J25463
KIRSCH
ABRAHAM LIONEL

J 25543
2979

Kissed a

J.25463
F/O. A.L. KIRSCH
R.C.A.F.
13.9.44

R.C.A.F. G.64
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

HQ.13999

This is to Certify that

J25463 FLIGHT LIEUTENANT ABRAHAM LIONEL KIRSCH R.C.A.F.

(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 13TH day

of SEPTEMBER, 1944, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 19TH day of SEPTEMBER 1945

(T.K. McDougall)
Group Captain,
R.C.A.F. Records Officer.

R.C.A.F. A.47
Part 1.

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.

Air Force No. J25463 Surname KIRSCH

Christian Names (in full) ABRAHAM LIONEL.

Date of Birth 22-2-24 Religion HEBREW

Date of ~~Enlistment~~/Appointment 16-4-43

Married (M), Widower (W) or Single (S) S

Occupation in Civil Life

Signature of Holder Lionel Kirsch P/O.

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—

Myer Kirsh (father)
920 Bloomfield Ave.
Caldwell N.J.

Certified Correct. A.B. Hamilton P/O

Date 9-7-43 Place Y Depot Halifax

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
~~P/O~~ Pilot SR	16-4-43	DRO 91	WB Hamilton F/O
Rel'd	16.10.43.		S/Ldr.

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O-G/C.	16-4-43	DRO 108	WB Hamilton F/O
FO	16.10.43	O/O 756/43	M Robinson Sgt.
AF/L	19.4.44	GOSq 24	
TF/L	1.9.44	GO 1596	

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer
CVSM & emblem	21 Jan 44 Bar to DFC Gaz.	F/L Fowler Sqn. Ldr.

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 and Authority	Signature and Rank of Officer
1250	19-7-43	A Lefebvre.

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
21.7.42	A 1/3 B.	M10.	3. F. HOPKIRK	

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP A	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
19.3.42	J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test	19.3.42	Pos	
Dick Test	19.3.42	Pos.	

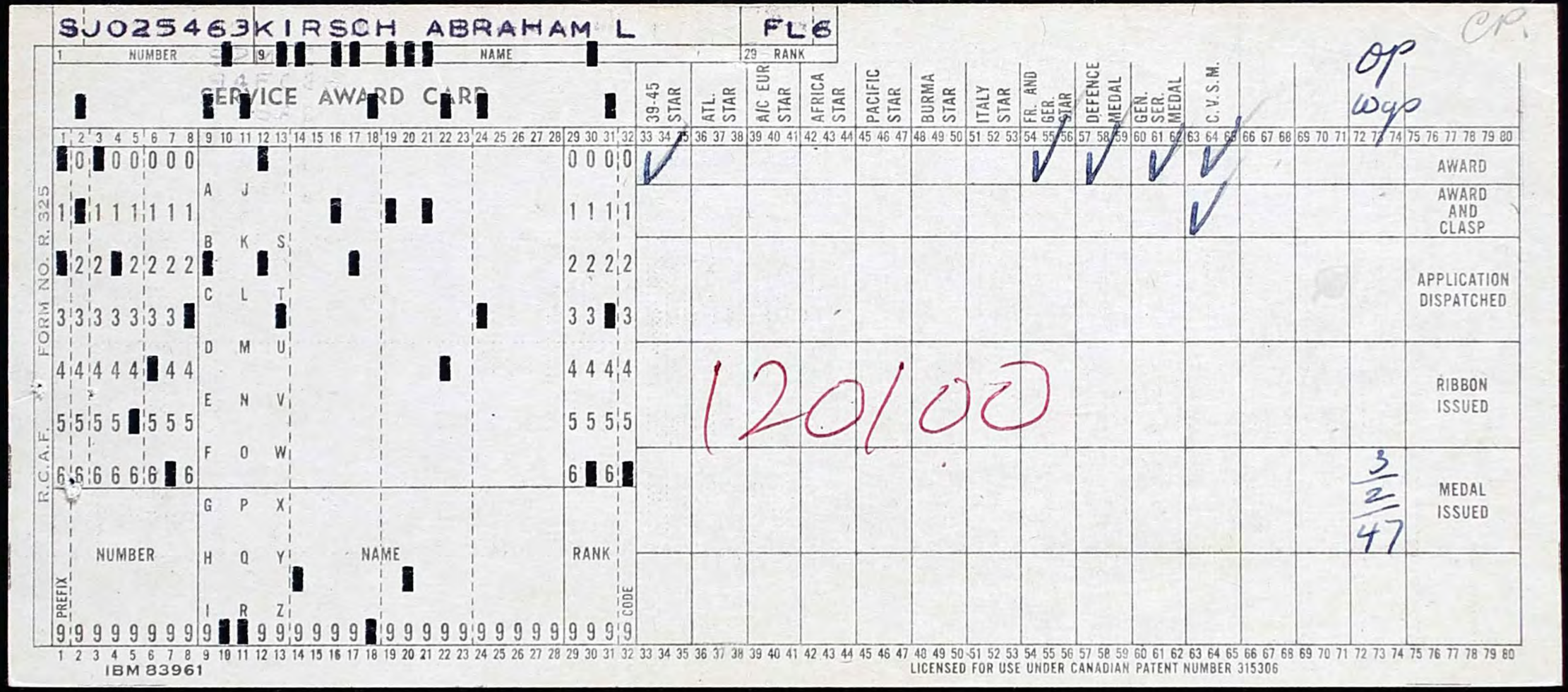
PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
TABT 1	19.3.42	1cc	J. F. HOPKIRK
" 2	14.4.42	"	
" 3	4.5.42	"	
S.T. Tox A	25.3.42	"	
" B	1.4.42	"	
" C	14.4.42	"	
" D	27.4.42	"	
" E	4.5.42	"	
Mahw neg.	19.3.42	—	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.
Diptox 1	25.3.42	1 cc	J. F. HOPKIRK
" 2	27.4.42	"	
Ann TABT.	14.4.43	½cc	

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.


SJ025463 KIRSCH ABRAHAM L
FL6
1 NUMBER
9 NAME
29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R.325
NUMBER
NAME
RANK
PREFIX
CODE
A J
B K S
C L T
D M U
E N V
F O W
G P X
H Q Y
I R Z
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
120/00
3/2/47
OP
WOP
CP.
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Hattie Kirsch (mother)
790 Bloomfield Ave.,
Outremont,
Que.

apr.-46.

MEMORIAL BAR
DATE DESP.....
REGN. NO 939

2/11/49

9655

NAME KIRSCH, Abraham Lionel, FILE NO. FD258

RANK F.L. CATEGORY ~~XXXSXXXG~~ PRES EAD REG. NO. J25463

DATE OF DEATH: 13-Sept-44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 27-9-44 ROYAL MESSAGE: NOV 27 1945

MEMORIAL CROSS TO CHAPLAIN:

DEL'D TO MOTHER: NOV 26 1945

DEL'D TO WIFE:

To Mother and Father-
To mother and father, 12-10-44

Mr. & Mrs. Myer Kirsch,
790 Bloomfield Avenue,
Outremont, Quebec.

COMMAND:

RELIGION:

MAB

CANADIAN
PENSION COMMISSION

IN REPLY REFER TO
D.V.A.
1012-A

90 SQDN OVERSEAS

Ottawa, September 28th, 1945.

G. H. Bowler, Esq.
Ministry Representative,
British Ministry of Pensions,
Journal Building,
Ottawa, Ontario.

J.25463 F/L KIRSCH, Abraham L.

FORM.R.159917

Dear Sir:

The Department of National Defence, Air Service, officially reports that the marginally named who previously was reported "missing on the 13-Sept-44 after air operations now "presumed dead" 13-Sept-44 for official purposes. He was a member of the R.C.A.F. attached to the R.A.F. (Overseas) and his next of kin is reported as

Father -
Mr. Myer Kirsch,
790 Bloomfield Ave., Outremont, Que.

The Addressograph Stencil shows payment of Assigned Pay of $100.00 a month to

Mrs. Hattie Kirsch,
790 Bloomfield Ave.,
Montreal, P.Q.
(Presumably mother)

As no D.A. was payable the Commission will not take any action unless a claim be filed.

Yours sincerely,

for F. Clewes,
Canadian Pension Commission.

/AS
COPY/MONTREAL D.O.

C.P.C. 70 10M—5-45 Req. 579

To be made out in duplicate

M.F.M. 5
50M—8-41 (1292)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

(*c*) 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 individual's new unit.

---

(1) Name of Officer or Other Rank KIRSCH. ABRAHAM LIONEL.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank (OLD NUMBER) R159917.

(3) Unit #1 G.R.S. SUMMERSIDE. P.E.I.

(4) Are you married? NO.

(5) If married, state,

(*a*) Full name of your wife —

(*b*) Present postal address of wife —

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

(7) Are you a widower? 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 —

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

Name —

Postal Address —

R.C.A. OFFICE
Rec'd MAY 14 1943
O.K. I.E.
T.C. N.I.
B.L. P.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 —

(11) Is your father alive? Yes.

If so, state name and address, occupation Myer Kirsch. - 790 Bloomfield Avenue. Outremont. Quebec. Overseas Shipping Agent.

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

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

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

(14) Is your mother alive? Yes.

If so, state name and address Hattie Kirsch. 790 Bloomfield Avenue. Outremont. Quebec.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? 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 —

Postal Address —

Amount contributed monthly during the past six months —

(18) Are you insured? Yes.

If so, in what Company? London Life Insurance Company.
(Give number of policy)

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

Lionel Kirsch P/O.
(Signature of officer or man)

Date May 5th. 1943.

(H.I. Fraser) Flying Officer
for Officer Commanding No.1 G.R.S., SUMMERSIDE, P.E.I.

Date May 6th, 1943.

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

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J25463 (R159917) RANK F/L UNIT 90 SQDN. (OVERSEAS)

TRADE PILOT (G.L.)

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X				

NAME KIRSCH, ABRAHAM LIONEL

PRESENT MARITAL STATUS SINGLE RELIGION HEBREW CANADIAN YES

FRENCH CANADIAN OTHER

ESTATES BRANCH Rcd SEP 20 Rec'd E.F.O. OTTAWA. NATIONAL DEFENCE

NEXT OF KIN MR. MYER ~~KIRSH~~ KIRSCH

RELATIONSHIP FATHER

ADDRESS 790 BLOOMFIELD AVENUE OUTREMONT QUEBEC.

FATHER'S NAME MR. & MRS. MYER KIRSCH

ADDRESS 790 BLOOMFIELD AVENUE LIVING ON ENLISTMENT YES

MOTHER'S NAME OUTREMONT QUEBEC

ADDRESS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT ~~XXX~~ 790 BLOOMFIELD AVE. OUTREMONT PQ MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION MECHANIC

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO~~XX~~

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY?

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. BOMBER MAIL LETTER------d--29-AUG-45

PREVIOUSLY REPORTED "MISSING" 13-SEPT-44 AFTER AIR OPERATIONS (OVERSEAS) (OVER FRANKFURT GERMANY)

NOW "PRESUMED DEAD" 13-SEPT-44 FOR OFFICIAL PURPOSES.

ALL WILLS(1)

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

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

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/~~NO~~

DATE 19-SEPT-45

FOR CHIEF OF THE AIR STAFF

C.A.F. R217
1-6-44 (4664)
. 885-R217
S-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

46521

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

WILL

R.C.A.F. R. 60
40M—5-41 (225)
H.Q. 1062-3-45

(1) I, ABRAHAM LIONEL KIRSCH of the City / Town / Village / Township of Montreal in the County / District of ....., Province of Que., Dictaphone Mech. (Civil Occupation) a member of the Royal Canadian Air Force, Number R-159917 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Last Permanent Civilian Address

(a) Relationship
(b) Names and
(c) Address of beneficiaries and
(d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my Mother

HATTIE KIRSCH

790 Bloomfield Ave;

Montreal, Que.

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 All my Estate

(4) I appoint Hattie Kirsch (Name) (Address) Same as above, to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 19th day of March 1942.

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.

Lionel Kirsch
(Signature of Testator)

First Witness sign here.

(5) Oliver Korpela
(Signature)
#5 M.D. Lachine Que
(Address)
Clerk
(Occupation)

Second Witness sign here.

Romeo Gignon
(Signature)
#5 M.D. Lachine Que
(Address)
Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

Rec'd APR 6 1942
O.K. C.I.
R.C. M.I. 1st
S.L. P.A.

[OVER]

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—

"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....$.....00 and my household goods and effects",
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. . .....$.....00",
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....$.....00",
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....$.....00",
and any personal gift, if desired.

(3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.

(4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.

(5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.

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

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....
(Name and address in full)

.....

.....
(Signature)

.....
(Signature)

FOR COMPLETION AND RETURN BY

1

Form P. 64

Mrs. Myer Kirsch
790 Bloomfield Avenue
Outremont, Quebec.

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

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

and the following number quoted:—

H.Q. J25463 FD251

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

10 Oct 1945

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

KIRSCH, Abraham Lionel F/L

J25463 RCAF

ESTATES BRANCH
DEC 8 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

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.

C. Vernon Smith Col.

CYS/VR

Director of Estates.

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		NIL		
2	Children of the Deceased and dates of their Births.....		NIL		
3	Father of the Deceased.....		MYER KIRSCH	58	790 BLOOMFIELD AVE MONTREAL, QUE.
4	Mother of the Deceased.....		HATTIE KIRSCH	56	do
5	Brothers of the Deceased	Full Blood	SYDNEY KIRSCH ~~NIL~~	27	do
		Half Blood	NIL		
6	Sisters of the Deceased	Full Blood	ELMA KIRSCH ~~NIL~~	13	do
		Half Blood	NIL		
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.		

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ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	KIRSCH. ABRAHAM LIONEL
9	Date of his birth.	FEB. 27TH. 1924
10	Place and date of his marriage.	~~Not Applicable~~
11	Place and date of his parents' marriage.	MONTREAL, JAN. 7TH. 1916

PARTICULARS OF DOMICILE

12	Place where deceased was born.	MONTREAL. P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) QUEBEC, CANADA (b) (c) (d) SINCE BIRTH.
14	Nature of employment before enlistment.	OFFICE EQUIPMENT SALESMAN
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. P.Q.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	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?	NO.
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	NO NO — —
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	# 44 00/100 (? FIVE DOLLAR CERTIF. ? TEN DOLLAR CERTIF 790 BLOOMFIELD AVE. MTL.
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	NONE — — — —
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	LONDON LIFE INSURANCE CO. 362.66 BENEFICIARY MOTHER
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NONE

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.	NONE —

(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

* MOTHER. of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Myer Kirsch (Signature of Informant)

790 Bloomfield ave. Outremont. Que. Address

CERTIFICATE

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

See above. Mrs. Myer Kirsch {Name of informant} is the mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 29th day of November 19 1945

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

Melvin Salmon Qualification Commissioner of the Superior Court, District of Montreal

Address 333 University Tower Montreal P.Q.

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

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

DATE March 25TH 1946

The Estates Branch has received the following personal effects of

NAME J25463 F/Lt. KIRSCH, A.L.

9 Books.
1 Greatcoat.
1 Coathanger.
3 Prs. Trousers.
2 Tunics.
1 Cermonial Cap.
1 Raincoat.
1 Air Force Diary.
2 Button Polishers.
2 Black Ties.
1 Kitbag Handle.
Photos in envelope.
4 Pr. Pants.
3 Vests.
2 Towels.
1 Swim Suit.
10 Handkerchiefs.
1 Blue Interknit Scarf.
1 Blue Scarf.
1 Pullover.
1 Pullover.
1 Pr. Black Leather Shoes.
8 Singlets.
8 Shirts Collars Attached.
1 Pr. Gloves.
29 Prs. Socks.
Shoe Horn.
6 Souv. Coins.
1 Pr. Green Cuff Links.
1 Cycle Spoke Key.
1 Can. Service Ribbon.

Received the effects as listed

SIGNATURE Mrs Meyer Kirsch

DATE REC'D Feb. 25TH 1945

EMS.

1 Padlock & Chain.
1 Padlock. 1 Nail File.
1 Pr. Wooden Wings.
2 India Rubbers.
1 Odd Arm Band.
1 Broken Comb.
Brake Cable.
3 Toothbrushes.
1 Tooth brush & Cover.
4 Pencils.
1 Cycle Rear Light.
1 Button Stick.
3 Brushes.
1 Blue Leather Money Belt.
1 Strap.
1 Pr. Braces.
1 Pr. Anti-glare Glasses in Leather Case.
1 Wizard Blade Sharpener.
1 Photo Album.
3 Black Ties.
1 Address Book.
1 Chess Board in Cardboard Box.
1 Plastic Cup.
1 Loose Leaf File.
1 Hot Water Bottle.
1 Blue Leather Writing Case.
Stationery. Photos.
Fountain Pen.
1 Black Leather Case.
1 Pr. Scissors, hair cream btle.
Safety Razor in Case.
1 Hair Brush.
1 Soap Box.
Shaving Brush.
1 Box with Toothbrush.
1 Blue Leather Toilet Box.

CONT'D.

ESTATES BRANCH
MAR 26 1946
H.Q. OTTAWA
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

DATE. March 25TH 1946

The Estates Branch has received the following personal effects of

NAME.... J25463 .... F/Lt. ....KIRSCH. ...A.L. .....

1 Pr. Brown Leather Gloves.
5 Handkerchiefs.
1 Pr. Rubber Sports Boots.
2 Prs. Black Leather Shoes.
1 Book A/C recognition.
1 Book Emil Zola.
1 Leather Wallet.
6 Keys in leather Folder.
1 Chrome Wristlet Watch.
Photos & Sundry Papers.
1 Bundle Pamphlets.
Book & Stationery.
Letters Snaps & Photos.
1 Shirt Collar attached.
1 Pullover.
1 Pr. Pants.
1 Towel.
3 Suit Pyjamas.

ESTATES BRANCH MAR 26 1946 E. Q. OTTAWA NATIONAL DEFENCE

Received the effects as listed.

SIGNATURE... Mrs Myer Kirsch

DATE REC'D. Feb. 25TH 1946.

EMS.

J25463(DFC)

Mrs. H. Kirsch,
700 Bloomfield Ave.,
Montreal, Quebec.

22nd February, 1950.

Dear Mrs. Kirsch:

It is with regret that I refer to the loss of your son, Flight Lieutenant Abraham Lionel Kirsch, but a report has been received from our Missing Research and Enquiry Service which states that as a result of exhumation work carried out in the cemetery at Frankfurt, Germany, it was found that the graves of your son and the members of his crew had been intermingled with those of another crew. Of the sixteen members of the two crews eight were individually identified. Of your son's crew, your son, Flying Officer Maclaren, Flight Sergeant Columbus and Flight Sergeant Burlint were individually identified.

In accordance with the agreed policy of the Nations of the British Commonwealth that all British aircrew buried in Germany would be moved to British Military Cemeteries located in Germany, your son and the members of his crew together with the crew members of the other crew were moved to the permanent British Military Cemetery at Bad Tolz. Bad Tolz is twenty-eight miles south south east of Munich, Germany. The cemetery is known as the Bad Tolz (Durnbach) British Military Cemetery. Your son was laid to rest in plot 8, row E, grave No. 12. The remaining members of the two crews were laid to rest in adjacent graves, those not identified separately were registered collectively.

This British Military Cemetery and the graves will be reverently cared for and maintained in perpetuity by the Imperial War Graves Commission (of which Canada is a member). The Commission will also erect a permanent headstone at your son's resting place.

It is my earnest hope that you will be comforted with the knowledge that your son's resting place is known, and that it will be permanently maintained, and I would like to take this opportunity of expressing to you and the members of your family my deepest sympathy in the loss of your gallant son.

Yours sincerely,

F.F.

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

FFF:CB

J25463 (RO)

P.A.

R E G I S T E R E D

OTTAWA, Canada, 3rd February, 1947.

Mrs. Hattie Kirsch,
790 Bloomfield Avenue,
Montreal, P.Q.

Dear Mrs. Kirsch:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son, Flight Lieutenant A.L. Kirsch.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A. Dicks)
Wing Commander
for Chief of the Air Staff.

/BBO

H I G H S C H OOL L E A V I N G E X A M I N A T I O N S

STRATHCONA ACADEMY, OUTREMONT, QUE.

THIS IS TO CERTIFY THAT

LIONEL KIRSCH

HAS PASSED THE REGULAR EXAMINATIONS PRESCRIBED BY THE UNIVERSITY SCHOOL LEAVING BOARD FOR THE FINAL YEAR OF THE HIGH SCHOOL COURSE, GRADE 11, WITH THE STANDING HEREON ENDORSED AND HAS BEEN GRANTED THIS

G R A D U A T I O N C E R T I F I C A T E

BY THE PROTESTANT BOARD OF SCHOOL TRUSTEES FOR THE CITY OF OUTREMONT.

IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HAND AND THE SEAL OF THE SAID BOARD, ATTTHE CITY OF OUTREMONT, THIS THIRTIETHH DAY OF AUGUST, IN THE YEAR OF OUR LORD, ONE THOUSAND NINE HUNDRED AND FORTY.

H.C. HANNAFORD
Chairman

J.N. McCUAIG
Trustee

JOHN F. ROY
Trustee

M.P. POWELL
Sec'y Treas.

S
E
A
L

W. ALLEN WALSH B.A.
Principal

M.C. HAY B.A.
Ass't. Principal

CATHERINE N. HOLLAND M.A.

A.E. ALLEN B.A.

F.W. COOK B.A.

M.H. ROSS M.A.

E.H. RACICOT B.A.

JULIA BRADSHAW B.A.

A. IRENE MARCEAU

H.J. SCOGGAN M.SC.

A.E. RATTEE B.A.

CERTIFIED TRUE COPY
O.C. R.C.A.F. Recruiting Centre,
MONTREAL, QUEBEC.
Date Feb 26/42

R.C.A.F. Records Office
Rec'd. MAR 21 1942
O.K. ..... C.I.B. .....
C. ..... N.I. .....
S.L. ..... P.A. .....

HIGH SCHOOL LEAVING EXAMINATION

CANDIDATE'S EXAMINATION RECORD

In order to obtain this certificate a candidate must pass in English; History; one foreign language; one paper in Elementary Mathematics; one Science subject; and at least one other subject. The pass standard is 50% in each subject. In subject in which there are two papers a candidate must obtain 50% in each paper, or 55% in both papers combined. Any candidate obtaining matriculation standing will also be entitled to this certificate. Candidates must complete all requirements within one year of first sitting.

SUBJECT	PAPERS	Pctge.
ENGLISH	LITERATURE	72
	COMPOSITION	80
HISTORY	WORLD	67
FRENCH	GRAMMAR & COMP.	65
	ORAL	61

SUBJECT	PAPERS	Pctge.
ELEM. MATH.	ALGEBRA	96
	GEOMETRY	91
ADV. MATH.	ALGEBRA II	81
	GEOMETRY II & TRIGONEMETRY	71
PHYSICS		65
CHEMISTRY		75

CERTIFIED TRUE COPY

O.C. R.C.A.F. Recruiting Centre,
MONTREAL, QUEBEC.
Date Feb 26/42

R.C.A.F. Special Reserve

AIR FORCE No. R 159917 POSTED TO #5 M.D. Lachine, PQ TRADE Aircrew Pilot or Observer Std

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname KIRSCH FULL Christian Names ABRAHAM LIONEL.
2. Present Address 790 Bloomfield Ave., Outremont, P.Q. Telephone Do 0648
3. Permanent Address 790 Bloomfield Ave., Outremont, P.Q.
4. Place of Birth Montreal, P.Q. Citizenship Canadian.
5. Date of Birth February 27th, 1924 Married, Single, Widower, Separated, Divorced Single.
6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.A.			

7. Occupation Mechanic. 8. Religion Hebrew. (State denomination)
9. Languages English (fluently) French (Fairly). (State proficiency)
10. Next of Kin (Full Name) Myer Kirsch Relationship Father.
" Address 790 Bloomfield Ave., Outremont, P.Q.
11. Father (Full Name) Myer Kirsch Birthplace Russia.
" Address 790 Bloomfield Ave., Outremont, P.Q. Citizenship Canadian. by nat. No 5722 Sec. E
" Occupation Salesman
12. Mother (Full Maiden Name) Yetta Ashmele Birthplace Poland.
" Address 790 Bloomfield Ave., Outremont, P.Q. Citizenship Canadian. by nat No 5722 Sec E
13. Details of any Naval, Military or Air Force Service: None.

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
N.A.						

R.C.A.F. Records Office Rec'd. MAR 21 1942 O.K. C.I.B. R.C.M.P. N.I. S.L. P.A.

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.

397 - 216

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Iona School, Montreal, P.Q.	1929	1937	Primary course, 7th grade.
High School—Collegiate Institute, etc.	Strathcona Academy, Outremont, P.Q.	1937	1940	High School, 4th year.
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
General Avertising. Inc. Montreal, P.Q.	Laminator.	1940	1941	Better position.
National Typewriter Exchange. Montreal, P.Q.	Dictaphone & Timeclock Mechanic.	1941	19--	Still employed.

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F.

Mechanic.

25. Sports engaged in. State: extensively, moderately, occasionally

Baseball, tennis, cycling, (moderately)

26. Air Force Duty you wish to enlist for ~~Ground Duties.~~ Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist Pilot or Observer.
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 persons who can give references as to character and ability.

Name	Address	Occupation
Mr. Julius Leavitt	265 Mount Royal Ave. West Montreal, P.Q.	Club Director.
Mr. Jos Rubin	718 St. James St., Montreal, P.Q.	Manager.
Miss Hay	Strathcona Academy, Outremont, P.Q.	Principal.
Mr. Jos Feldjaeir	4448 Clark Ave., Montreal, P.Q.	Private Canadian Army

28. Other information that may have any bearing on this application None.

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 26th February 1942 Signature Lionel Kusel

NATIONAL REGISTRATION CERTIFICATE
PRODUCED.
11/147 J. B. Blackwell

MAR 18 1942

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

Suitability 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, Abraham Lionel KIRSCH 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 March 18th 1942 Lionel Kirsch
Signature of Recruit

(D) **OATH TAKEN BY MAN ON ATTESTATION**

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

Date March 18th 1942 Lionel Kirsch
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 18th day of March 1942

J. B. Blackwell Jr. — Signature of Officer
Rank
#13 Recruiting Centre, R.C.A.F., Montreal, P.Q. — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism No
(b) Tuberculosis No
(c) Bronchitis or Asthma No
(d) Heart Disease No
(e) Kidney or Bladder Disease No
(f) Gastro-intestinal No
(g) Rupture No
(h) Varicose Veins No
(i) Flat or Deformed Feet No
(j) Nasal Trouble No
(k) Ear Disease No
(l) Eye Disease No
(m) Epilepsy No
(n) Nervous or Mental Disease No
(o) Syphilis No
(p) Gonorrhoea No
(q) Bone Fracture No
(r) Other Disease or Defect Yes

3. Have you ever worn glasses? No

4. Have you had any illness for more than one week's duration. Yes

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

Lionel Kirsch
Signature of Applicant

Examiner's Remarks *re* above Scarlet fever 1939 Measles 1929 Lea Sickness 1935-1939

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

1. Identification marks or scars (if operative obtain history) None

2. Height 5 feet 8¼ inches. 3. Weight 143 pounds.

4. Complexion Medium 5. Color of Eyes Brown Hair Brown

6. Development { Good / Fair / Poor } 7. Chest Measurement—Full expiration 33 inches

Range of expansion 3. inches

8. Hearing—Right W/ 20 Left W/ 20 Tympana—Right × Left N

9. Vision—Without glasses—Right 20/20 With glasses—Right n/a

Left 20/20 Left n/a

10. Condition of mouth and teeth good

11. Urine—Albumen Neg Sugar Neg

12. Abnormalities (Congenital and Pathological) found on Examination Low B.P.

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 A1B3 (Clas) (Cat) A1B3

14-3-42 X Ray # 112484 Neg Cwt

Any special remarks of the Medical Officers

× Wax to be removed from right ear.
B.P. to be rechecked & Rotating Chair Test.
7/3/42. B.P. O.K. 110/70 - Wax in ear R.S. C.K. [illegible]
9/3/42: Right ear now O.K. N.B
18/3/42 Rechecked B.P. A1B3 B C.K.M.

Part 2 Cont'd.

12. Reflexes — N
14. Heart — N
15. Lungs — N
16. Blood Pressure 104/75
17. Colour Vision N G L

Date March 2-42

President — Member — Member

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 KIRSH ABRAHAM LIONEL (b) Reg'l. No. R 152917
2. (a) Arm of service R.C.A.F. (b) Unit E.T.M. (c) Rank A.C.2
3. (a) Date of birth FEB 27/1924 (b) Have you any dependents? No (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL (b) Date of enlistment 18-3-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? YES
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.) JR. MATRIC
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? DICTAPHONE MECH (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 3 MONTH
9. (a) What languages do you speak fluently? ENG. (b) What languages do you read well? ENG.

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 NATIONAL TYPEWRITER MACH'S Address MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) OFFICE APPLIANCES
20. (a) Your specific occupation DICTAPHONE MECH (b) Number of years' experience at this occupation with any employer 3 MONTH
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

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

R.C.A.F. APR 18 1942 S.L.

DATE March 19 1942 SIGNATURE L. Kirsh.

K75491
J25463.

10RS-

DECLARATION

I..ABRAHAM LIONEL KIRSCH.....do hereby agree to accept a commission in the Royal Canadian Air Force (Special Reserve) and do hereby declare that I am willing to serve on Active Service anywhere in Canada, also beyond Canada and Overseas, for the duration of the present war and for the period of demobilization thereafter, should His Majesty so long require my services. I also understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation.

Witness..M.B.Wilson..... Signature..L. Kirsch.....
Date....May 5th. 1943.....
Place..#1.C.R.S. Summerside. P.E.I.

Rec'd MAY 14 19[illegible]
O. K.....
R. C.....N I.....
S. L.....P. A.....

ROYAL CANADIAN AIR FORCE

R.C.A.F. T.58A
Revised: 1-42

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

J25463

SURNAME Kirsch, CHRISTIAN NAMES A.L. NUMBER R159917 RANK LAC

I.T.S. #3 VICTORIAVILLE COURSE NO. 58 FROM 20-7-42 TO 11-9-42

E.F.T.S #11 Cap-Mad. COURSE NO. 66 FROM 11-10-42 TO 4-12-42

S.F.T.S #13 ST HUBERT COURSE NO. 71 FROM 28-12-42 TO 16-4-43

TRAINEE FROM: CAN. XXXX : U.K. : AUS. : N.Z. :

(1) G.I.S. RESULTS

SUBJECTS	Finals			Supps.		
	ITS %	EFTS	SFTS	ITS	EFTS	SFTS
1. Mathematics	100					
2. Law, Discipline	99					
3. Navigation	100	135	122			
4. General Studies						
5. Airmanship	98	168	177			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	96					
10. Armament (written)	96	39	88			
11. Armament (Practical)		38	42			
12. A/C Recognition	100	83	50			
13. Drill	96					
14. Signals (Written)	100	100	39			
15. Signals (Practical)			100			
16. Meteorology	88		39			
TOTAL OBTAINED	983	563	657			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	98	80.4	87.6			
NUMBER IN CLASS	87	36	62			
POSITION IN CLASS	1	7	8			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours x Armament	65	x 102
Instrument	71	99
Clear Hood	106	213
Navigation	38	111
TOTAL OBTAINED	215	525
TOTAL POSSIBLE	300	750
PERCENTAGE	71.6	70.0
NUMBER IN CLASS	37	62
POSITION IN CLASS	10	24

(3) FLYING APTITUDE	EFTS	SFTS
1. Natural Skill	A	AA
2. Skill in Landing	A	A
3. Airmanship	A	AA
4. Cockpit Drill	A	AA
5. Instrument Flying	A	A
6. Night Flying	A	A
7. Aerobatics	A	A
8. Formation Flying	NA	A
9. Map Reading	A	AA
10. Wind Speed & Direction Finding (TE)	NA	
11. Straight Runs over as Pilot (TE)	NA	

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
#11 E.F.T.S.	Finch 2	35.30	34.45	4.00	-	-	7.00	11.00	4.00	2.50	12.20	-
#13 SFTS	HarvardII	63:45	61.45	5.25	10.35	13.05	26.10	20.00	7.25	8.35	5.30	

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of Accident. Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.

R.C.A.F. Records Office
Rec'd MAY 24 1943
O.K. ..... C.I.B. .....
R.C. JB N.I. .....
S.L. ..... P.A. .....

A
Date Initials
PR 5

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.							
S.F.T.S.	AA	A	AA	BA	AA P1	A	A

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para.3)	525
G.I. S. (Para. 1)	657
Character & Leadership(Para8)	525
TOTAL	1707
PERCENTAGE	75.9
STANDING IN CLASS	14

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	137
S.F.T.S.	388
TOTAL	525

(9) CERTIFIED:

(a) That this pupil pilot has ~~(has not)~~ passed all tests required for Pilot's Flying Badge.

(b) That this pupil is ~~(is not)~~ authorized to wear the Pilot's Flying Badge, w.e.f. .....16-4-43.....

R.B. Hunter
Chief Instructor
No. 13 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S. Mature. Intelligent. Alert. Reliable in every respect. Enthusiastic about the R.C.A.F. Splendid service spirit.

Alternative Recommendation: Air Navigator.

L.A. Porteous F.L.
for Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, Que.

(b) E.F.T.S. Serious, good worker, a bit shy.

J. Gadon Elliott
J.G. Elliott, C.G.I.

Not in any serious difficulty in flying, and of average ability.

Administrative F/L
F/L Morrissette (Ass't. C.F.I.)

Paul Edmond S/L
Chief Supervisory Officer
No. 11 E.F.T.S.

(c) S.F.T.S.

High average pilot. - has natural ability - flies with confidence. No outstanding faults.
Average instrument pilot - weak on unusual positions.
Recommended for Commission.

R.B. Hunter
Chief Instructor
No. 13 S.F.T.S.

(d) S.F.T.S.

R.C. Dubeau W/C
Commanding Officer
No. 13 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. is from 60 hour Clead Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P.(Ex.)".
5. Para. 7 is for Service Flying Training Schools only

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

Pilot or Observer (Std)

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

R159917 | KIRSCH | ABRAHAM, LIONEL | Hebrew
A.F. No. | Surname | Christian Names | Religion

Born 27-2-24 Place Montreal Que. Country Canada | Citizen of Canada | Racial Origin Russian

PARTICULARS OF FAMILY — M. S. D. W.

Wife's Maiden Name | Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

Meyer Kirsch (Father)
790 Bloomfield ave. Outremont Que

CIVIL EDUCATION

High School Entrance X Jr. Mat. X Sr. Mat.

Technical School Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Laminator 1940-41
Dictaphone + Time-clock
mechanic 1941-42

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
None	Date 18-3-42	A 1B / A 3B	18 3 42		
	At Montreal				
	Term Duration				

RANK	Auth.	Date	TRADE	Auth.	Date	TRADE TESTS AND COURSES
AC 2		18 3 42	P. O		18 3 42	
LAC	DDO 224/42	12 9 42	Remustered to Std Aircrew (113) Std AFR.O. 966		9 7 42	
T/Sgt.	DRO91	16 4 43	Remust. Pilot Std. Grp.		12 9 42	

Trade	GP	%	P or F	Date
P. O	S	1	P	27 2 42
Remust. Pilot Std. Grp.				12 9 42
Remust. Pilot Special Group				16 4 43.

LEAVE

From	To	Auth. and Description
A.D. 10-9-42	25th 4-10-42	Spec. DRO 224/42
7-12-42	28-12-42	AFAO A24/5
17-4-43	1-5-43 (14 dys)	Special

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
16 4 43	Awarded	Pilot Flying	Badge	DRO 91.
16 4 43	Catagorized	A	DRO 91.	

R.C.A.F. R.44C
50M—10-41 (961)
H.Q. 1062-3-58

(OVER)

B.V.

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOR 13	R/c with Que	#5 Laeline Que	18-3-42				
DRO 66/42	T.O.S. #5 M.P.	LACHINE QUE	18-3-42				
DRO 163/42.	Remustered	Aircrew (ITS)	Hd eff 9-7-42				
DRO 170/42	#5 MD	#3 ITS	8-7-42				
DRO 245/42.	13 E.F.T.S. Victoriaville, P.Q.	11 E.F.T.S. Cap de la Madeleine, P.Q.	10-10-42.				
DRO #103	#11 EFTS	#13 SFTS					
Cap de la Madeleine, PQ		St. Hubert, Que.	12-12-42				
1) DRO 91 16-4-43	#13 S.F.T.S.	#1 G.R.S.	30-4-43.				
DRO 108	Elsc. and appointment to a Commission		eff-16-4-43				

JUL 6 1943

OUTFIT ALLOWANCE CLAIMS WERE NOT AND WILL NOT BE PAID AT #13 S.F.T.S. ST. HUBERT, P.Q. R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE ~~FORWARDED~~ Paid TO by I.G.R.S. ON 13/may/43 APPOINTED OR ENLISTED AT Montreal, Que. ON 18-3-42 MARRIED OR SINGLE Single No. ~~R 159917~~ J25463 NAME IN FULL KIRSCH, A. L.

2438/24

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay
66	18.3.42	AC2	S	AS	1 80	. .	1 30	NA	No. 5 "M" Depot, Lachine, Que.
224	29-4-42	LAC	S	AS	1 50		1 50		Rect. LAC
85	12-10-42	LAC	S	AS	1 50	75	2 25		F/P
91	16-4-43	SGT	SG	A/S	3 70		3 70		
108	16.4.43	P.O	NL	A/S	6 25		6 25		Appt. P/O.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
KIRSCH, Hattie, (Mrs), Mother--Vol. Assgt.	1/4	20.00	20 00
Rue Rem 4th Wardrun	1.5.43	$40	24 40

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS: N.D.T. Class. 5

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.		Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
18-31/3/42	14	18 20				$	18 20				$						18 20	$	
1/30-4-42	30	39 00					39 00	20 00							10 00	30 00	9 00	$	
1942 1/31-5	31	40 30					40 30	20 00							10 00	30 00	10 30	$	
1/30-6	30	39 00				$	39 00	20 00			$			8 88 / 1 00		29 88	9 12	$	SOS. TO #3 I.T.S. VICTORIAVILLE DRO: 171 EFF. 18-7-42
1/18-7	18	23 40					23 40	12 00							10 00	22 00		1 40	TOS. eff 19-7-42. DO. 174.
19/31-7-42	13	16 90				1 40	18 30	8 00								8 00	10 30	—	
1/31-8	31	40 30					40 30	20 00							10 00	30 00	10 30	—	
1-11-9	11	14 30																	
12-30-9	19	28 50	12 00	x			54 80	20 00						41 00		61 00		6 20	x RA 24 Da. DO #224 S.O.S. TO #11 EFT S. EFF. 10-10-42. DO. 245
1/10-10	10	15 00					15 00	6 70			6 20			2 10		15 00		—	
11-10 31-10-42	21	46 50					46 50	13 30								13 30	33 20	—	TOS EFF. 11-10-42 DO 85
NOV 1-27	20	67 50					67 50	20 00							23 00	43 00	24 50	—	AUTH. R/A 7-12 TO 28-12-42 DO 102 (22 DAYS)
12-42	27	60 75 / 11 00					71 75	20 00						50 00		70 00		1 75	SOS TO 13 SFTS EFF. 27-12-42 DO. 103
28-31-12	4	9 00				1 75	10 75	—								+		10 75	TOS DO 311 EFF. 28-12-42.
1-31-1	31	69 75				10 75	80 50	20 00							34 00	54 00	26 50	—	
1-28-2	28	63 00					63 00	20 00							21 00	41 00	22 00	—	
1-31-3	31	69 75					69 75	20 00				E 1099 - P 2125	129		24 00	45 29	24 46	—	DRO 91 - Leave 17-30/4/43 (14 da)
1-15-4	15	33 75												61 25					
16-30-4	15	55 50	7 00	R/A (14 da) DO 91			96 25	20 00						16 00		96 25		$	DRO #91 - S.O.S - EFF 30/APL/43 - TO #1 GRS - SUMMERSIDE, P.E.I.
16-30-4	15	38 25																	98/108 T.O.S. eff May 1/43 DO 108 SOS Sqt. TOS P/O eff Apr 16/43
1-31-5	31	193 75					232 00	28 40				E 3784	420		100 00	132 60	99 40	$	
1-30-6	30	187 50					187 50	28 40							80 00	108 40	79 10	$	DO 158 SOS to 1 Y Depot eff July 1/43
1-17-7	17	106 25	7 00	DO 156 R/AL			113 25	16 09				A 180		97 16		113 25		$	
																		$	Audited by Treas. 8-7-43. Amlis

Dane Morlan Fo

COURSE	FROM	TO	RESULT
Initial Training, Victoriaville, Que.	20-7-42	11-9-42	Passed, 98% 1st.
Elementary Training, Cap de la Madeleine.	11-10-42	4-12-42	Passed, 80.4% 4th.
Service Flying Training, St. Hubert. Que.	28-12-42	16-4-43	Passed, 75.9% 14th. Wings, 16-4-43
Nav. Rec. Crse, Summerside, P.E.I.	3-4-43	5-7-43	Ab. Ave. 79.5% Passed, 5th.

NAME KIRSCH, A.L. No. J.25463

18

FORM NO. M. 76 -- VISIBLE RECORDS LIMITED, SCARBORO P.O., CANADA
CUT AND PUNCHED TO BE USED IN "NU-STYL" BINDER, MODEL NO. A.16F.
R.C.A.F. T-118 5M-9-42 (2651) H.Q. 885-T-118

Declaration on file changing name from Abraham Lional Kirsch to Abraham Lionel Kirsch

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (GERMANY) | 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: KIRSCH (Block letters)

Given names: ABRAHAM LIONEL

4. RESIDENCE

Street: Bloomfield Avenue No. 790

Official name of civil municipality or township: Outremont

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: February (Month) 27th (Day) 1924 (Year)

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

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: R.C.A.F.

15. Date deceased last worked at this occupation: Sept. 13/44

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Kirsch, Myer	Russia
MOTHER (Maiden Name)	Ashmole, Yetta	Poland

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)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 13th (Day) 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) Previously reported missing after air operations, now for official purposes, presumed dead.

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: Accident (State which) Date: Sept. 13th 44

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....**

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)

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Abraham L. (CHRISTIAN NAMES) Kirsch (SURNAME)

REGISTER NO.

FILE NO. 31628

PAYEE Receiver General of Canada

ADDRESS Director of Estates
Ottawa, Ont.

DATE 12 Apr/48

SERVICE NO. J-25463

FINAL RANK OR RATING F/L

DATE OF TERMINATION OF OVERSEAS SERVICE 13 Sept/44

DATE OF DISCHARGE 13 Sept/44

		$ ¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 911/30 EQUAL TO 30 COMPLETE PERIODS AT $7.50		225.00
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 422 LESS 11 INELIGIBLE DAYS, EQUAL TO 411 DAYS @ 25C. PER DAY		102.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 8.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 10.20 ×7 = $ 71.40	
NO. OF DAYS 422/183	×$ 71.40	164.65
D. WAR SERVICE GRATUITY		492.40
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		492.40

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ ____

P. & A. Bal. Trans. Trust Account
22.4.48 Journal Voucher # P.A. 26

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

PREPARED BY	CHECKED BY
L.N.	

TREASURY

CHECKED BY	DATE
[signature]	15/4/48

[signature]
SERVICE REPRESENTATIVE

△T

Montreal, 18/3/42. R.159917.

CONFIDENTIAL

No. 3 MEDICAL SELECTION BOARD,
No. 3 INITIAL TRAINING SCHOOL, R.C.A.F.,
VICTORIAVILLE, P. Q.

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

ROYAL CANADIAN AIR FORCE

Medical Board held at..... *Date*.....

FILE NUMBER

Surname Kirsch *Chr. Names* Abraham, Lionel
Nature of Commission..... *Date of Birth* 27/2/24 *Married or Single* Single
Branch..... *Hours Flown* —
Address 790 Bloomfield Avenue, Outremont (Montreal) Quebec

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown.....
Severe or "Sick" Headaches, Migraine.....
Fits or Convulsions of any kind.....
Sun or Heat Stroke.....
Head Injury or Concussion (including "knock-out").....
Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....
(ii) LUNG TROUBLE or Consumption.....
Bronchitis, Pneumonia or Pleurisy.....
Asthma or Hay Fever.....
(iii) HEART DISEASE, "Weak or Strained Heart".....
Fainting Attacks or Giddiness.....
Rheumatism, Rheumatic Fever or "Growing Pains".....
Frequent Sore Throats or Tonsilitis.....
Diphtheria, Scarlet Fever or Scarlatina.....
(iv) STOMACH or BOWEL TROUBLE.....
Chronic Indigestion or Pain after Food.....
(v) KIDNEY or BLADDER TROUBLE.....
Syphilis or Gonorrhœa.....
(vi) TROPICAL DISEASE.....
Malaria.....
Dysentery.....
(vii) EYE TROUBLE or Inflammation of Eyelids.....
Wearing of Glasses.....
Colour or Night Blindness.....
(viii) EAR TROUBLE, Earache or Discharge from Ears.....
Deafness, Noises in the Ears, or Dizziness.....
Frequent Colds in Head, Catarrh or Obstruction.....
Prolonged Hoarseness or Loss of Voice.....
Sea, Car or Train Sickness.....
Discomfort on Swings, Roundabouts, Switchbacks.....
(ix) OPERATIONS.....
(x) Any illness or Injury not mentioned above.....
.....
.....

Education Junior Matriculation.
Present Occupation Dictaphone Mechanic Hobbies Writing, Model Aircraft,
Previous Service —
Athletics Baseball, Soccer, Cycling Hiking
Habits—Smoking No Alcohol No
FAMILY HISTORY—Consumption No Diabetes Father (cured) Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits".....
Father Alive—Health Yes, Good Dead—Cause —
Mother Alive—Health Yes, Good Dead—Cause —
Brothers (1) Alive ✓ Health Good (...) Dead—Cause —
Sisters (1) Alive ✓ Health Good (...) 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 21/7/42 *Signature* Lionel Kirsch *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique..... *(b)* Mentality.....
Body Marks, Scars, Deformities.....
Size of Thyroid Gland.....
Surgical Abnormalities.....
Results of Wounds, Injuries, Operations.....

		Date.....	Date.....	Date.....	Remarks on any Abnormalities Found
Height (ins.)		68			Date.....
Weight (lbs.)		148			
Chest Circumference (ins.)		36			
Body Build (lbs.)					
Leg Length (ins.)		41			
Pulse Rate	Sitting	60			
	Standing 1st				
	Standing 2nd				
	After Exercise				
	Time to Normal				
Arterial Walls		N			Date.....
Blood Pressure	Systolic	120			
	Diastolic	80			
Room Temperature		70			
Heart	Size (in cms.)	N			
	Sounds	N			
	Rhythm	N			
Lungs	Inspection	N			
	Palpation	N			
	Percussion	N			
	Auscultation	N			
	Expiratory Force	N			
	X-Ray				Date.....
Reflexes	Knee	N			
	Ankle	N			
	Triceps	N			
	Abdominal	N			
	Plantar	N			
Cranial Nerves		N			
Balancing Rod		R. L.	R. L.	R. L.	
Self Balancing		R. L.	R. L.	R. L.	
Tremors	Fingers				Date.....
	Eyelids				
Abdomen	Liver	N			
	Spleen	N			
	Muscular Tone	Good			
Urine	Albumen	neg			
	Sugar	neg			
Initials of M.O.		PJ			

40 mm. Hg. Test..... Int Inj 60 sec .....
Date.....
Date.....
Date.....
Date.....

PJ

EYE EXAMINATION

History No Symptoms.

Visual Acuity	R. 20/20, c −2.50 = 20/100.		
	L. 20/20, c −2.50 = 20/100		
Colour Vision	CVN. 15 4 9		
Red, Green	R.G. Orthon		
Diaphragm Test (P.D. = 63)	Jaeger 0		
Convergence C. = 6 cms.			
Convergence S. C. = 10 cms.			
Accommodation R.	10·5		
Accommodation L.			
Cover Test	Sl. Div. Dev. RR.		
Fundi and Media	N		
Fields	N		
Remarks:	A.B A=B		
Initials of M.O	VTM	*Initials of M.O*	*Initials of M.O*
Date	21/7/42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History

Hearing R. Ear	W.U.20'		
Hearing L. Ear	W U 20'		
External Ear, Meatus Membranes R. Ear	N		
External Ear, Meatus Membranes L. Ear	N		
Middle Ear, Eustachian Tubes R. Ear	N		
Middle Ear, Eustachian Tubes L. Ear	N		
Cochlear Apparatus R. Ear			
Cochlear Apparatus L. Ear			
Vestibular Apparatus R. Ear			
Vestibular Apparatus L. Ear			
Buccal Cavity	healthy		
Teeth	sats		
Gums	healthy		
Pharynx	N		
Nasopharynx	N		
Nose	N		
Larynx	N		
Remarks: Lt			
	Initials of M.O	*Initials of M.O*	*Initials of M.O*
	Date 21-7-42	*Date*	*Date*

GENERAL REMARKS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

#3 M.S.B.

I hereby certify that I have suffered no illness or disability since my last M.2

FAMILY Neg.

EDUCATION Jr. matric.

INTELLIGENCE above average.

MOTIVATION ① F ② N.

EMOTIONAL STABILITY Good

GENERAL ADJUSTMENT Good.

COMMENTS alert, intelligent young lad, appears to be stable & well adjusted. Co-ords well. Wants to be a fighter pilot. Should make better than average airman.

L-V-Sellu F/L

A1B		N.V.C.	717
A3B	Turret	N.V.C.	13
A3B		N.V.C.	
A3B	Vision		
A3B	Radio		
Sig:			
Date		35.43	

NIGHT VISUAL CAPACITY

Exceptional — Below Average
Above Average — Poor
Average — Score 13

Date 20/7/43

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

FIT | Date 21-7-42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

M.O. J.D.McDonald S/L.

E.E.G. N7

E.C.G.

L.P.C. 3

Night visual acuity quality 4

Score 12

AIRCREW PILOT OR OBSERVER STD

ROYAL CANADIAN AIR FORCE

Air Force No. ~~R 150917~~ J 25463

MEDICAL HISTORY OF

R.C.A.F. Special Reserve

SURNAME Kirsch CHRISTIAN NAMES Abraham Lionel

TABLE I—General

Recruiting Centre: Montreal P.Q

Date 2-3 1942 Age 18 yrs.

Former Occupation: Mechanic

Height 5 ft. 8 1/4 ins. Weight 143 lbs.

Identification Marks: None

Past Illnesses, Operations, Injuries:
Scarlet Fever 1939
Measles 1939
Sea Sickness 1936-1935

Colour Vision N Test Is L

Vision—without glasses—Rt. 20/20
—Lt. 20/20
—with glasses —Rt. 20/—
—Lt. 20/—

Condition of Mouth and Teeth: good

Blood Pressure: S 100 D 75
Urine Neg Neg

Abnormalities:
Low B.P.

Remarks by Medical Examiner:
B.P. a Rotating Chair & R.C.

Category: A1B A3B CKH

Signature of M.O. [signature]

Rank

X-Ray of Chest: # 112489 neg.

Date 18-3-42 1942. M.O. Cmt.

SEROLOGICAL TEST FOR V.D.S.	INTERNATIONAL BLOOD GROUP
Test neg.	O A B AB
Date 19-3-42	M.O.

*Note:
O = Moss IV: Jansky I: Univ. Donor
A = Moss II: Jansky II
B = Moss III: Jansky III
AB = Moss I: Jansky IV: Univ. Recipient

TABLE II

Consultations
Medical Boards
Courts of Inquiry
Surgical Appliances
Flying Accidents
Re-check Medical Examinations
X-ray of Chest
Sick Leave
Issue of Glasses
Corrective Lens Goggles

DATE	BRIEF DETAILS AND SIGNATURES
2/3/42	R.P. C.O./P.O. - W. & R.F. Ear - E.K. Montr. P.O.
9/3/42.	Rt ear now O.K. N.B.
9/3/42	Re Exam - O.K. A1/3A3B C.K.H.
18/3/42	Rechecked O.K. D'Matour F/O
17-7-42	W.S. & S. Nad Cat E. Effectively F/Lt
14.4.43.	Fit to proceed overseas. T. Roper
1/9/43	Fit for Overseas H. E. HANNA

BLOOD GROUP A

R.C.A.F. M.13
125M—10-41 (1042)
H.Q. 1062-10-13

TABLE III—ADMISSIONS TO HOSPITAL AND SICK IN QUARTERS

Hospital	Date Admitted	Date Discharged	Disease	Days in Hosp.	Brief Details and Remarks	Signature of Medical Officer

TABLE IV—SERVICE IMMUNIZATION RECORD

PROCEDURE	DATE	RESULT	STATION OR UNIT	SIGNATURE OF M.O.
Smallpox Vaccination	14-3-42	No Take | Primary Take | Early Reaction | Vaccinoid Reaction	5 M.D	
Schick Test	14-3-42	Positive ✓ | Neg. 1 | Neg. 6 | Sensitive	✓	R. Thwaites
Dick Test	14-3-42	Positive ✓ | Negative	✓	
Diphtheria Toxoid	25-3-42	Amount / Reaction: 1	✓	R.T.
		2		
Scarlet Fever Toxin	25-3-42	1	5 M.D	R.T.
	1-4-42	2	✓	
	14-4-42	3	✓	
		4		
		5		
T.A.B.T.	14-3-42	1/cc	5 M.D.	R.T.
	14-4-42	2	✓	
		3		
Re-inoculations and inoculations not provided for above.				
Unusual Reactions				
Remarks				
Etc.				

REPORT ON PERSONNEL - GENERAL RECONNAISSANCE SCHOOL T.22 (G.R.)

...KIRSCH A.L. ..... NO...J25463..... RANK...P/O...SUMMERSIDE, P.E.I.

OURSE NO...89A..... DATE COMMENCED...April 3/43...DATE TERMINATED...July 2/43.

NAVIGATION - FLYING TIMES.

AIRCRAFT TYPE	DAY	NIGHT	TOTAL
ANSON	43.00		43.00

RESULTS - PILOTS COURSE

SUBJECTS	MARKS	MAXIMUM	PERCENT
D.R. Navigation Intermediate	71	100	71
D.R. Navigation Final	270	300	90
D.R. Navigation Airwork	216	300	72
Reconnaissance	143	200	71
Reconnaissance Airwork	65	100	65
Astro Navigation	67	100	67
Compasses and Instruments	168	200	84
Meteorology	121	200	60
Signals	74	100	74
Coding	82	100	82
Ship Recognition	161	200	81
Photography	81	100	81
Visual Signals	P	Pass	P
TOTAL	1519	2000	75.9

Order of merit.....5/24..... Pass.....yes.....

Size of class..... Fail.....

INSTRUCTOR'S REMARKS:-

A good student and a competent airworker. Inclined to argue. Should improve with more aircrew experience.

.....G.R. Forbes F/L
Course Instructor.

RECOMMENDATION FOR FUTURE EMPLOYMENT:-

1. Land Based G.R. 2. Flying Boats 3. Torpedo Bombers

CHIEF INSTRUCTOR'S REMARKS:-

Satisfactory material.

.....W/C
Chief Instructor

O.C. STATION'S REMARKS:-

I concur.

July 2/43
EC

.....G/C
Commanding Officer,
No.1 G.R.S., SUMMERSIDE, P.E.I.

Confidential | R.A.F.—TRAINING REPORT | R.A.F. Form 5015.

PILOT

No. 12 OPERATIONAL TRAINING UNIT

1. Surname KIRSCH Christian Names ABRAHM LIONEL.

2. Number J.25463 3. Rank F/O. 4. Course No. 68.

5. Posted from 20(P)A.F.U. 6. Date course commenced 28/12/43 7. Date course ended 7/Mar/44 8. Posted to 3 Group, R.A.F. Methwold.

9. Ground Examinations		
Subject	Marks Allotted	Marks Obtained
(a) Airmanship	300	276
(b) Armament	300	210.
(c) Meteorology	100	75
(d) Navigation	200	130
(e) Signals	100	77
Total	1,000	768
PER CENT.		76.8

10. Flying Tests		
Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	200
(b) Applied Flying	200	90
(c) Instrument Flying ...	250	140
(d) Night Flying	100	50
(e) Link Trainer	50	30
Total	1,000	510
PER CENT.		51%.

11. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	50.

Average pilot, will improve with experience.

12. Remarks :

Whether recommended for a commission: N/A.
Whether recommended for heavy bombers: Yes.
Whether recommended for P.F.F. No.
Whether captain of crew: Yes.

23 March/44.

Date.....

Signed J. HURRY, W/C.
for Officer Commanding.

(N.B.—Flying Times and Accident Record shown overleaf.)

13. **Flying Times** (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instrument	Link Trainer
Wellington III & X.	Day ...	5.30	13.00	24.45	0.35	-	3.05	13.40
	Night...	4.40	9.45	30.05				

14. **Flying Accidents.—All** flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in " None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. " Taxying " " Heavy Landing " " Over-shooting " etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	Comment e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
			------NONE------				

* Column (6) above : " R.U." —Repairable at Unit.
" R.X.U." —Repairable away from Unit.
" W.O." —Write off.

(*14022—10275) Wt. 48660—P3772 50M 2/44 T.S. 700

Confidential

R.A.F. TRAINING REPORT.

R.A.F. Form 5014

PILOT

No. 20(P) ADVANCED FLYING UNIT

1. Surname KIRSCH Christian Names LIONEL

2. Number CAN.25463 3. Rank P/O 4. Course No. 23

5. Posted from 3. P.R.C. 6. Date course commenced 17.8.43 7. Date course ended 28.12.43 8. Posted to 12. O.T.U

9. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	255
(b) Applied Flying	200	120
(c) Instrument Flying ...	250	165
(d) Night Flying	100	70
(e) Link Trainer	50	37
Total	1,000	647
PER CENT.		64%

10. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	70

Degree of Suitability for further training	0 Not at all suitable	1 Moderately suitable	2 Definitely suitable	3 Extremely suitable
11. As a Flying Instructor	X			

(Mark "X" in appropriate column.)

12. **Remarks :** Has completed a satisfactory course. He has done very well at night flying although he apparently prefers day flying.

He is well disciplined young officer

Date 27th December 1943 Signed J.R.HAVERS S/Ldr for W/Cdr

Officer Commanding.

(N.B.—Flying Times and Accident Record shown overleaf)

13. **Flying Times** (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instrument	Link Trainer
OXFORD	Day ...	3.10	18.40	44.50	8.45	-	7.15 D/N	20.35
	Night...	1.40	11.40	9.45			4.00	

14. **Flying Accidents.—All** flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in " None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
							Comment
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. " Taxying " " Heavy Landing " " Over-shooting " etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
			Nil				

* Column (6) above : " R.U." —Repairable at Unit.
" R.X.U." —Repairable away from Unit.
"W.O." —Write off.

(*11077—10274) Wt. 38188—P2393 30M 12/42 T.S. 700
(*12116—10274) Wt. 12085—49 40M 5/43 T.S. 700

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

J. 25463.

RANK ~~P/O~~ P/O NO. ~~R-~~R-159917 NAME Kirsch A.L.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT — DAY 1ST PILOT (A) Hrs	(A) Mins	DAY 2ND PILOT (B) Hrs	(B) Mins	DAY DUAL (C) Hrs	(C) Mins	NIGHT 1ST PILOT (D) Hrs	(D) Mins	NIGHT 2ND PILOT (E) Hrs	(E) Mins	NIGHT DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT — DAY 1ST PILOT (G) Hrs	(G) Mins	DAY 2ND PILOT (H) Hrs	(H) Mins	DAY DUAL (J) Hrs	(J) Mins	NIGHT 1ST PILOT (K) Hrs	(K) Mins	NIGHT 2ND PILOT (L) Hrs	(L) Mins	NIGHT DUAL (M) Hrs	(M) Mins	CREW DUTIES — OBSERVER (N) Hrs	(N) Mins	AIR GUNNER (O) Hrs	(O) Mins	OTHER (P) Hrs	(P) Mins	PASSENGER (Q) Hrs	(Q) Mins	TOTAL (R) Hrs	(R) Mins
# 11 E.F.T.S	1942 Oct 18						3	35																										3	35
	"	25					7	00																										7	00
	Nov	1	3	50			3	40																										7	30
	"	8	10	50			3	40																										14	30
	"	15	4	10			2	10																										6	20
	"	22	8	30			3	10																										11	40
	"	29	4	35			2	35					1	30																				8	40
	Dec	6	2	50			9	40					2	30																				15	00
TOTAL			34	45			35	30					4	00																				74	15
																	Chief Flying Instructor No. 11 E.F.T.S.																	
#13 SFTS	1/4/43		61	45			63	45	10	35			5	25																				141	30
																	W R Brown F/L																	
GRAND TOTAL			96	30			99	15	10	35			9	25			Officer Commanding No. 1 Squadron #13 S.F.T.S.-R.C.A.F. ST. HUBERT, QUE.																		215	45
No 1 GRS Accumulated 2/7/43.																																		43	00

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

8/17

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. NO. R.-159917 NAME Kirsch A.L.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT						MULTI-ENGINE AIRCRAFT						CREW DUTIES			PASSENGER		TOTAL	
			DAY				NIGHT		DAY				NIGHT								
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL											
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins

PD

A

ROYAL CANADIAN AIR FORCE — R.C.A.F. T.58A
Revised: 1-42

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

J.25463

SURNAME...Kirsch.....CHRISTIAN NAMES....A.L.....NUMBER...~~R159[illegible]~~...RANK...~~N/P~~...

I.T.S. #3 VICTORIAVILLE COURSE NO...58... FROM...20-7-42...TO...11-9-42...

E.F.T.S.#11, Cap-Mad....COURSE NO...66... FROM...11-10-42...TO...4-12-42...

S.F.T.S.#13 ST HUBERT....COURSE NO...71... FROM...28-12-42...TO...16-4-43...

TRAINEE FROM: CAN.:XXXX U.K.: AUS.: N.Z.:

(1) G.I.S. RESULTS

SUBJECTS	Finals ITS	Finals EFTS	Finals SFTS	Supps. ITS	Supps. EFTS	Supps. SFTS
1. Mathematics	100					
2. Law, Discipline	99					
3. Navigation	100	135	122			
4. General Studies						
5. Airmanship	98	168	177			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	96					
10. Armament (written)	96	39	88			
11. Armament (Practical)		38	42			
12. A/C Recognition	100	83	50			
13. Drill	96					
14. Signals (Written)	100	100	39			
15. Signals (Practical)			100			
16. Meteorology	88		39			
TOTAL OBTAINED	983	563	657			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	98	80.4	87.6			
NUMBER IN CLASS	87	36	62			
POSITION IN CLASS	1	7	8			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours x Armament	65	x 102
Instrument	71	99
Clear Hood	106	213
Navigation	38	111
TOTAL OBTAINED	215	525
TOTAL POSSIBLE	300	750
PERCENTAGE	71.6	70.0
NUMBER IN CLASS	37	62
POSITION IN CLASS	10	24

(3) FLYING APTITUDE	EFTS	SFTS
1. Natural Skill	A	AA
2. Skill in Landing	A	A
3. Airmanship	A	AA
4. Cockpit Drill	A	AA
5. Instrument Flying	A	A
6. Night Flying	A	A
7. Aerobatics	A	A
8. Formation Flying	NA	A
9. Map Reading	A	AA
10. Wind Speed & Direction Finding (TE)	NA	
11. Straight Runs over as Pilot (TE)	NA	

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to first Solo	Passenger
#11E.F.T.S.	Finch 2	35.30	34.45	4.00	-	-	7.00	11.00	4.00	2.50	12.20	-
#13 SFTS	HarvardII	63:45	61.45	5.25	10.35	13.05	26.10	20.00	7.25	8.35	5.30	

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of ~~Aircraft~~ Accident. Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.							
S.F.T.S.	AA	A	AA	BA	AA P1	A	A

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para.3)	525
G.I. S. (Para. 1)	657
Character & Leadership(Para8)	525
TOTAL	1707
PERCENTAGE	75.9
STANDING IN CLASS	1/4

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	137
S.F.T.S.	388
TOTAL	525

(9) CERTIFIED:

(a) That this pupil pilot has ~~XXXXXXX~~ passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (~~XXX XXXXX~~) authorized to wear the Pilot's Flying Badge, w.e.f. .....16-4-43.....

.....
Chief Instructor,
No. 13 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S. Mature. Intelligent. Alert. Reliable in every respect. Enthusiastic about the R.C.A.F. Splendid service spirit.

Alternative Recommendation: Air Navigator.

L. A. Porteous F.L.
for Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, Que.

(b) E.F.T.S. Serious, good worker, a bit shy.

J.G. Elliott, C.G.I.

Not in any serious difficulty in flying, and of average ability.

F/L Morrissette (Ass't. C.F.I.)

Paul Edouard F/L
Chief Supervisory Officer
No. 11 E.F.T.S.

(c) S.F.T.S.

High average pilot. - has natural ability - flies with confidence. No outstanding faults.
Average instrument pilot - weak on unusual positions.
Recommended for Commission.

.....
Chief Instructor,
No. 13 S.F.T.S.

(d) S.F.T.S.

H. C. Desbarats W/C
.....
Commanding Officer
No. 13 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. is from 60 hour Clead Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P.(Ex.)".
5. Para. 7 is for Service Flying Training Schools only

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

AIR FORCE No. J 05463 R 154947

SURNAME ~~KIRSH~~ KIRSCH

FULL CHRISTIAN NAME ABRAHAM LIONEL

~~ENLISTMENT~~/APPOINTMENT PLACE # 1 SRS. DATE 16-4-43.

RELIGION Hebrew.

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
27-2-24	Montreal, Que	Canada	Canadian	Russian

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION ✓
HIGH SCHOOL ENTRANCE ✓	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Laminator 1940-41
Dictaphone & Time-clock
mechanic 1941-42.

PREVIOUS SERVICE

none.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
18-3-42	A1BA3B.		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED S.

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Myer Kirsch (father)
790 Bloomfield Ave., Outremont, Que.

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.
P/O (GD)(SR)	16 4 43	AR0108	
T/F/O.	16 10 43	30(P)AFU 5/43 CO.756/43	AFRO 513/44
A/F/L	1 9 44	90 Sq 24	
T/F/L	1 9 44	GO 1596	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	18 3 42				
LAC	12 9 42	DR0224			
T/Sgt.	16 4 43	DR091			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
AR Crse. # 1 SRS.		75.9%	P	2 7 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J25463 R15-9917

KIRSCH — SURNAME

ABRAHAM LIONEL — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE #1 GRS.
DATE 16-4-43

RELIGION: Jewish

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
10-9-42	4-10-42	24	Spec. leave.	ORO 224
7-12-42	28-12-42	21	Spec leave.	AFHQ. 824
17-4-43	1-5-43	14	Spec. leave.	
3-7-43.	17-7-43	14	pre-embark.	ORO 158
8.8.43	14.8.43	7	PRW	3PRC 16/43 20(P)AFU 30/43
10.11.43	16.11.43	7	Prir. Leave	
21/3/44	31/3/44	11	Ordinary leave	12OTU 19/4/44
21.6.44	26.6.44	6	Prir.	90 Sqn 16
13.8.44	19.8.44	7	Part Annual	90 Sqn 20

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
16/4/43	Pilot Flying Badge	ORO 91
21/1/44	Gen. V.S.M. + Mtn	31 Base 70/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

Finch II
Harvard II

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
16/4/43	Categorized P.A. PO ORO 91	
2/7/43	Categorized ~~PO~~ P. ORO 158.	

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
S.O.S.	#5 M.D.	#3 I.T.S.	14/7/43	ORO 170
S.O.S.	#3 I.T.S.	#11 E.F.T.S	10/10/42	ORO 245
S.O.S.	#11 E.F.T.S	#13 S.F.T.S	12/12/42	ORO. 103
S.O.S	#13 S.F.T.S	#1 G.R.S.	30/4/43	ORO 91
S.O.S.	#1 G.R.S.	#1 Depot	17/7/43	ORO 158.
SOS	HD RAFRP		20/7/43	n 185
	Embarked Halifax		21/7/43	
	Disembarked U.K.		29/7/43	
	Intake C.110-3 P.R.C.		30/7/43	
TOS.	3 P.R.C. to 20(P)AFU		17/8/43	20 AFU 34/43 12 OTU 65/43
S.O.S.	20(P)AFU to 12 O.T.U.		25/12/43	20(P)AFU 58/43.
SOS	12 OTU to 31 Base		31/3/44	31 Base 42/44 12 OTU 22/4/44
att.	3 A.C.S.		9/4/44	31 Base 43
att	Fellowed from HQ 31 Base. Ex-No 12 O.T.U.		31/3/44	Fellowed
det.	31 Base to 3 A.F.U.		9/6/44	31 Base 69/44
P.D.	Elected Lieutenant		6/7/44	31 Base 75/44 90 Sqn 17
Att.	11 OTU		9/7/44	11 OTU 17
TOS	90 Sqn.		18/6/44	90 Sqn 16
F/B.	Missing from 90 Sqn (H.C.)		17/13/9/44	CR 379 dd 16-9-44 Pers 2274/44
TOS	NEA		14/9/44	WEU 143/44
SOS	UK NEU (PD)		13/9/44	NEU 168. Supp AFRO 1507
Presumed dead			13/9/44	CR 829.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Injured S.L.T.W. # 2616854 d/2-7-43,	

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. ~~R150017~~ J,25463

SURNAME: KIRSCH, FULL CHRISTIAN NAMES: ABRAHAM LIONEL

OFFICER

RECORD OF SERVICE AIRMEN

ENLISTMENT PLACE Montreal DATE 18-3-42. RE-ENLISTMENT

C.R. FILE NUMBER SK.

Commn 16-4-43.

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3 58

7. BIRTH: DATE / PLACE / CITIZENSHIP

27-2-24. Montreal Que. British

FATHER (FULL NAME) Myer Kirsch.

BIRTHPLACE Russia

MOTHER (FULL MAIDEN NAME) Yetta Ashmele.

BIRTHPLACE Poland.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x Que.
JUNIOR MATRICULATION x Que
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES

C

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.

Laminator (General Advertising Inc.) — 1 yr with Que
Dictaphone & Timeclock Mechanic — 1 yr
National Typewriter Exchange. with Que.

2800

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil.

0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
1939 M + clasp	DND 4 55	25-1-44

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Hebrew

7

14. LANGUAGES English French (Fairly)

15. SPORTS Baseball, Tennis, Cycling.

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED single

WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE — DATE
AUTHORITY (IF AFTER ENLISTMENT)

1

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: Myer Kirsch — RELATIONSHIP father
ADDRESS: 790 Bloomfield Ave, Outremont, Que — D.R.O.
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.

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	18 3 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. Guard duties at	Drummondville	18-3-42	5 M & G 66
S.L. & C. to 188.371.		16 4 43	135 F 91

AIR FORCE No. ~~R156317~~

KIRSCH, ABRAHAM LIONEL
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal DATE 18-3-42.
RE-ENLISTMENT

C.R. FILE NUMBER [redacted]

J,25463 OFFICER

RECORD OF SERVICE AIRMEN

13 Comm 16-4-43.

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	5 M D Lachine	18	3	42	5 M D 66
ID	3 FC Holding Trans USA ~~Bradley~~	4/4	6	42	5 M D 141
ID	RCAF Stn Boucherville	5/6	6	42	5 M D 138
ID	# 25 E+S Uplands	11	7	42	5 M D 168
SOS	5 M D Lachine	18	7	42	5 M D 171
POS	31 +S Victoriaville	19	7	42	3 O T S 174
SOS	3 O T S Victoriaville	10	10	42	3 O T S 245
TOS	11 E F Cap de la Madeleine	11	10	42	11 E F 85
SOS	11 E F S S	27	12	42	11 E F 103
TOS	13 S F Sch Hubert	28	12	42	13 S F 311
SOS	13 S F S S Hubert	30	4	43	13 S F 91
TOS	84 I.G.R.S. Summerside	31	5	43	1 ~~Y.D.~~ 108
Disch	under K.R.(Air) 392(1)(B) on off. to Com.	16	4	43	1 ~~Y.D.~~ 108
TOS	as an officer on off. to Com.	16	4	43	1 ~~Y.D.~~ 108
SOS	1 ~~Y.D.~~ Summerside	17	7	43	1 ~~Y.D.~~ 158
TOS	# 1 "Y" Depot Halifax	18	7	43	1 Y D 171
SOS	1 Y D To RAF Transit Pool	20	7	43	1 Y D 184
	Missing 13-9-44	Pc x 956			14-9-44
	D62.8/22	18-9-44			
	Presumed Dead. 13 Sept. 44 - QCI 1121 d/11 Sept. 45.				