position in Class..... 14..... No. in Class..... 38..... Pass or Fail. Pass.....

8. Date authorized to wear Air Gunner's Badge..... 31/7/42.

9. Comments on suitability for Commissioned Rank..... 95

10. Remarks..... Pleasant manner, keen, willing. Good student.

James
Chief Instructor S/L
No. 3..... B. G. S.
Date..... 31/7/42.



A 132556

679

Balcer CR

ROYAL CANADIAN AIR FORCE

REPORT OF PUPIL PILOT--FLYING AND GROUND TRAINING

Surname... **BALCER** Christian Names... **E.C.R.**
Number... **R132556** Rank... **L.A.C.**

INSTRUCTIONS

1. For instructions on the use of this form, see A.F.A.O. A. 51/2

PART I

INITIAL TRAINING

1. No... **3** I.T.S. Course No... **43** From... **22-12-41** To... **13-2-42**
2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	150	100	Aircraft Recognition.	100	59
Armament (P.&O)...	50	38	Drill.....	100	66
Signals.....	150	114	Law and Disc., etc...	100	85
Anti-Gas.....	50	49	Navigation.....	200	155
			General Studies.....	100	89

3. Maximum Marks 1000 Marks Obtained... **656** Percentage... **66**
4. Passed or Failed... **P** Position In Class... **77** No. in Pilot's Class... **137**
5. Considered Suitable Unsuitable for Commissioned Rank
6. Recommended for training as: (a) Pilot.....
(b) ~~RAF Observer~~.....
(c)

7. Remarks: **Good appearance, Straight forward, Reserved, Determined, Reliable, Not aggressive**
CHARACTER & LEADERSHIP: 117
Alternative Recommendation: Observer

D.D. Findlay Wg. Comdr.
Commanding Officer
No... **3** I.T.S.
Date... **27-3-42**

To be passed to No. E.F.T.S.

Can.
A C.I. Trainee
 A.S.
 N.Z.

NOTE: X out Countries not applicable

PART II

ELEMENTARY TRAINING

1. No. 21 E.F.T.S. Course No. 52 From 30-3-42 To 5-6-42

2. Flying Time: --

FLYING TRAINING

Aircraft	Total Dual	Total Solo	Instrument Flying	Total Night F. (Included in Total Dual)	Passenger	Total	Link Trainer
Fleet	20.40	17.55	1.45	-	-	38.35	7.30

3. Results of Flying Tests: --20 hour 49.3 % Final Test NA % Instr. Fly NA %

4. Ability as a Pilot (Ex. AA., A. Below Av., Poor) B.A. Pass or Fail F

5. Recommended for Training on T.E. or S.E. aircraft N.A.

6. Remarks on Flying Progress and points which require special consideration.....

No natural flying ability, little if any progress since first solo.

[Signature]
Chief Flying Instructor

Date 19-5-42

GROUND TRAINING

7.

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	..... N.A.	Th. of Flight.....	100	..... NA..
Airframes.....	100	.....	Air Nav.....	200	.....
Aero Engines.....	100	.....	Aircraft Recog.....	75	.....
Signals (Prac.)..	100	.....	Arm.....	125	.....
			Quals. as an Officer	200	.....

Maximum Marks 1200, Marks Obtained NA Percentage NA

Pass or Fail NA Position in Class NA No. in Class NA

8. Commissioned Rank (appears suitable or unsuitable) NA

9. General Remarks (Ability, Conduct, etc.) Tried hard and would have made fair average, ability average.

[Signature]
Chief Ground Instructor

Date 19-5-42

[Signature]
(G.E. Cherrington) F/Lt. Sqdn. Bar.

Chief Supervisory Officer Chatham, N.B.

No. 21 E.F.T.S.

Date 19-5-42

To be passed to No. S.F.T.S.

ROYAL CANADIAN AIR FORCE

TO: THE SECRETARY
DEPARTMENT OF NATIONAL DEFENCE FOR AIR,
OTTAWA, ONTARIO, CANADA

CANADA Chatham, N.B. May 19th 1942

FILE NO. 12-3-1

PLEASE QUOTE
IN ANY REPLY

FROM: COMMANDING OFFICER No. 21 Elementary Flying Training School, Chatham, N.B.

SUBJECT: AIRCREW, CEASED [OR INTERRUPTED] TRAINING

<u>R132556</u> NUMBER	<u>LAC</u> RANK	<u>Balcer</u> XXXXXX , C.R. NAME IN FULL	<u>PILOT</u> TRADE	<u>"STD"</u> GROUP
ROYAL AIR FORCE	<input type="checkbox"/>		ROYAL CANADIAN AIR FORCE	<input checked="" type="checkbox"/>
ROYAL AUSTRALIAN AIR FORCE	<input type="checkbox"/>		ROYAL NEW ZEALAND AIR FORCE	<input type="checkbox"/>

1. Training of the above mentioned airman in course No. 52 for
PILOT
has been discontinued at No. 21 E.F.T. School for the following reason:

- | | | | |
|----------------------------------|--------------------------|------------------------------------|-------------------------------------|
| a. SERVICE CASUALTY (Killed) | <input type="checkbox"/> | d. FAILED IN COURSE OF INSTRUCTION | <input checked="" type="checkbox"/> |
| b. SERVICE CASUALTY (Injured) | <input type="checkbox"/> | | |
| c. MEDICAL (Other than Casualty) | <input type="checkbox"/> | | |

IF ANY REASON OTHER THAN THOSE MENTIONED GIVE EXPLANATION ABOVE

2. Accordingly this airman has been:

- a. RETAINED AT THIS UNIT ON COURSE NUMBER _____ AND FILE RETAINED AT THIS UNIT.
- b. POSTED TO COMPOSITE TRAINING SCHOOL, AIRCREW SQUADRON, TRENTON. EFFECTIVE DATE 14-5-42
REPORTING DATE 28-5-42 AND FILE CONTAINING APPROPRIATE TRAINING FORM PASSED TO TRENTON.
- c. DISCHARGED AND FILE PASSED TO DIRECTOR OF AIRMEN PERSONNEL SERVICES.

3. This airman is recommended for: (Use the following when posting airman to Composite Training School, Aircrew Squadron, Trenton)

- | | | | |
|---|--------------------------|----------------------------------|-------------------------------------|
| a. TRAINING AS AIR OBSERVER | <input type="checkbox"/> | d. REMUSTERING TO GROUND TRADE | <input checked="" type="checkbox"/> |
| b. TRAINING AS WIRELESS OPERATOR (AIR GUNNER) | <input type="checkbox"/> | e. REMUSTERING TO GENERAL DUTIES | <input type="checkbox"/> |
| c. TRAINING AS AIR GUNNER | <input type="checkbox"/> | f. DISCHARGE | <input type="checkbox"/> |

IF ANY OTHER RECOMMENDATIONS GIVE THEM ON ABOVE LINE.

4. Remarks: Flying: No natural flying ability, little if any progress since first solo.
G.I.S.: This student tried hard and would have made fair average, ability average.

COMMANDING OFFICER NO. 21 E.F.T. SCHOOL (G.E. Cherrington) F/Lt.
SIGNATURE Chief Supervisory Officer.

<p>DISTRIBUTION Distribute Parts 1 2 3 4 5 in all cases.</p> <p>PART 1 - Secretary Department of National Defence for Air. PART 2 - Air Officer Commanding No. _____ Training Command PART 3 - Director of Airmen Personnel Services. PART 4 - Director of Medical Services R.C.A.F. Air Force H.Q. PART 5 - Retain at Unit of Origin.</p>	<p>Distribute Parts 6 7 8 9 only when posting airman to Trenton. In other cases destroy these copies.</p> <p>PART 6 - President Medical Selection Board, Composite Training School, Aircrew Squadron, Trenton. PART 7 - Commanding Officer } Composite Training School, PART 8 - Re-selection Board } Aircrew Squadron, PART 9 - Trade Test Board } Trenton.</p>
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PART 1

THIS COPY FOR **SECRETARY, DEPARTMENT OF NATIONAL DEFENCE FOR AIR** BY FASTEST MAIL
THROUGH COMMAND HEADQUARTERS

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname... BALGER Christian Names... E.C.R.
Number... R132556 Rank... L.A.C.

INSTRUCTIONS

1. For instructions on the use of this form, see A.F.A.O. A. 51/2

PART I

INITIAL TRAINING

1. No.... 3.... I.T.S. Course No.... 43.... From 22-12-41 To 13-2-42
2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	150	<u>100</u>	Aircraft Recognition.	100	<u>..59..</u>
Armament (P.&O)...	50	<u>38</u>	Drill.....	100	<u>..66..</u>
Signals.....	150	<u>114</u>	Law and Disc., etc...	100	<u>..85..</u>
Anti-Gas.....	50	<u>49</u>	Navigation.....	200	<u>..155.</u>
			General Studies.....	100	<u>..89..</u>

3. Maximum Marks 1000. Marks Obtained... 656 Percentage... 66

4. Passed or Failed... P Position in Class... 77 No. in Pilot's Class... 137

5. Considered Suitable for Commissioned Rank
Unsuitable

6. Recommended for training as: (a) Pilot.....
(b) ~~Observer~~.....
(c).....

7. Remarks: Good appearance, Straight forward, Reserved, Determined, Reliable, Not aggressive
CHARACTER & LEADERSHIP: 117

Alternative Recommendation: Observer

D.D. Findlay Wg. Comdr.
Commanding Officer
No... 3 I.T.S.
Date... 27-3-42

To be passed to No. E.F.T.S.

Can.
A ~~Not~~ Trainee
~~Not~~
~~Not~~

NOTE: X out Countries not applicable

PART II

ELEMENTARY TRAINING

1. No.21....E.F.T.S. Course No. 52..... From 30-3-42..... To 5-6-42.....

2. Flying Time:--

FLYING TRAINING

Aircraft	Total Dual	Total Solo	Instrument Flying	Total Night F. (Included in Total Dual)	Passenger	Total	Link Trainer
Fleet	20.40	17.55	1.45	-	-	38.35	7.30

3. Results of Flying Tests:--20 hour 49.3% Final Test NA% Instr. Fly NA%

4. Ability as a Pilot (Ex. AA., A. Below Av., Poor) B.A. Pass or Fail F

5. Recommended for Training on T.E. or S.E. aircraft N.A.

6. Remarks on Flying Progress and points which require special consideration.....

No natural flying ability, little if any progress since first solo.

Chief Flying Instructor

Date 19-5-42

GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	.....	Th. of Flight.....	100	.....
Airframes.....	100	N.A.	Air Nav.....	200	NA..
Aero Engines.....	100	.....	Aircraft Recog.....	75	.....
Signals (Prac.)..	100	.....	Arm.....	125	.....
			Quals. as an Officer	200	.....

Maximum Marks 1200, Marks Obtained NA Percentage NA

Pass or Fail NA Position in Class NA No. in Class NA

3. Commissioned Rank (appears suitable or unsuitable) NA

4. General Remarks (Ability, Conduct, etc.) Tried hard and would have made fair average, ability average.

Chief Ground Instructor

Date 19-5-42

(G.E. Cherrington) F/Lt. Supt. Instr.

Chief Supervisory Officer

No. 21 E.F.T.S. Chatham, N.B.

Date 19-5-42

To be passed to No.S.F.T.S.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county OVERSEAS		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																					
2. LENGTH OF STAY		(a) In hospital or institution		Years		Months		Days		(b) In municipality where death occurred		Years		Months		Days		(c) In Province		(d) In Canada (if immigrant)		Years		Months		Days	
3. NAME OF DECEASED		Surname BALCER (Block letters)		Given names CYRIL RENE		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																			
4. RESIDENCE		Street Northcliffe Avenue		3565		Official name of civil municipality or township Montreal		Municipal county		Province Quebec		22. Date of death April 29th 43 (Month) (Day) (Year)		23. I HEREBY CERTIFY that I attended deceased from.....19..... to.....19..... and last saw h.....alive on.....19.....													
5. SEX Male		6. NATIONALITY (Citizenship) Canadian		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word) Single		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. Previously reported missing after air operations, now for official purposes, presumed dead.																	
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country) Quebec		11. DATE OF BIRTH January 13th 1918 (Month) (Day) (Year)		12. AGE OF DECEASED 25 Years Months Days If less than one day old.....hrs. or.....min.		II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... due to (c).....																	
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Air Gunner		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. R.C.A.F.		15. Date deceased last worked at this occupation Apr. 29/43		16. Total years spent in this occupation Two		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?.....																	
17. NAME		18. BIRTHPLACE (Province or Country)		FATHER Balcer, Albert Quebec		MOTHER (Maiden Name) Auger, Jeanne Quebec		27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide Accident Date April 29th 43 (State which) Manner of injury Presumed killed during air operations (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place public place		Signed.....M.D. Address.....Date.....19.....																	
19. Place of burial, cremation or removal		20. Date of burial.....19.....		21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church.....		(b) Civil municipality of.....		(c) Municipal county.....		(d) Date.....19..... (Month) (Day) (Year)		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) For (R.C.A.F. Records Officer) 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)											

HWS

OFFICIALLY PRESUMED DEAD

NO. J17747 RANK SGT. NAME BALCER, C.R. WAR 29 1944
 UNIT OVERSEAS EFF. DATE 29-4-43 K.R. (AIR)

Auth: C.L.#579 d/4-12-43

- | | |
|--------------------------------|-------------------------------------|
| xDMS (Air) Sig. rec'd..... | xAuthority for discharge..... |
| xSig. rec'd. from unit..... | xR.15a Discharge Cert..... |
| xR.51 (Airmen)..... | M.10 (including M.13)..... |
| E.236 Deficiency List..... | xM.227 Medical Board..... |
| xR.71 General Conduct Sht..... | MF465a Dental Envelope..... |
| xR.72 Service Conduct Sht..... | xDental Exam. on discharge..... |
| xReasons for discharge..... | xDec. of C. of I. (Deserter)..... |
| xProforma..... | Death Certificate..... |
| xDate Board sent to Pensions: | |
| B.F. date..... | Date file rec'd. <u>WAR 29 1944</u> |
| Discrepancies..... | |
| xNot necessary for deaths | Checker's signature <u>MW</u> |

2

NUMBER R132556 **NAME** Balcer, C. R.

APPOINTED TO COMMISSION EFFECTIVE 16th March, 1943.

PERSONAL NUMBER ALLOTTED J17747

FIELD OVERSEAS BOARD F.O. 125

AUTHORITY:

OVERSEAS ADVICE Bomber Mail List

Serial No. 27

DATED 26-6-43

MILITIA ACT

M.F.M. 82
480M-8-40 (6652)
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. D 536045

467 Militia Unit taken On Strength R.M.R.

1. Surname (Block Letters) Balcer

2. Christian Names (In Full) Cyril Rene

813 3. Present Address 3565 Northcliffe Mtl Que

03 4. Place of Birth Westmount Que Date of Birth 13 Jan 18

1.18 5. Religion R. C. 6. Occupation Clerk

1 7. Next-of-Kin Albert Balcer

(NAME AND ADDRESS)

011 Same

8. Physical Description: Height 5'10 Weight 145

Color of Eyes Brn Color of Hair Brn

9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

0

09.0.0 Dated this 9th day of October 19 40

Training Centre No. _____

040
07.11.0
1
01 A.M.
99 P.M.
11.00

CBalcer
(SIGNATURE OF MAN)

W. Campbell 2/Lt.
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING
No. 40
COURSE 1
ENDING
NOV 7 1940

TRAINING CERTIFICATE
STAMP
NO. 40 CANADIAN MILITIA TRAINING CENTRE

Howard
Lieut. Colonel

(SIGNATURE OF OFFICER AFFIXING THE STAMP)