R108020
STEIN
WILFRED

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 STEIN WILFRED (b) Reg'l. No. R 108020
2. (a) Arm of service Air Force (b) Unit #1 Manning Depot (c) Rank AC2
3. (a) Date of birth Apr. 23/05 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal
4. (a) Place of enlistment Montreal (b) Date of enlistment June 20/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 yrs. (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 yrs. High School
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? No (b) If so, for what occupation? —— (c) Did you finish it? —— (d) If you did not finish it, how long did you serve at it? ——
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No.

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 Reliable Specialties Ltd Address Toronto Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Furniture Mfg.
20. (a) Your specific occupation Salesman (b) Number of years' experience at this occupation with any employer 14 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes

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? No (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 Sales Mfg.

DATE June 21/41 194 SIGNATURE Wilfred Stein

R.C.A.F. Special Reserve

AIR FORCE No. R 108020 POSTED TO No.1 M.D.Toronto,Ont TRADE Equipment Assistant Standard

ROYAL CANADIAN AIR FORCE

COMPLETE 17-4-41 Date Initials

(ATTESTATION PAPER)

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

1. Surname ~~Stein~~ Stein FULL Christian Names ~~Wilfred~~ Wilfred
2. Present Address 3790 Cote st Catherine Rd apt 15 Montreal P.Q Telephone Atlantic 5178
3. Permanent Address 3790 Cote st Catherine Rd apt 15 Montreal P.Q Ma. 0520
4. Place of Birth Toronto Ontario Citizenship Canadian
5. Date of Birth April 23rd 1905 Married, Single, Widower, Separated, Divorced Married
6. Particulars of Children

Name	Date of birth	Name	Date of birth
Marvin Leslie	Dec 18 - 1927		

7. Occupation Store Manager 8. Religion Hebrew (State denomination)
9. Languages English Fluently (State proficiency)
10. Next of Kin (Full Name) Helen Stein Relationship Wife
" Address 3790 Cote st Catherine Rd apt 15 Montreal P.Q
11. Father (Full Name) David Stein Birthplace Russia (Chorzele)
" Address Deceased Citizenship Canadian (nat.)
" Occupation Merchant
12. Mother (Full Maiden Name) Minnie ~~Stein~~ Zibus Birthplace Russia (Don't know the Town)
" Address Deceased Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
Victoria Rifles of Canada C.A.R.	Montreal P.Q	Corporal		16th July 1940	10th June 1941	Still in Service To join R.C.A.F.

14. Honours, Awards, Mentions None
15. Are you now on any Naval, Military or Air Force Reserve? Yes C.A.R.
16. Have you previously made application to join the R.C.A.F.? Yes If so, where? Montreal P.Q
When? June 26/40 Result None
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
Rec'd. JUN 25 1941
O.K. C.I.B.
R.C. N.
S.L. P.A.
McG

complete

78-202

21. Particulars of Education:

	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Clinton st School Toronto Ontario	1911	1917	General
High School—Collegiate Institute, etc.	High School of Commerce Toronto Ont	1917	1918	Business Law
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
	Unemployed	1918	1920	
Toronto Spec. Mfrs Ltd Toronto Ontario	Salesman	1920	1930	Concern Failed
Hoover Co Ltd Montreal PQ	Salesman	1930	1933	To Better Position
W J Westaway Co Ltd Montreal PQ	Salesman	1933	1934	Dept. closed
		1934	1935	Unemployed.
Handy andy Ltd Montreal PQ	Stor Manager	1935	1941	Business Reasons

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

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

N.A.

25. Sports engaged in. State: ~~extensive~~ly, ~~moderate~~ly, occasionally Hockey Baseball Lacrosse

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 Equipment Assistant

~~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
Robert Hirsch	1117 St Catherine St West Montreal PQ	Retired
Marcus Roman	1485 Bleury st. Montreal PQ	Manager (Laces Ltd)
Charles Redlich	302 Sherbrooke st W Montreal PQ	Manager (Neal Institute)
Jack. Rubenstein	460 St Catherine st W Montreal PQ	Manager (Paramount Clothes)

28. Other information that may have any bearing on this application

Five Years Experience Stock Room. Motor Parts Gaskets Etc Ignition

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 Feb 18 1941 Signature Wilfred Stein

NATIONAL REGISTRATION CERTIFICATE PRODUCED F/O

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type Intellect Good General appearance Neat

Suitability for (state in what capacity) Equipment Assistant

Date 25.2.41 Signature Davis Rank W.O.

(B) *Report of Trade Test—*

Trade in which tested Equipment Assistant

Result Standard

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

Nil

Date 25.2.41 Signature Davis Rank W.O.

(C) DECLARATION MADE BY MAN ON ATTESTATION

I, Wilfred Stein 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 June 20th 1941 Wilfred Stein
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date June 20th 1941 Wilfred Stein
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 20 ~~17~~th day of June 1941

F/O
Signature of Officer Rank RCAF.Recruiting Centre MontrealP.Q
Unit

Finger Printed
Date 20-6-41
Initials

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 35 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 no
(*f*) Gastro-intestinal no
(*g*) Rupture Yes. herniotomy ~~no~~ age 10 yrs
(*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 no

3. Have you ever worn glasses? no

4. Have you had any illness for more than one week's duration. herniotomy age of 10 yrs

5. I certify that I have revealed my ful medical history and have not withhel any relevant information.

Wilfred Stein
Signature of Applicant

Examiner's Remarks *re* above Favourable

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

1. Identification marks or scars (if operative obtain history) Herniotomy scar

2. Height 5 feet 7 3/4 inches. 3. Weight 165 1/2 pounds.

4. Complexion Dark 5. Color of Eyes Brown Hair Black

6. Development [✓ Good] ~~Fair~~ Poor 7. Chest Measurement—Full expiration 37 3/4 inches

Range of expansion 2 inches

8. Hearing—Right W V 20 Left W V 20 Tympana—Right N Left N

9. Vision—Without glasses—Right 20/20 With glasses—Right Nil

Left 20/30 Left

10. Condition of mouth and teeth 20 pts

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination

Nil

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 A4/B ~~A1 B1~~

Any special remarks of the Medical Officers

20 return for BP recheck

~~26~~ 27-2-41 Rechecked. B.P. 142/90

12-6-41 Recheck Normal

13-6-41 X-Ray #81362 Neg

19/6/41 recheck normal

Part 2 Cont'.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure 150/100 **S. D.**

17. Colour Vision N. Ish

Date 25-2- 1941

John C Ellis F/O
President

Member

Member

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

4 AIR

19395

DECEASED MEMBER'S NAME	Wilfred (CHRISTIAN NAMES)	Stein (SURNAME)	REGISTER NO.	
			FILE NO.	16450
PAYEE	Mrs. Helen A. Stein,		DATE	20 Mar/45
ADDRESS	3790 Cote St. Catherine Rd.,		SERVICE NO.	R.108020
	Montreal 26, Que.		FINAL RANK OR RATING	CPL
DATE OF TERMINATION OF OVERSEAS SERVICE	N.A.		DATE OF DISCHARGE	11 Jan/44

A. TOTAL QUALIFYING SERVICE — $ ¢

NO. OF DAYS 936 / 30 EQUAL TO 31 COMPLETE PERIODS AT $7.50 — 232.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25C. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE
PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $
TOTAL $ ____ ×7 = $
NO. OF DAYS ____ / 183 ×$

D. WAR SERVICE GRATUITY — 232.50

E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES $
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $
OTHER DEDUCTIONS $

APR 3 1945

F. TOTAL AMOUNT PAYABLE — 232.50

R. C. .... N. I. ....
B. L. .... P. A. ....

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 51.12 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 51.12 OF $ 232.50 = $ 232.50

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
JMF	WJT

TREASURY	
CHECKED BY	DATE
	22.3.45

SERVICE REPRESENTATIVE

ΔT

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER XXXXXX R106620 RANK CPL. UNIT 9 RD

ST. JOHN QUE.

TRADE EQUIP/ASST.

NAME STEIN, WILFRED

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

MARITAL STATUS MARRIED RELIGION HEBREW CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. HELEN STEIN, (WIFE)
ADDRESS 3790 COTE ST. CATHERINE ROAD,
APT. 15,
NAME ADDRESS D.A.B. MONTREAL, QUE.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. H.STEIN, (WIFE)
3790 COTE ST. CATHERINE ROAD,
✓ ADDRESS APT. 15,
MONTREAL, QUE.

FATHER'S NAME
ADDRESS BOTH DECEASED LIVING ON ENLISTMENT ~~YES~~ NO

MOTHER'S NAME
ADDRESS LIVING ON ENLISTMENT ~~YES~~ NO

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

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. 9 RD------/ M36/11-JAN-44. MM56/11-JAN.

"NATURAL DEATH" 11-JAN-44 XX (ST. JOHNS, QUE)

(CORONARY THROMBOSIS)

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

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

DATE 17-JAN-44

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

A1510

FOR CHIEF OF THE AIR STAFF

ΔTS-RT 7 COPY FOR DOCUMENT FILE 27873

FORM F

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE".

PROVINCE OF QUEBEC—STATISTICAL RETURN OF DEATH—MINISTRY OF HEALTH AND SOCIAL WELFARE

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

Name of Undertaker (For cities only) J.C. WRAY + BROTHER

1. PLACE OF DEATH
Municipal county: ST. JOHNS
Official name of civil municipality or township: ST JOHNS-IBERVILLE
Place an X over the word which applies to this municipality or this territory: City X | Town | Village | Parish | Township
Street: ST JOHNS QUE. No.
Hospital or Institution:

2. LENGTH OF STAY
(a) In hospital or institution: NA — Years / Months / Days
(b) In municipality where death occurred: Years 2 Months 1 Days 31
(c) In Province: Years / Months / Days
(d) In Canada (if immigrant): Years / Months / Days

3. NAME OF DECEASED
Surname (Block letters): STEIN
Given names: Wilfred

4. RESIDENCE
Street: No.
Official name of civil municipality or township: MONTREAL
Municipal county: MONTREAL Province: QUE.

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

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

10. BIRTHPLACE (Province or Country): TORONTO ONT.

11. DATE OF BIRTH: (Month) (Day) (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	1905	APRIL	23	hrs. or min.

OCCUPATION
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.: EQUIPMENT ASST.
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.: R.C.A.F.
15. Date deceased last worked at this occupation: 11 JAN/44
16. Total years spent in this occupation: 2½ years

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden name)		

19. Place of burial, cremation or removal: MONTREAL P.Q

20. Date of burial: 13 January 1944

21. PLACE OF REGISTRATION OF THIS BURIAL
(a) Name of parish or church:
(b) Civil municipality of: MONTREAL P.Q
(c) Municipal county:
(d) Date: (Month) (Day) 19 (Year)

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge.

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: JANUARY (Month) 11th (Day) 1944 (Year)

23. I HEREBY CERTIFY that I attended deceased from 0920 hrs., 11 Jan 1944 to 10 00 hrs 11/1 1944
and last saw him alive on The 11th January 1944

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)
due to Coronary Thrombosis

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? NA

26. Was there a surgical operation? NA Date of 19
State findings Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide (State which): NA Date 19
Manner of injury (How sustained):
Nature of injury:
Specify whether injury occurred in industry, in home, or in public place:

Signed M.D.
Address: 9 Repair Depot Date: 11 Jan 1944

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

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)

Le certificat médical sous ce pli scellé est
CONFIDENTIEL et SECRET

Nul n'a le droit d'en prendre connaissance avant son arrivée aux bureaux de compilation du Ministère de la Santé, et quiconque brise ce pli scellé s'expose aux sanctions ordinaires de la loi.

AUTORISATION DE PROCÉDER À L'INHUMATION et au TRANSPORT

JE, SOUSSIGNÉ, MÉDECIN LICENCIÉ et signataire du présent certificat médical confidentiel, atteste, en apposant mes initiales à l'espace approprié, que la personne nommée à ce certificat a succombé à:—

A ☐ une cause naturelle non violente, non infectieuse, ni épidémique

B une mort violente, subite, accidentelle ou imprévue (*Coroner*) ☐

C une cause naturelle, MAIS INFECTIEUSE ou CONTAGIEUSE (*Règlements d'hygiène*) ☐

et que l'autorité municipale compétente peut autoriser le transport du cadavre, ainsi que l'autorité canonique l'inhumation, en la manière ordinaire.

et qu'on NE PEUT procéder à l'ensevelissement, ni au transport ni à l'inhumation sans se conformer aux prescriptions de la loi des coroners (Ch. 153 S. R.) ou de la loi de l'hygiène publique et des règlements faits sous son empire.

N.B. *Lorsque le médecin initiale à "B" ou à "C", l'autorité canonique ne peut autoriser l'inhumation, ou l'autorité sanitaire municipale le transport, sans que les prescriptions des règlements d'hygiène ou celles de la loi des coroners soient remplies. Il suffit à ces autorités de posséder un renseignement d'ordre général quant à la cause du décès pour décider de la procédure à suivre.*

FORMULE F

Cette formule placée dans une enveloppe marquée "Statistique fédérale-Franco. Pénalité pour usage illégal—$300," et correctement adressée, jouira de la FRANCHISE POSTALE

PROVINCE DE QUÉBEC — BULLETIN DE DÉCÈS — MINISTÈRE DE LA SANTÉ ET DU BIEN-ÊTRE SOCIAL

ÉCRIRE LISIBLEMENT AVEC UNE ENCRE INDÉLÉBILE. CECI EST UN DOCUMENT PERMANENT. Chaque information doit être donnée minutieusement.

1. **LIEU DU DÉCÈS** Comté municipal ____ Nom officiel de la municipalité civile ou du canton ____ *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* *Cité | Ville | Village | Paroisse | Canton*
Rue ____ No. ____ Hôpital ou institution ____

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

3. **NOM DU DÉFUNT** Nom de famille ____ *(Lettres moulées)*
Noms de baptême ou prénoms ____

4. **RÉSIDENCE** Rue ____ No. ____
Nom officiel de la municipalité civile ou du canton ____
Comté municipal ____

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

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

10. LIEU DE NAISSANCE (Province ou pays) ____

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

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

OCCUPATION
13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc. ____
14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc. ____
15. Dernière date à laquelle le défunt vaquait à ce travail ____ 16. Nombre d'années occupées dans cette profession ____

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

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

20. Date de l'inhumation ____ 19____

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE
(a) Nom de la paroisse ou église ____
(b) Municipalité civile de ____
(c) Comté municipal ____
(d) Date ____ 19____ (jour) (mois) (année)

Nom de l'entrepreneur de pompes funèbres *(Pour les cités seulement)* ____

Le médecin traitant, ou le coroner, doit gratuitement remplir, signer et délivrer ce certificat médical et y attester la ou les causes du décès. Pour rendre son attestation CONFIDENTIELLE, il doit la recouvrir de l'appendice attaché, humecter le pourtour gommé et le coller avec soin dans le cadre approprié. Il doit ensuite certifier par ses initiales le recto de cet appendice.

PLIER EXACTEMENT AU POINTILLÉ et ÉVITER DE LAISSER BAILLER

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ____ 19____ jusqu'au ____ 19____
que je l'ai vu vivant pour la dernière fois le ____ 19____

24. CAUSE DU DÉCÈS

I

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

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

II

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

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ____ 19____ (b) Durée de la maladie ____ jours

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

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

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—
Accident, suicide ou homicide ____ (Spécifier) Date ____ 19____
Manière de la blessure ____ (Dans quelle circonstance)
Nature de la blessure ____
Indiquer si la blessure a été infligée au lieu du travail, dans l'habitation ou dans un endroit public ____

Signature ____ M.D.
Adresse ____ Date ____ 19____

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.) ____
Cette signature autorise le collecteur à accepter la formule comme authentique.

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

(For English see other side)

The medical certificate under this sealed flap is **CONFIDENTIAL and SECRET**

No one has the right to see it until it reaches the statistical offices of the Ministry of Health. Anyone who breaks this seal is liable to prosecution.

AUTHORITY FOR BURIAL or TRANSPORT

I, the undersigned licensed medical practitioner and signer of this confidential medical certificate, declare, by placing my initials in the appropriate space, that the person named in this certificate died from:—

A natural causes (non—violent, non—contagious, non—epidemic) ☐
and that the competent municipal authority may authorize the transport of the body, and the clergy carry out the burial in the regular manner.

B violent, sudden, accidental or unexpected death *(Coroner)* ☐ R

C natural causes BUT of INFECTIOUS or CONTAGIOUS nature *(Health regulations)* ☐
and that the body MUST NOT be embalmed, transported or buried without the authority of the coroner (Ch. 153, R. S.) or unless in conformity with the Public Health Act or the regulations made thereunder.

N.B. *When the medical practitioner initials "B" or "C", the clergy must not permit burial or the municipal authority allow transport until the health regulations or those of the coroner's Act have been fulfilled. It is sufficient that these authorities have only a general statement as to the cause of death to decide what procedure is to be followed.*

R0108020 STEIN WILFRED CPL 5

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

R.C.A.F. FORM NO. R. 325

	33 34 35	36 37 38	39 40 41	42 43 44	45 46 47	48 49 50	51 52 53	54 55 56	57 58 59	60 61 62	63 64 65	66 67 68	69 70 71	72 73 74	75 76 77 78 79 80
	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.~~ WAR MEDAL	C. V. S. M.				
										✓	✓				AWARD
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															RIBBON ISSUED
															MEDAL ISSUED

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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

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Helen R. Stein (Widow)
3790 Cote St. Catherine Road,
Apt. 15;
Montreal
Que.

June-44.

MEMORIAL BAR

DATE DESP.

REGN. NO 3773

2373. 9/11/49.

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R106080	Corporal	Stein	Wilfred W.

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE NO.	8. RELIGION
No. 9 Repair Depot, St.Johns, Que.	January 11, 1944	1040-S-1532	Hebrew

9. CIRCUMSTANCES OF CASUALTY

Natural Death - Coronary Thrombosis

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mrs. Wilfred ~~Helen~~ Stein, (Wife)
3790 Cote St. Catherine Road,
Apt. 15,
Montreal, P.Q.

11. LOCATION OF UNIT AT TIME OF CASUALTY

No. 9 Repair Depot, St.Johns, Que.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Temple Emmanuel Cemetery	Mount Royal	Grave 25 Section D Divison 3 Plot Row	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
February 17, 1944		No. 9 R.D., St. Johns, Que.

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

(3)

DOMINION OF CANADA—MEDICAL SERVICES

Serial No.
in A. and D. Book

CASE HISTORY SHEET

I. Hospital #9 R.D. ST-JOHN, Que. Force R.C.A.F.

Active F. No. R.108020 Rank CPL. Unit or Ship #9 R.D.
Reserve F. No. Rank Unit or Ship
C.E.F. No. Rank Unit or Ship
Others Rank Unit or Ship
Surname STEIN Christian Names WILFRED
Address
Age Trade Religion Total Service (Mos.)
Next-of-Kin Relationship
Address
Admitted direct (as transfer) from Date Class

Disposal of Case } Discharged to (~~Duty~~, ~~Medical Board, Home, Sick Leave~~, Died) Date 11-1-44 Class
Transferred to Date Class
Condition on Discharge (or transfer) Days in Hospital
Final Diagnosis

II. Admission Note: Reported to Hospital at about 0920 hrs. on 11-1-44, complaining of "pain in the stomach" and shortness of breath, stating that he had vomited a few times in the morning while shovelling snow.

Provisional Diagnosis:
Probable coronary thrombosis

BlGratton F/L
Signature of Admitting Officer.

III. History and Physical Examination (in chronological order) Date 11-1-44.

The above mentioned first reported to the Hospital's Pharmacist, complaining of pain in the stomach and shortness of breath. The pharmacist gave him some Spirit of Ammon., and as the man was not feeling better, told him to report to the Medical Officer. When he reported to me, he made the same statement, saying that he had vomited a few times this morning, while shovelling snow.

T° was 97.4. Pulse was slow and feeble. The man was still nauseating and covered with sweats. I brought him back to the Pharmacy, and then he asked me to lie down in the next room, feeling that he was going to faint. I followed him in the room, and shortly after his face turned blue, his eyes started to turn around and he was foaming at the mouth.

T.S.V.P.

Date 11-1-44

Medical Officer i/c Case.

P. & H.....100
R.C.A.F....M. 33—320M—7-43 (3383) H.Q. 885-M33
Militia.....M.F.B. 313A—500M—7-43 (1222) H Q 1772-39-439—Vol. 3
R.C.N......M. 2000—100M—8-43 (1615) N.S. 24-1-39

DATE	CLINICAL NOTES
	Coramine injection was given sub-cutaneously
	Oxygen was given, hot water bottles and blankets were used.
	Could not get much blood out from 1st attempt with syringe. Unsuccessful venous resection was done.
	Adrenalin Chlor. was given in 4th intracostal space.
	Artificial respiration was attempted for about 45 min.
	No response to treatment given.
	Patient declared dead at about 1000 hrs. (11-1-44).
	B Gratton F/Lt

IV. Condition on Discharge

Disposal of Case

Date

Medical Officer i/c Case

Form SR-12 F.S.
(This form to be used only for pay assignment applications)
PREPARE IN TRIPLICATE

FIFTH VICTORY LOAN
FIGHTING SERVICES PURCHASE AGREEMENT BY PAY ASSIGNMENT

Information for Applicant and Canvasser

The monthly amounts to be assigned are as follows: $500 bond—$84.00; $100 bond—$16.80; $50 bond—$8.40; Pay assignments will be effective for the months of November, 1943 to April, 1944, inclusive.

This form shall be carefully completed in triplicate, using a typewriter if possible. Otherwise use ink or indelible pencil and print in block letters. Each copy must be signed. The original and duplicate are to be delivered to the proper pay authority and the triplicate retained by the Unit or Establishment.

The Assignment of Pay Form M.F.M. 17 (or Declaration of Allotment Form) is NOT required.

The Department of Finance will hold bond(s) in safekeeping during term of service, or they may be delivered to another person, as the applicant shall direct.

In the event of the subscriber being discharged from the service before all instalments are paid, he can make the balance of his payments direct to the Department of Finance, Ottawa, Canada.

If the subscriber dies before all instalments are paid, the amount standing to his credit in the Purchase Account will be transferred to the credit of his Service pay account.

In the event of death, bonds held for the account of any member of the Services will be delivered to the Administrator of Estates.

I, Stein (Surname) Wilfred (Christian Names) CPL (Rank) Official No. R-108020

Unit or Establishment No.9 Repair Depot, St-Johns, Que. ~~NAVY~~ — ~~ARMY~~ — AIR (Strike out words not applicable)

do hereby subscribe for $ 50 00/xx FIFTH VICTORY LOAN 3% Bond(s) by means of assignments of my pay and

I hereby authorize a monthly assignment of Eight dollars & forty cents $ 8 c. 40 payable to Receiver General of Canada, Fifth Victory Loan Account, against my pay for the months of NOVEMBER, 1943, to APRIL, 1944, inclusive, the form, denominations and delivery of bonds to be as follows:

FILL IN DENOMINATIONS OPPOSITE THE FORM DESIRED.

BEARER BONDS, with Coupons attached	x $1,000;	x $500;	x $100;	one x $50
REGISTERED only as to principal (Coupons attached)★	x $1,000;	x $500;	x $100;	x $50
FULLY REGISTERED as to principal and interest★ (Interest payable by cheque)	x $1,000;	x $500		

★IMPORTANT—If registered bonds desired, complete the registration instructions below.

REGISTRATION INSTRUCTIONS

(Furnish at least one Christian name. If bond to be registered in name of a married woman be sure to state HER Christian name.)

PRINT FULL NAME

COMPLETE POSTAL ADDRESS

DELIVERY INSTRUCTIONS (Indicate by a cross in one block)

☐ Hold bond(s) in safekeeping for me at the Department of Finance until I instruct otherwise.

☒ Mail bond(s) by registered mail to the following address:

NAME CPL Stein Wilfred

COMPLETE AND CORRECT POSTAL ADDRESS 3790 Cote St-Catherine Rd. APT-15 Montreal, Que.

Date 19/10/43. 1943

Wilfred Stein
(Signature of subscriber)

For use of Paymaster and Treasury Officer:
NOTED: Deductions of the above assignments have been recorded and deductions will be made for the months of November, 1943 to April, 1944, inclusive.

By: (Paymaster) (Rank)

No.9 Repair Depot, (Unit or Establishment) St-Johns, Que. (Place)

And by: (Treasury Officer)

(Place) (Date)

For Naval use only:
ENTERED IN SHIP'S LEDGER:

For Department of Finance use:
Instalments credited:

$
$
$
$
$
$ Total $

Serial Numbers issued

Mailed 194

R.C.A.F. Special Reserve

M.F.M. 16D.
40M-7-40 (6149)
H.Q. 1772-89-1763

UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE

This Form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the Dependents' Allowance Board.

DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM

Name of Officer or Enlisted Man STEIN, Wilfred Official No R 1 0 5 0 2 0

Rank AC2 Unit Royal Canadian Air Force

Unit Stationed at No. 1 Manning Depot, Toronto, Ont.

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the authentic Certificates of Marriage, Birth and Death, particulars of which are as follows:—

Particulars of Marriage Certificates Produced

Names of Parties to Marriage	Date of Marriage	Place of Marriage	Name and Designation of Official Performing Ceremony
Wilfred Stein	19-12-26	Montreal, P.Q.	H.Abramowitz Minister
Helen Redlich	"	"	"

Particulars of Birth Certificates Produced

Name of Child	Date and Year of Birth	Place of Birth	Name of Father	Name of Mother
Morvin Leslie	18-12-27	Montreal, P.Q.	Wilfred Stein	Helen Alberta Redlich

Particulars of Death Certificates Produced

Name of Deceased	Date of Death	Place of Death	Name and Designation of Signer of Certificate

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents attached, hereunder—(If none, insert 'Nil').

Date June 20th, 1941

F/O
~~PAYMASTER~~
for (A.B.Matthews) Squadron Leader

RCAF.Recruiting Centre Montreal
UNIT

11

RCAF—R.14 (REVISED)
200M-1-42 (1521)
H.Q. 1062-3-17

ROYAL CANADIAN AIR FORCE
RECOMMENDATION FOR APPOINTMENT TO HIGHER RANK

1. No. R108020 2. Trade Equipment Assistant 3. Group "A"

4. Name STEIN, W. 5. Date of Birth 23 April/05 6. Date of Enlist 20 June/41

7. Present Temp. Rank or Classification L.A.C. (Paid) Effective 1 April/42

8. Present Acting Rank ~~N.A.~~ CPL (Paid) ~~(Unpaid)~~ Effective ~~N.A.~~ 1-7-43

9. Number of General Conduct Sheet Entries in past 6 months Nil Present evidence of Debt No (Yes or No)

9A. If aircrew, number of blameworthy entries in log book

10. If under 33 years of age and with Aircrew Educational qualifications N.A.

Medical Category on M2 Examination Date M2 Exam.

11. If A1B — A3B Med. Cat. is Airman desirous of Aircrew training under existing regulations (Yes or No)

12.

P. A.

TRADE PROFICIENCY		CHARACTER ASSESSMENT	
LAST	PRESENT	LAST	PRESENT
N.A.	Sat.	N.A.	V.G.

(To be completed in accordance with provisions of K.R. (Air) paras. 415 and 416)

13. REMARKS

I recommend the subject Airman for advancement in rank and consider that he is immediately fitted to discharge the duties of the rank of Acting Corporal (Paid) in his trade.

I consider ~~do not consider~~ this Airman potential officer material.

(J.A. Verner) (Signature) Wing Commander (Rank) Acting Commanding Officer (Appointment)

No. 9 Repair Depot, St. Johns, Que. Unit 1. JULY. 43 Date

(PARAS. 12 and 13 MUST be completed and signed by Unit Commanding Officer)

14.

QUALIFICATION REPORT DRILL AND CEREMONIAL

Certified that the subject Airman has been subjected to Qualifying Tests in Drill and Ceremonial before a Board of qualified personnel and is in all respects qualified up to and including the rank of Corporal in accordance with the Standards prescribed (A.F.A.O. A.51/14)

for (W.M. Knight) (President) F.I.

15.

TO BE COMPLETED BY COMMANDING OFFICER ONLY
REVIEW ONE MONTH PRIOR TO DATE OF NORMAL APPOINTMENT TO TEMPORARY PAID RANK

Certified that the all-round proficiency of the subject Airman has been reviewed at this date.

He is RECOMMENDED for,

(a) Appointment to Temporary Rank,

(b) Retention in Acting Rank for a further period of

(c) Reduction to substantive rank.

STRIKE OUT ITEMS NOT APPLICABLE. If action under (b) is recommended or action under (c) is taken by promulgation in Unit D.R.O.'s, D.A.P.S. is to be notified immediately.

R.C.A. Rec'd OCT 18 1943 O.K. R.C. P.A.

(Date) (Signature)

16. Recommended for appointment to rank of Warrant Officer, Class

(Command Specialist Officer) (Date) (Air Officer Commanding) (Date)

FOR HEADQUARTERS USE ONLY

Education	University Degree	Senior Matric.	Junior Matric.	Entrance Standard or Below

Appointed to rank of CORPORAL (TEMPORARY) (Paid) Effective JUL 1 1943

by Dated

		Particulars Checked	Appointment Approved
Signature		F-S- Kirkey	
Rank	FLIGHT LIEUTENANT		SQUADRON LEADER
Appointment	D.A.P.S. (A.P. 2b)		D.A.P.S. (A.P. 2a)
Date	JUL 28 1943	146	JUL 28 1943

DRAFT
A.F.R.O.
DATE OCT 8 1943

NOTE:—Recommendations for Warrant Rank to be submitted to Commands in duplicate.

CONFIDENTIAL

No. R108020 Name Stein, W. Rank A/Cpl. Trade E.A. "A"

"On completion of 2 months' Acting Rank"

CONFIDENTIAL PERSONAL ASSESSMENT

1·7

73

For A.F.H.Q. use only

INSTRUCTIONS

Read the statements under each heading carefully. Consider the person being assessed in relation to each "statement" enumerated below. When possible compare him with others you can call to mind who represent outstanding examples of the traits described. Under each heading place a cross in the brackets after the one statement which best describes the person being assessed. This form will prove only as dependable as the assessment is thorough.

RCAF R.211
100M-4-42
H.Q.885-R-211

Include PART I in all reports.
Include PART II for Officers and N.C.O.'s other than Aircrew under training.
When assessment is on a member of the Women's Division the term "he" will be read as "she", etc.

PART I

(Include in all reports)

1. APPEARANCE & BEARING

Note - this applies not only on Parade. Observe in mess, at games, off duty.

Careless - creates an unfavourable impression....... ( )
Some room for improvement.......................... ( )
Neat - meets all ordinary requirements............. (X)
Excellent appearance - stands out among fellows..... ( )

2. MENTAL ALERTNESS

Consider how readily he grasps a situation and is able to understand what is required.

Slow and confused in understanding.................. ( )
Requires more than ordinary explanation............. ( )
No particular difficulty in understanding........... ( )
Exceptionally quick to understand what is required.. (X)

3. POWER OF EXPRESSION

Some men are able to speak in such a way as to hold attention and communicate ideas clearly and readily. They say what they mean simply and directly. At the other extreme is the man whose speech is slow, hesitating and ineffectual.

Difficult to follow - does not make himself clear... ( )
Rather hesitant and inarticulate.................... ( )
States what he means clearly........................ (X)
Forceful - gets ideas over.......................... ( )

4. SELF-CONFIDENCE

Consider the extent to which he displays confidence in his ability to carry things through.

Timid, self-conscious, easily subdued............... ( )
Uncertain of himself - lacks force, tries to bluff.. ( )
Sufficient self assurance - does not back down too easily.. (X)
Appears so competent that others have confidence in him.. ( )

5. INITIATIVE

Consider the extent to which he does the right thing without being told.

Has to be told what to do - does not think for himself.. ( )
Routine worker - not much initiative................ ( )
Displays initiative when the course is clear........ (X)
Has excellent ideas and does not hesitate to present them.. ( )

6. ENERGY & PERSISTENCE

Some put very little effort into their work. Others may work in tremendous spurts and then wilt - ideal has well controlled energy and perseverance.

Indifferent - half hearted; loses interest.......... ( )
Does only what is required of him................... ( )
Active. Applies himself diligently.................. ( )
Vigorous, enthusiastic in all he undertakes......... (X)

7. ACCURACY & RELIABILITY

Consider how dependable he is. Watch for the "buck passer", the one with the ready excuse.

Too irresponsible to be entrusted with important duties.. ( )
Makes some mistakes - needs to be checked up occasionally.. ( )
Can depend upon him for the performance of all ordinary duties..................................... (X)
Can rely upon him to successfully complete the most difficult jobs................................. ( )

8. CO-OPERATION

Consider how well he works with a group. Does he give whole-hearted support to a common cause.

Inclined to create trouble.......................... ( )
Rarely puts himself out to help others.............. ( )
Co-operative - willing to help others............... (X)
Definitely promotes harmony and good will among his associates...................................... ( )

9. INTEREST IN STATION ACTIVITIES

Participation or interest in sports, social, recreational and other Station activities.

Indifferent - keeps to himself...................... ( )
Has very little interest............................ ( )
Usually participates in Station activities........... (X)
Active in promoting Station activities.............. ( )

10. LEADERSHIP

Consider the extent to which others have confidence in him and follow his direction.

Does not carry much weight with his fellows......... ( )
Occasionally takes the lead......................... ( )
Able to provide good leadership..................... (X)
Skilful in directing others - inspires confidence and commands respect.............................. ( )

If assessment is on Aircrew under training, this side only will be completed and Assessing Officer will sign below.

This assessment is made from my personal knowledge of the individual concerned.

.... Station .... Date .... *Signature and Rank of Assessing Officer*

If other than Aircrew under training, balance of assessment is to be completed on the reverse side of this form and Assessing Officer will sign at the end of PART II only.

PART II

(To be completed in addition to PART I for Officers and N.C.O.'s other than Aircrew under training)

1. SERVICE KNOWLEDGE

Does he show steady improvement and try to fit himself for greater responsibilities?

- Satisfied with present knowledge ☐
- Improves his knowledge if not too much effort ☐
- Searches for ways to improve his service knowledge ☒
- Surpasses others in keeping up to date with his service knowledge ☐

2. TRADE PROFICIENCY

Consider how proficient he is in the discharge of his duties.

- Inferior – poorly qualified – below standard ☐
- Moderate – needs more training and experience ☐
- Satisfactory – does his work as well as the average ☐
- Superior – knows his work and does it well ☒
- Exceptional – stands out unmistakably in capacity and efficiency in performance of his duties ☐

3. ADMINISTRATIVE ABILITY

Consider the extent to which he displays organizing and supervising ability.

- Confused in carrying out his work – busy without accomplishment ☐
- Does not organize things very well ☐
- Organizes effectively and gets things done ☒
- Outstanding organizer – produces excellent results promptly [illegible]

4. LOYALTY

Consider the extent to which he can be depended upon for his loyal support on all occasions.

- Cannot bank upon him for whole-hearted support ☐
- Usually can count upon his loyalty ☐
- Can definitely depend upon his loyalty ☐
- Always strengthens the hand of those under whom he serves ☒

State any special qualifications for employment other than that on which engaged:

Nil.

Any special remarks or observations not covered by this assessment:

~~Nil.~~

Recommended for temporary rank.

This assessment is made from my personal knowledge of the individual concerned.

No. 9 Repair Depot, St. Johns, Que.
Station

25. 8. 43
Date

H W Boyd S/L
Signature and Rank of Assessing Officer
(H.W. Boyd) Squadron Leader

COMMANDING OFFICER'S STATEMENT

When assessing those other than Aircrew under training, in addition to the above assessment the following is to be completed by the Commanding Officer:

If not entirely in accord with the above assessment, which may have been made by another officer, the Commanding Officer is to submit an additional complete assessment.

Where more than one assessment on a man is being submitted from a station or unit, this section is to be completed on one only.

1. I have recently drawn to this man's attention the weaknesses which have been indicated on this assessment and I have made the following suggestions to him for his improvement:

N.A.

2. My recommendation for his promotion is as follows:

Accelerated – [✓ Ordinary] – Delayed – Not Recommended
(Encircle your recommendation)

3. Having thoroughly examined the Station Confidential File, Record Card and Conduct Sheets, the following "logging" and Conduct Sheet entries are noted as having been recorded within the last twelve months. (If there is no entry – write,– "none".)

None

4. *If an airman, N.C.O. or warrant officer, do you consider that his personal qualities and the value of his services fully justify appointment to commissioned rank?*

No

5. He is qualified in drill up to and including **Corporal**

No. 9 Repair Depot, St. Johns, Que.
Station

4 SEPT 43.
Date

Signature of Commanding Officer
(J.A. Verner) Wing Commander

Remarks or Recommendations by Air Officer Commanding (If Required):

Command

Date

Signature of Air Officer Commanding

AIR FORCE No. R 103020	Stein SURNAME	Wilfred FULL CHRISTIAN NAME	ENLISTMENT/APPOINTMENT PLACE Montreal, Que DATE 20-6-41
RELIGION Hebrew			

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
5-1-42	18-1-42	7	Annual	DRO 47
9-2-42	16-2-42	7	"	DRO 26
6-7-42	20-7-42	14	"	DRO 154
2-8-43	15-8-43	14	"	DRO.178

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE			CHARACTER	TRADE ASSESSMENT
15	12	43	CT-2	27

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE			AUTHORITY
	R/C Montreal	1 MD Toronto	20	6	41	Mo R13.
	1 MD Toronto	12 ED Montreal	24	7	41	DRO 175
	12 ED Montreal	ST Thomas	29	8	41	DRO 204
	TTS ST Thomas	9 AO ST Johns	10	10	41	DRO 244
	T.D. TO #12 E.D. MONTREAL		25	5	43	DRO.128
	RETURNED FROM " "		26	5	43	DRO.128
	TD to Montreal & Ret'D		3	7	43	DRO.164
	TD to Montreal & Ret'D		29	7	43	DRO.180
SOS	of the RCAF (SR)		11	1	44	" 10/44
	Died at St. Johns Que		11	1	44	" "

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Adm. Stat-Hosp. 20-7-43	DRO.173
Rations All. 2 to 15-8-43	DRO.178
Adm. Sta Hosp 11/1/44	" 11
Died at Sta Hosp 11/1/44	" 11

AIR FORCE No. R 108020	Stein SURNAME	Wilfred FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 20-6-41

RELIGION Hebrew

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

R.C.A.F. FORM R230
100M-3-43 (3137)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
23-4-05	Toronto	Canada	Canadian	Canadian

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Salesman 14 yrs
Store Manager 6 yrs

PREVIOUS SERVICE

Vic Rifels July 1940 to June 1941

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED married
WIFE (FULL MAIDEN NAME) OR HUSBAND Helen Redlick
PRESENT ADDRESS (IN PENCIL) 3790 Cote St Catherine Rd, Apt 15, Montreal 2.
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH
Norwin Neslie	Montreal 19-12-27		

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

Mrs Helen Stein (wife)
3790 Cote St Catherine Rd Apt 15
Montreal 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.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	20 6 41				
AC1	10 10 41	DRO 12			
LAC	1 4 42				
A/Cpl. P.D	1 7 43	DRO. 155			
T/Cpl. (Pd.)	1 7 43	DRO 245			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Equip Asst	S		P	25 2 41
Equip Asst	C		P	10 10 41
Equip Asst	B	74	P	1 4 42
Equip Asst	A	88	P	1 7 42

AIR FORCE No. R108020 R

STEIN, WILFRED
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT
PLACE Montreal
DATE 20-6-41

RE-ENLISTMENT

C.R. FILE NUMBER

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

RECORD OF SERVICE AIRMEN

7. BIRTH:

DATE	PLACE	CITIZENSHIP 2
23-4-05	Toronto Ont.	British

FATHER (FULL NAME) David Stein (deceased)
BIRTHPLACE Russia
MOTHER (FULL MAIDEN NAME) Minnie Fibus (deceased)
BIRTHPLACE Russia

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Ont
JUNIOR MATRICULATION
SENIOR MATRICULATION
TECHNICAL SCHOOL 1 yr. bus. law "
UNIVERSITY
CORRESPONDENCE COURSES
X

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

salesman - 14 yrs
store mgr - 6 yrs.
6000

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Victoria Rifles of Can - Montreal
Corp. 16-7-40 to 10-6-41
R

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Hebrew.

7

14. LANGUAGES Eng.

15. SPORTS hockey, baseball, lacrosse

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: married

WIFE (FULL MAIDEN NAME) Helen Redlich
PLACE OF MARRIAGE Montreal Que. DATE 19-12-26
AUTHORITY (IF AFTER ENLISTMENT)
2

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.
Norvin Leslie	18-12-27				

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

FULL NAME: Helen Stein RELATIONSHIP Wife
ADDRESS: 3790 Cote St Catherine Rd Apt 15. Montreal 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.
Dur.	20 6 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. Pub. qtrs & drawing rtns.		21-6-41	1 M.D. 147
Occ. Govt Qtrs & draw place in kind		24-7-41	12 E.D. 174
Qtrs & rations		31-8-41	TTS 213
Occ. pub. qtrs.		29-10-41	9 R.D. 1
Issued special leave O.W. 4C-51125 (cancelled)		1-12-41	9 R.D. 1, 5
Auth to draw rat allnce.		6/19/7/42	9 R.D. 201

22.(A) ADDRESS PRIOR TO ENLISTMENT

3790 Cote Ste. Catherine Rd., Apt 15
Montreal Que.
22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

OHF

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	KX
11-7-41	FEB 5 '42					D.F.

AIR FORCE No. R108020

STEIN, WILFRED
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT
PLACE Montreal
DATE 20-6-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44(B)
30M-3-41 (9782)
H.Q. 1062-3-58

47.

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S	1 M.D. Toronto	20	6	41	1 M.D. 147
S.O.S	1 M.D Toronto	24	7	41	1 MD 175
T.O.S	12 E.D. Montreal	24	7	41	12 E.D. 174
S.O.S	12 E.D. Montreal	29	8	41	12 E.D. 204
T.O.S	A & A T.S. St Thomas	30	8	41	T.T.S 213
S.O.S	T.T.S St Thomas	28	10	41	T.T.S 261
T.O.S	9 RD St Johns Que	29	11	41	9 R.D 1
Pwe T.D	9 R.D. 240 / T.D 9 R.D 128,				
S.O.S	R.C.A.F (SR)	11	1	44	9 rd 10
	Died at St Johns Que,	11	1	44	9 rd 10.
16450	Completed	MAR 1		1945	
	W. S. G. Comb	6	10	44	
	Natural Death. 11-1-44	M. 36.		11-1-44	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC 2	20	6	41	1 M.D. 147
AC 1	10	10	41	9 R.D. 12
LAC	1	4	42	9 R.D. 84
A/Cpl. p. 6	1	7	43	9 R.D. 155
T/Cpl (Pd)	1	7	43	9 rd 10.

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
19-6-41	R. 100	A4B.	

HOSPITALIZATION (IN BLACK INK)

HOSPITAL / QUARTERS	ADMITTED / CONFINED	DISCHARGE / RET'N DUTY	D.R.O.
Stn. Hosp.	20-7-43		9 R.D. 173 -
Stn Hosp.	11-1-44	11-1-44	9 R.D. 10, 11

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Equip Ass't	S.	20	6	41	1 M.D. 147
Equip. Asst	C	10	10	41	T.T.S 240
E. A.	B.	1	4	42	9 R.D. 79.
607B					
E. A.	A.	1	7	42	9 R.D. 155

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
E. A. "B"	74%	20	3	42	9 R.D. T.T.
E. A. "A"	88%	26	5	42	9 R.D. T.T.

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
5-1-42	12-1-42	7		9 R.D. 47
9-2-42	16-2-42	9		9 R.D. 26
after duty 1-4-42	4-4-42		Spec. Jewish Leave	9 R.D. 84
after duty 7-4-42	10-4-42	4	" " "	
6-7-42	20-7-42	14		9 R.D. 154
11-9-42	14-9-42	2	Spec Jewish	9 R.D. 217
20-9-42	22-9-42	1	Spec Jewish	9 R.D. 217
2-8-43	15-8-43	14	annual	9 R.D. 178.

R.C.A.F. OVERSEAS — ENLISTMENT MARTIAL STATUS — PRESENT MARTIAL STATUS — HIGH & TECH. SCHOOL EDUCATION — C. OF E. — BAP. — U.C. — PRES. — R.C. — HEB. — PRO. — RELIGION — MIS. — OTHER — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

CANADA
Province of Quebec
District of Montreal

SUPERIOR COURT

MONTREAL

Department of the registers of Acts of Civil Status

On the nineteenth day of December One Thousand Nine Hundred and twenty six, Wilfred Stein, bacheler of full age of majority of Toronto, Ontario son of David Stein and his wife Minnie Fibus and Helen Redlich, spinster of Montreal, Quebec, daughter of Charles Redlich, and his wife Bertha Roman were married by me, the undersigned Minister, in the presence of the undersigned witnesses, without opposition, after due publication of banns (or by license from the competent authority authorizing the omission of the publication of banns). (sic)

Officiating Minister
H. Abramowitz

Bridegroom Wilfred Stein

Bride Helen Redlich

R.C.A.F. Records Office
Rec'd. JUN 25 1941
O.K. I.T.E. C.I.B. ....
R.C. D.J. N.I. ....
S.L. .... P.A. ....

Witnesses:

D. Stein
Chas. Redlich
)V)

- -

CERTIFIED TRUE COPY
F/O
O.C. R.C.A.F. Recruiting Centre,
MONTREAL, - QUEBEC.
Date 20/6/41

I, THE UNDERSIGNED, DEPUTY PROTHONOTARY of the Superior Court in and for the Province of Quebec, District of Montreal, do hereby certify that the foregoing is a TRUE EXTRACT from the register of the Acts of Civil Status for the year one thousand nine -- hundred and twenty six, of Shaar Hashomay in Jewish Congregation of MONTREAL, - - and deposited in the Archives of the said Superior Court at Montreal.

MONTREAL, the 2-th - - - day of June 1940.

Jean-Jacques LEFEBVRE
Deputy Prothonotary,
Superior Court.

TEL. PLATEAU 8884-5
CABLE ADDRESS:
"LACELIMIT" MONTREAL

TORONTO BRANCH OFFICE:
96 SPADINA AVENUE
WAVERLY 6340

LACES LIMITED

LENNOX BUILDING
1485 BLEURY STREET

MONTREAL, February 18th, 1941.
CANADA

Royal Canadian Air Force,
Montreal, Quebec.

Gentlemen:

This is to certify that the bearer, Wilfrid Stein, has been known to the writer over a period of fifteen years. During that time, I have always found him to be honorable, and a loyal citizen of Canada. He is also a capable and conscientious worker.

For any other information you may require, kindly call Mr. M. Roman - Pl.8884.

Yours very truly,

LACES LIMITED

per M Roman
vicepres.

MR/SR

R.C.A.F. Records Office
Rec'd. JUN 25 1941
O. K. .... C. I. B. ....
R. C. .... N. I. ....
S. L. .... P. A. ....

Canada
Province of Quebec.
District of Montreal

SUPERIOR COURT

MONTREAL

Department of the registers of Acts of Civil Status

Morvin Leslie son of Wilfred Stein and Helen Alberta Redlich was born on December eighteenth One thousand nine hundred and twenty sevend and was registered by me on December twenty seventh same year

Bradford Ontario

228

Parents Wilfred Stein
Helen Stein

E. Flaxman
Minister

- -

I, THE UNDERSIGNED, DEPUTY PROTHONOTARY of the Superior Court in and for the Province of Quebec, District of Montreal, do hereby certify that the foregoing is a TRUE EXTRACT from the register of the Acts of Civil Status for the year one thousand nine hundred and twenty-seven , of Beth Hamedrash Hagadol Jewish Congregation of Montreal,- - - - - - - - - - - - and deposited in the Archives of the said Superior Court at Montreal.
MONTREAL, the 20th - - - - day of June, 194-.

Jean-Jacques LEFEBVRE
Deputy Prothonotary,
Superior Court.

CERTIFIED TRUE COPY
O.C. R.C.A.F. Recruiting Centre,
MONTREAL, QUEBEC.
Date 20/6/41

R.C.A.F. Records Office
Rec'd. JUN 25 1941
O.K. T.C. C.I.B. ....
R.C. .... N.I. ....
S.L. .... P.A. ....

RUBENSTEIN BROS.
LIMITED

TELEPHONE
BELAIR 3939

MAKERS OF
PARAMOUNT TAILORED CLOTHES
463 ST. CATHERINE STREET WEST

MONTREAL, P.Q.

CABLE ADDRESS
"PARAMOUNT"

Feb. 19th, 1941.

Royal Canadian Air Force,
Montreal, Que.

Gentlemen:-

We have known Mr. Wilfrid Stein for a number of years, and have always found him to be an honest and upright citizen. We do not hesitate to recommend him for any position of responsibility.

For further information or references you may inquire from the writer at our firm's address.

Yours very truly,

RUBENSTEIN BROS. Limited

J. Rubenstein
Sec-Treas

JR/GL

R.C.A.F. Records Office
Rec'd. JUN 25 1941
O. K. .... C. I. B. ....
R. C. .... N. I. ....
S. L. .... P. A. ....

Protestant Board of School Commissioners
of the City of Montreal

HIGH SCHOOL OF MONTREAL
3449 UNIVERSITY STREET
THOMAS SOMMERVILLE, M.A., RECTOR

February 18, 1941.

To the Royal Canadian Air Force:-

This is to certify that Mr. Wilfred Stein of 3790 Cote St. Catherine Road, apartment 15, Montreal, has, in my opinion, the equivalent of one year of High School education.

Yours very truly,

G. H. Heslam
Vice-Rector

R.C.A.F. Records Office
Rec'd. JUN 25 1941
O.K. T.C. C.I.B. ....
R.C. D.D. N.I. ....
S.L. .... P.A. ....

Montreal, February 25th 1941.

I solemnly declare that Wilfred Stein and Wilfrid Stein are referred to one and the same person.

Declared before me,
in the city of Montreal
on this 25th day
of February 1941.

Wilfred-Stein
Signature of Declarant.

W. M. Barnes J.P.
Dist of Montreal

W. M. BARNES

STATUTORY DECLARATION

I WILFRED STEIN do solemnly declare that I was born in Toronto, Ont. on April 23rd., 1905, from the lawful marriage of DAVID STEIN and MINNIE FIBUS.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Wilfred Ste..........

DECLARED before me
in the City of Montreal
in the Province of Quebec
this 20th day of June 1941.

F/O

for (A.B.Matthews) Squadron Leader,
Commanding Officer,
R.C.A.F. Recruiting Centre,
Montreal, P.Q.

R.C.A.F. Records Office
Rec'd. JUN 25 1941
O.K. JT..... C.I.B. ....
52
R.C. .... N.I. ....
S.L. .... P A. ....

ROYAL CANADIAN AIR FORCE

Name STEIN Wilfred R 1 0 8 0 2 0

Rank AC2 R CAF

Age 36 Height 5' 7 3/4" Weight 165 1/2

Hair Dark Brown Eyes Brown Hair on face Dark trimmed moustache

Marks, scars, etc none visible

Wilfred Stein (Signature of holder)

A. McKennedy F/O (Signature of issuer)

Right Index Fingerprint

Place Montreal R cruiting Centre Date June 20th 1941

Card serial number 15295

Impressions forwarded to Headquarters P.I.B. by A. L. L. Lapointe Rank F/O Date June 20th 1941

FOR HEADQUARTERS USE ONLY

R.C.A.F. PHOTOGRAPHIC ESTABLISHMENT

Received for Photostat by Rank Date

Forwarded to H.Q. P.I.B. by Rank Date

HEADQUARTERS FINGERPRINT SECTION

Received at P.I.B. by Rank Date

Classified at P.I.B. by Rank Date

Checker Searcher Date

R.C.A.F. R. 159
90M—11-40 (8302)
H.Q. 1062-3-114

W4

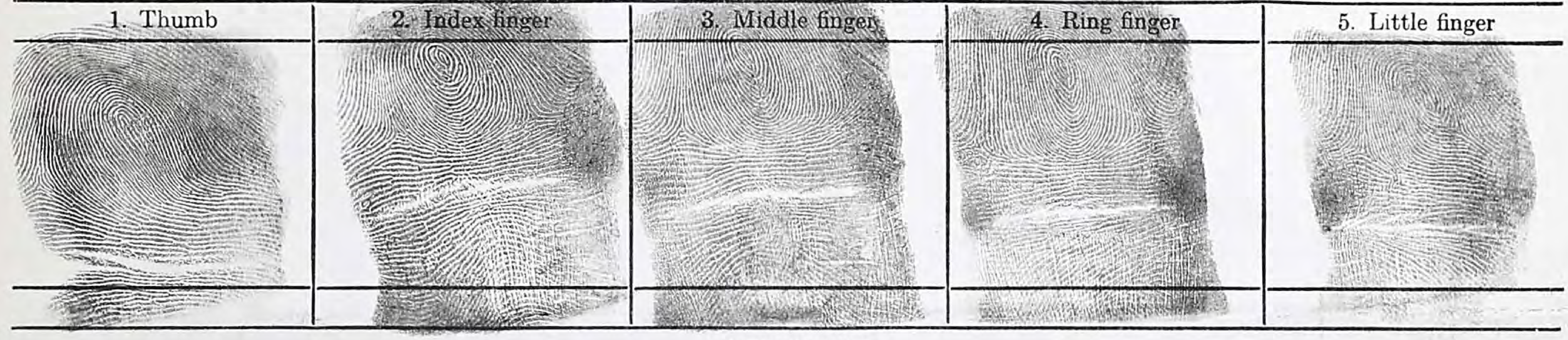
R 1 0 8 0 2 0

Name STEIN Wilfred

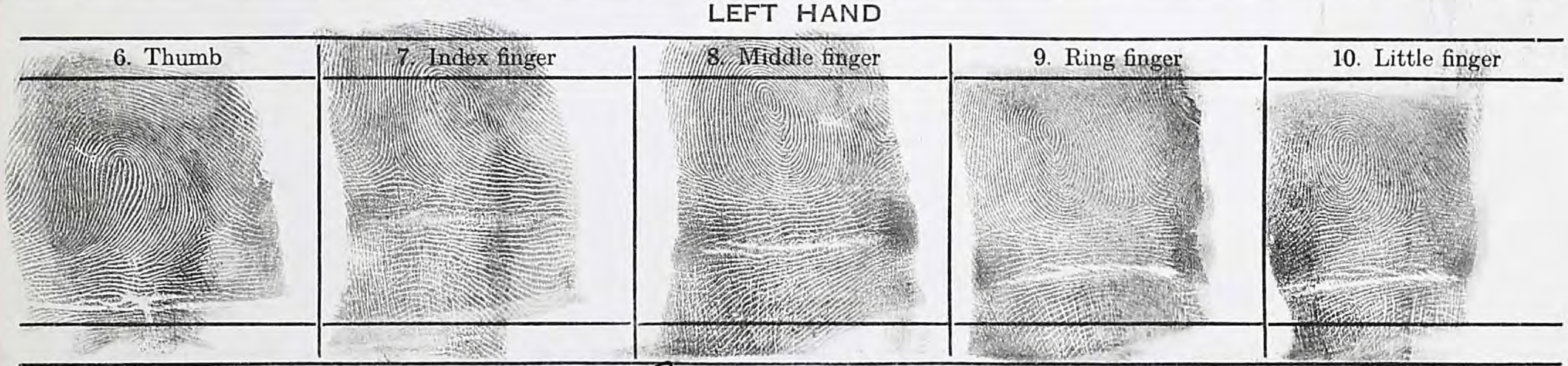
Classification

No. 15295 *Sex* Male *Reference*

RIGHT HAND


1. Thumb
2. Index finger
3. Middle finger
4. Ring finger
5. Little finger

LEFT HAND


6. Thumb
7. Index finger
8. Middle finger
9. Ring finger
10. Little finger

Impressions taken by: Pte Edmund L. Beckard
(Signature of person taking prints)

Date impressions taken June 20th 1941

Note amputations

Signature of printed person: Wilfred Stein

Four fingers taken simultaneously

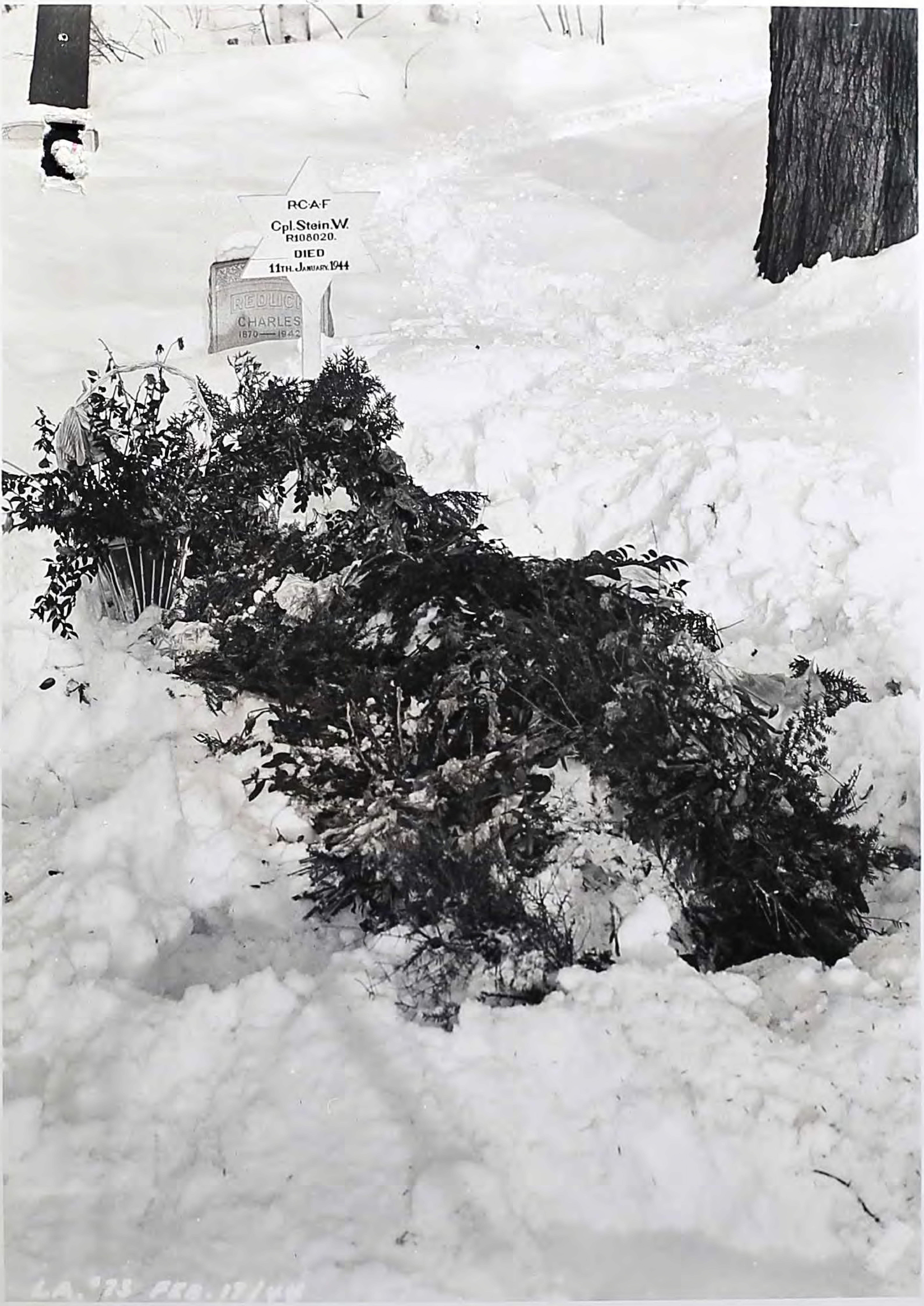
Left Hand

Left thumb

Right thumb

Four fingers taken simultaneously

Right Hand


RCAF
Cpl. Stein. W.
R108020.
DIED
11TH. JANUARY. 1944
REDLICH
CHARLES
1870 — 1942
L.A. 973 FEB. 17/44