



Pte	Anderson, Ivan Henry	Essex Scot	L/Sgt	Anderson, William John	
Sgt	Anderson, Jacob	RCAF			Calg Highrs
FO	Anderson, James Kennedy	RCAF	PO	Anderson, William Wallace	
Pte	Anderson, John	Cameron's of C		Eugene	RCAF
Sgt	Anderson, John	RCAF	F/S	Anderton, John Alfred	RCAF
Pte	Anderson, John Albert	A&SH of C	Cpl	Andreyk, Frank	Nth NS Highrs
Lt	Anderson, John Albert	Calg Highrs	Sgt	Andres, Arnold Richard	R Wpg Rif
Pte	Anderson, John Edward	Perth R	Tpr	Andres, David	Sher Fus R
Sgt	Anderson, John Gordon	RHC	Bdr	Andrew, Alfred Edwin	RCA
Pte	Anderson, Joseph Charles		FO	Andrew, Clifton Llewellyn	RCAF
		Calg Highrs	F/L	Andrew, Eric Morrow	RCAF
Pte	Anderson, Kenneth Adolph		Rfn	Andrew, Ian Barnes	R Wpg Rif
		Seaforth of C	Tpr	Andrew, Walter Harold	S Alta R
Pte	Anderson, Lawrence Peter	RHLI	Sgt	Andrew, William Arthur	
FO	Anderson, Leonard Edward	RCAF		Roland	RCAF
Pte	Anderson, Leonard Melvin	HLL of C	FO	Andrews, Edward John	RCAF
Rfn	Anderson, Lloyd Alexander	RRC	Capt	Andrews, Ellis Goldwin, MC	Dorset
F/S	Anderson, Lloyd George	RCAF	Pte	Andrews, Frederick Albert	4 PLDG
Pte	Anderson, Martin Joseph	Tor Scot R	WO2	Andrews, George Albert	RCAF
Sgt	Anderson, Neville Joseph	RCAF	Pte	Andrews, Gerald	RCASC
Pte	Anderson, Norman Douglas	RCASC	Pte	Andrews, Henry Lorne	Westmnr R
Rfn	Anderson, Patrick Louie	Regina Rif	Pte	Andrews, Herbert Edgar Floyd	
Gnr	Anderson, Peter McLellan	RCA			Tor Scot R
Pte	Anderson, Peter Thomas Garfield		PO	Andrews, John French	RCAF
		Cameron's of C	Cpl	Andrews, Kenneth George	
Pte	Anderson, Ralph Glenwood				Nth NS Highrs
		Tor Scot R	FO	Andrews, Newark Thomas	RCAF
Pte	Anderson, Richard Frederick		Tpr	Andrews, Robert Edison	17 H
		QOR of C	FO	Andrews, Robert John	RCAF
L/Sgt	Anderson, Robert	4 PLDG	Pte	Andrews, Robert Laurence	RCASC
Pte	Anderson, Robert Charles		L/Cpl	Andrews, Seward Joseph	West NSR
		1 Cdn Spec Ser Bn	Pte	Andrews, Stephen Francis	West NSR
Pte	Anderson, Roy Wellington	West NSR	PO	Andrews, Walter Harold	RCAF
Spr	Anderson, Seth Bert	RCE	Pte	Andrijouski, William	Essex Scot
OSmn	Anderson, Stewart William		L/Cpl	Andronyk, Stephen	A&SH of C
		RCNVR	Sgt	Andry, Frank John	RCA
L/Cpl	Anderson, Sydney Leonard		Pte	Ange, Edward	C Scot R
		Calg Highrs	Pte	Angel, Harold Sandford	CH of O
Pte	Anderson, Thanning Carl	RHC	Pte	Angel, Norman George	CH of O
Sgt	Anderson, Thomas	Tor Scot R	AB	Angell, Bruce	RCNVR
Spr	Anderson, Thomas Kelly	RCE	Tpr	Anger, Arthur Elwood	Fort Garry's
Pte	Anderson, Walter John	RCASC	Pte	Anglin, James Albert Edward	
Pte	Anderson, William Alexander				C Scot R
		Calg Highrs	Cpl	Angove, George Raymond	48 Highrs
S/L	Anderson, William Brodie,		Pte	Angus, Benjamin Nelson	
		DFC			Cameron's of C
FO	Anderson, William Frank	RCAF	Pte	Angus, James Alexander	RHC
Ldg Coder	Anderson, William John	RCNVR	Pte	Ankcom, Lorne Wayne	RCR

V64369  
**ANGELL**  
BRUCE



(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service when called and to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest naval establishment prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

(e) I have not been induced to enter as.....ORD. SEAMAN.....by the prospect of being transferred at some future date to any other branch or rating.

Dated this.....18th.....day of.....JUNE 1943.....

Signature of applicant.....X Bruce Angell.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this.....18th.....

day of.....JUNE 1943.....

My authority for attestation is.....

H. Delark  
Signature and rank of Attesting Officer.

Sub. Lieutenant, RCNVR

(D) OATH OF ALLEGIANCE

I,.....Bruce ANGELL.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant.....X Bruce Angell.....

Witness.....H. Delark.....

Date.....18th June, 1943..... Rank.....Sub. Lieutenant, RCNVR.....

The Oath of Allegiance must be administered by a Commissioned Officer of the Naval Service.

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

DEPARTMENT OF VETERANS AFFAIRS

D OF D 21-8-44

AWARDS (NAVY)

WAR SERVICE RECORDS

D.D.

ANGELL	Bruce	V-64369	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	1464
Fr. Ger. Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Florence Angell - Mother

4618 Esplanade Ave.,

ADDRESS:

MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

Mrs. F. Angell

4618 Esplanade Avenue,

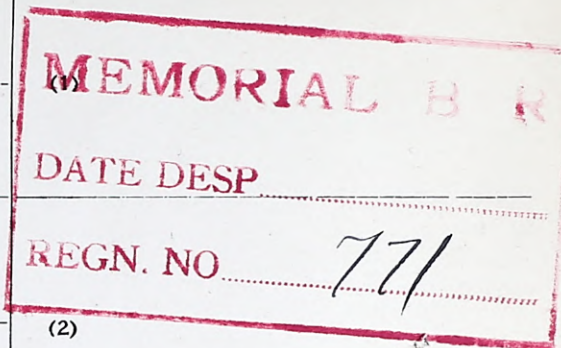
ADDRESS:

Montreal, Que.

(3) MEMORIAL CROSS

MOTHER

ADDRESS:



(2)

17-1-45

(3)

DC

DEPARTMENT OF NATIONAL DEFENCE  
 NAVY ===== ARMY ===== AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

4  
 NAVY

DECEASED  
 MEMBER'S  
 NAME

**Bruce**  
 (CHRISTIAN NAMES)

**ANGELL**  
 (SURNAME)

REGISTER NO.

40056

FILE NO.

NSV-64369

DATE

3 Nov '45

PAYEE

Director of Estates,  
 308 Sparks St.,  
 Ottawa, Ont.

for Service Estate of  
 Bruce ANGELL,  
 N.S.V-64369  
 21 Aug '44

SERVICE NO.

V-64369

FINAL RANK OR RATING

A.B.

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

21 Aug '44

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 412 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 244 LESS 22 INELIGIBLE DAYS, EQUAL TO 222 DAYS @ 25C. PER DAY

\$ 55.50

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY \$ 1.85  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$ 1.25  
 ADDITIONAL PAY H.L.M. \$ .25

DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL

TOTAL \$ 3.35 X 7 = \$ 23.45  
 NO. OF DAYS 244 X \$ 23.45

183

\$ 31.27

## D. WAR SERVICE GRATUITY

\$ 184.27

## E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
 DEPENDENTS' ALLOWANCE  
 AND ASSIGNED PAY \$

NIL

OTHER DEDUCTIONS \$

## F. TOTAL AMOUNT PAYABLE

\$ 184.27

## G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$

=\$ 184.27

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY

IM

CHECKED BY

TREASURY

CHECKED BY

DATE

for Dir. Naval Pay Accounting.

AT

# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full..... ANGELL Bruce (b) Reg'l. No. V-64369
2. (a) Arm of service..... NAVY (b) Unit..... R. C. N. V. R. (c) Rank..... SEA SERGEANT
3. (a) Date of birth..... 3 March 1925 (b) Have you any dependents?..... No (c) Place of residence at time of enlistment..... Montreal, Que.
4. (a) Place of enlistment..... Montreal, Que. (b) Date of enlistment..... 18th June, 1943

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 15 (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.)..... Seventh Year Public 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?..... YES (b) If so, for what occupation?..... MECHANIC (c) Did you finish it?..... NO (d) If you did not finish it, how long did you serve at it?..... 13 mos.
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)..... NOT 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?..... Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... Apprentice Mechanic (b) State how long you had worked at this trade or occupation..... 13 mos.
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..... June 1st, 1943
15. Give details of last employer, if any: Name..... Austin Sales and Service Address..... Montreal, Que.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Service cars.
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..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... YES (b) Do you feel competent to operate a farm?..... NO (c) If so, in what kind of farming?..... Mixed farming
25. (a) Were you born on a farm?..... NO (b) How many years' actual farming experience have you had?..... 1 yr. (c) In what provinces did you have experience?..... Quebec

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
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..... Would like to go on a farm.

DATE..... 18th June, 1943..... 194..... SIGNATURE..... Bruce Angell





[ Copy To  
VWD  
ES

FILE 3 1983

142463

17



F.M.O., Halifax, N.S.,  
August 26th, 1944.

N.S. V-64369. PERS.(N)

P.A.'S CHECKED IN  
C.R. BY.....P.....

My dear Mrs. Angell:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your son was an excellent lad both reliable and efficient. Even though he was young he carried out his seamanship and gunnery duties better than men who had been at it for years. He was very well liked by all the officers and men and appeared to be very happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Montreal you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mrs. Florence Angell,  
4618 Esplanade Ave.,  
MONTREAL, P.Q.

TFH/JM

LETTER dispatched by  
PERSONNEL NAVAL  
AUG 30 1944

AIR MAIL

V-64369 Pers. (N)

123578

28th August, 1944.

Dear Mrs. Angell:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

PA'S CHECKED IN  
C.R. BY *L*

*L*  
SECRETARY, NAVAL BOARD.

FILE  
ACTION TAKEN

Mrs. Florence Angell,  
4547, Delorimier Street,  
MONTREAL, Que.

*N.B.*

NPR, Montreal, Sept. 1, 1944.

Dear Mr McDonald

19  
Thank you very much for the sympathy expressed in your recent letter confirming the telegram that my son Bruce V 64369 was missing at sea. I do not give up hope although the odds seem against him.

Would you kindly see that my change of address is noted. Please send any future letters to  
Mr or Mrs J. B. (Florence) Angell  
4618 Esplanade Ave  
Montreal.

instead of 4547 DeLoemiers  
Montreal.

I sent this change in after the telegram came but maybe the letter did not reach you.

Thanking you

I remain.

(Mrs) Florence Angell

Noted in Service  
Records by [initials]

27

NFB  
#100  
Reply please  
*[Signature]*

4618 Esplanade Avenue,  
Montreal, Que.  
October 17th, 1944.

Department of Naval Service,  
Ottawa.

Attention of *L. J. MacDonald Esq. Sec.*  
Re Bruce Angell # V64369

Gentlemen:

I wish you would clarify various rumors that have been circulating around and which are still coming through returning sailors who claim to know that the reports given out by your Department and by word of mouth from the survivors of the H.M.C.S. "Albernie" are false.

They claim that the "Albernie" was actually in an engagement with a pack of submarines when sunk by a torpedo. That there are several more survivors from this Corvette, a great many of said survivors having been taken Prisoners of War. One returned sailor claims that the Naval Department at Ottawa actually are in possession of a list of names of these survivors and will not release the names now.

*Trust! Why would we hold them?*

If my son as well as others are known to be Prisoners of War or are at some other point of operations either in hospital or living under some other conditions, why then does the Department not notify us officially that such is the case. And why does the Department make liars out of the survivors by having them give out a false story fabricated by some supposed to be naval genius, when it would be just as easy for the Department to have them report to all "Department regulations call for no information until a final report is issued by Ottawa."

Can I have a definite report yes or no there are prisoners or other survivors and also some information to substantiate your claim.

Yours truly,

*(Mrs) Florence Angell*

33

27th October, 1944.

Dear Mrs. Angell:

With reference to your letter of the 17th October, I am directed to inform you that the various rumours about which you write have absolutely no foundation of fact.

Further, the Department has no knowledge of any of the missing from H.M.C.S. "ALBERNI" having been taken prisoners of war. In fact, as stated in my letter of the 28th August, 1944, it is not considered likely that prisoners could have been taken.

Under present Canadian Naval Regulations, missing personnel cannot be presumed dead until at least three months have elapsed. During this period every effort is made to trace those listed as missing and all facts regarding the incident which caused the casualties are considered thoroughly before a final decision is made.

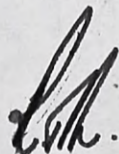
Naval personnel who are survivors of ships lost by any means are instructed that strict reticence must be observed concerning the disaster. It is much to be regretted that you have had false hopes raised as to the safety of your son through circulation of unfounded rumours spread by irresponsible persons.

If you know the name or names of any naval personnel who have made the statements as reported in your letter, it is requested you will notify the Department so that necessary action may be taken.

In doing this you will help to stamp out the spread of such unfounded rumours which, if they reached you, may also reach the next of kin of others missing in the same disaster thus causing them the unnecessary further anxiety which you yourself have suffered.

May I emphasize that at no time is information regarding the possible safety or otherwise of missing personnel kept from the next of kin. It is regretted you have been caused unnecessary anxiety and you may rest assured that when information is received regarding your son it will be passed on to you immediately.

Yours sincerely,



SECRETARY, NAVAL BOARD.

Despatched by  
Sec. N. B.Date 28/10/44  
Time 10 30

Mrs. Florence Angell,  
4618 Esplanade Avenue,  
MONTREAL, P.Q.



LA/ERM

REGISTERED

AIR MAIL

V-64369 PERS(N)

37

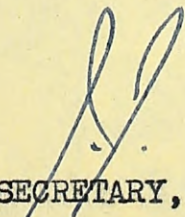
26 December, 1944.

Dear Mrs. Angell:

Further to my letter of the 27th of October, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Bruce Angell, Able Seaman, Official Number V-64369, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

  
SECRETARY, NAVAL BOARD.

Mrs. Florence Angell,  
4618 Esplanade Ave.,  
MONTREAL, P.Q.

*noted D.M. 28-12-44 J.P.*

Despatched by  
Sec. N. B.

*W.M.*  
Date 26.12.44  
Time 10 30

44

N.S. V-64369, F.D. 548  
PERS. (N)

21 February, 1945.

THIS IS TO CERTIFY that according to official information Bruce Angell, Able Seaman, Official Number V-64369, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

  
SECRETARY, NAVAL BOARD.  
  
  
  




## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county	<b>AT SEA</b>		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..... <b>ANGELL</b> (Block letters)																
Given names..... <b>Bruce</b>																
4. RESIDENCE	Street..... <b>De Lorimier Street</b> No. <b>4547</b>															
	Official name of civil municipality or township..... <b>Montreal</b>															
	Municipal county..... Province..... <b>QUEBEC</b>															
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
<b>Male</b>	<b>Canadian</b>	<b>Scottish</b>	<b>Single</b>													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) <b>Montreal, Quebec</b>																
11. DATE OF BIRTH <b>March 3 1925</b> (Month) (Day) (Year)																
12. AGE OF DECEASED Years Months Days If less than one day old <b>19 4</b> ..... hrs. or ..... min.																
13. OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. <b>Apprentice Mechanic</b>															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. <b>Austin Sales &amp; Service</b>															
	15. Date deceased last worked at this occupation															
16. Total years spent in this occupation																
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal <b>NO BURIAL</b>																
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)															
22. Date of death..... <b>August 21 1944</b> (Month) (Day) (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)..... <b>Missing, presumed dead. He was serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel.</b>																
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... (c).....																
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance..... 19..... (b) Duration of disease..... days																
25. If a woman, was there a puerperal condition?.....																
26. Was there a surgical operation?..... Date of..... 19..... State findings..... Was there an autopsy?.....																
27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide..... Date..... 19..... (State which) Manner of injury..... (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place.....																
Signed..... M.D.																
Address..... Date..... 19.....																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) <b>Paymaster Commander, RCNR.</b> This signature authorizes the collector to accept this form as authentic.																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. (Voir l'autre côté pour le français)																

Director of Personnel Records, Naval Service Headquarters, Ottawa.

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

Can. S. 545  
30M-1-43 (8044)  
N.S. 815-9-545

# WILL

5688

(1) I, Bruce Angell, of His Majesty's Canadian Ship Montreal do hereby revoke all former wills by me made and declare this to be my last will.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my mother Mrs. Florence Angell  
4547 De Lorimier St. Montreal P.Q. My intire instate.

(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~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mrs. Florence Angell 4547 De Lorimier  
School Teacher, to be the Executor of this my Last Will.  
(Name) (Address) (Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 18 day of June 1943.

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

Bruce Angell  
(Name)  
Ordinary Seaman 164369  
(Rank or Rating) Official No.

First witness sign here.

(5) Signature Joseph O'Brien  
Civil Address McMasterville, P. Q.  
Civil Occupation STOKER II, Engineer's Writer, RCNVR

Noted in Services  
Records by JB

Second witness sign here.

Signature W. C. Meares  
Civil Address 4970 Coolbrook Ave., N.D.G., Montreal, Que.  
Civil Occupation WRITER, RCNVR

(Beneficiaries are not to be Witnesses.)

[OVER]

Mrs. Florence Angell  
 4618 Esplanade Ave.,  
 MONTREAL, P.Q.

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. NS V-64369 F.D. 754

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

3 January 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

ANGELL BRUCE A.B.

V-64369 R.C.N.V.R.

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.

*H. Wade*  
 Commandant R.C.N.V.R.  
 Director of Estates.

HRW/DW

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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.....	Not married.			
2	Children of the Deceased and dates of their Births.....	none			
3	Father of the Deceased.....	John Bond Angell	50	4618 Esplanade Ave. Montreal, Que.	
4	Mother of the Deceased.....	Florence Beatrice Angell	44	4618 Esplanade Ave. Montreal, Que.	
5	Brothers of the Deceased	Full Blood	none		
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	(Phyllis) Mrs Harold Wilson Jean Elaine Angell	21 13	Shelburne, Nova Scotia 4618 Esplanade Ave, Montreal, Que.
		Half Blood	none		
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		
		none			

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Bruce Fulton Angell.
9	Date of his birth.	March 3 <sup>rd</sup> 1925.
10	Place and date of his marriage.	Single.
11	Place and date of his parents' marriage.	Franklin Ctre Que. June 15, 1920.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	4618 Esplanade Ave, Montreal.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Que. (b) (c) (d)
14	Nature of employment before enlistment.	Garage mechanic.
15	State whether he owned the premises in which he lived, and, if so, where situated.	Paid board at his home.
16	Name place where deceased stated he intended to make his permanent home.	4618 Esplanade Ave Montreal.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	I do not know of a will.
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?	not married.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	City & District Savings Bank 5059 Park Ave. Amount \$55.56 ✓ Yes. No. 9855.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	2. I have them. \$5 each. ✓
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$50. Bearer. In my possession ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The London Life. 42¢ per week. Florence Angell, mother.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil.

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no.

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

(PLEASE TURN OVER)

DECLARATION

\*Insert degree of relationship for example, "Widow", "Father", "Mother", 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.

Florence B. Angell

{Signature of Informant

4618 Esplanade Ave. Montreal Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief, Mrs. Florencia Angell

\*See above. { 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 8th day of January 1945

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

C. Pichard

Qualification Minister of Maritime

Minister of Maritime Affairs, P. 2. Address 357 De la Paix Avenue

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

Enclosed herewith two (2) war savings certificates nos. A 8506709. H. 6290246. Value \$50 each.

46

Four copies to be rendered to Naval Service Headquarters

**REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY**

H.M.C.S. NAVAL SERVICE HEADQUARTERS, at OTTAWA, Ontario.

Name ANGELL, Bruce  
 (Christian names in full)

Rank of Rating Able Seaman Official No. V-64369 R.C.N.V.R.  
 (If unknown, date of first entry)

Place of Birth Montreal, Quebec Date of Birth 3rd March, 1925.

Occupation in Civil Life Apprentice mechanic Religion Presbyterian

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) From 18 June, 1943 to 21 August, 1944

Date of Death 21st August, 1944 Place of Death At Sea.

Cause of Death Missing, presumed killed when the ship in which he was serving,  
 (If due to accident, violence, or enemy action, particulars to be stated briefly)  
H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name Mrs. Florence Angell Relationship Mother  
 Address 4618 Esplanade Avenue, MONTREAL, P.Q.

Date on which the above was informed by Ship XXXX Naval Service Headquarters: 25 August, 1944.

Date on which death was registered with local Officials.....

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

Place of Burial No burial Date of Burial.....  
 (if known) (if known)

Location, Number, etc., of grave.....  
 (if known)

Undertaker employed.....  
 (if any)

If borne for discipline only, date D.S.Q. or invalidated.....

~~XXXXXXXXXXXX~~  
 Commanding Officer,

OTTAWA, Ont., 26 February, 1945

*H.B. Money*

For SECRETARY, NAVAL BOARD. *C*

~~XXXX~~ The NAVAL SECRETARY, Naval Board.  
 Department of National Defence,  
 Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

*Noted  
 D.N.P.A.  
 E.L.  
 15-3-45*

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

**CERTIFICATE of the SERVICE of**

*Bruce ANGELL*

in the Royal Canadian Naval Volunteer Reserve

*1.C.#N5 10379*

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V- 64369</i>
	<i>Hmc Montreal</i>	"
		"

Date of Birth *3 March 1925* **O.H.F.**  
 Place of Birth *Montreal - Que.*  
 Place of Residence *4547 Delormier St. Montreal*  
 Trade brought up to *Apprentice Machinist*  
 Religion *Presbyterian*  
 Name and Address of Nearest Relative or Friend (in pencil)  
*(Father) John 4618 Esplanade Montreal PQ (31-10-43)*  
 Can Swim:—P.P.T. Date *19* Signature Rank  
 P.S.T. Date *19* Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>18 June '42</i>	<i>Duration of Hostilities</i>	<i>9/5mm</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>9 3/4</i>	<i>32 1/2</i>	<i>119</i>	<i>Brown</i>	<i>Blue</i>	<i>Med.</i>	<i>Scars on index finger of right hand.</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority



# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Montreal		O/Smn	18 June '43	6 July '43	
				On Active Service		7th July 1943
	— " —		O/Smn	7 July '43	24 Aug '43	
	Cornwallis		O/Smn	25 Aug '43	17 Receipt	
	Stadacona		—	18 Receipt	21 Dec '43	
	Stadacona (Alberni)		—	22 Dec '43	21 April '44	
	Niobe (Alberni)		—	22 April '44	6 July '44	
	— " —		A.B.	7 July '44	21 Aug '44	PRESUMED DEAD "DD" A59557
						Comm. Disg. 271939 Dec

**Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants**

Date	Details	Captain's Signature
13 Dec '43	70 Annual leave 77074	







CANADA

Can. B. 207  
150M-9-42 (6269)  
N.S. 815-2-207

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined..... ANGELL BRUCE .....

candidate for entry as..... O/SEA .....

and I believe him to be \*  $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$  He has signed the Certificate given below in my presence.

†Strike out if inapplicable. \*Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. <u>18</u>	Mos. <u>3</u>	(j) Date of last Vaccination	<u>Childhood</u>		
(b) Height with bare feet	Feet <u>5</u>	In. <u>9<math>\frac{3}{4}</math></u>	(k) General Development	<u>Good</u>		
(c) Weight without clothes	<u>119</u>		(l) Nose, Throat and Tonsils	<u>Tonsillectomy, Normal</u>		
(d) Ears and Hearing	Rt. <u>Normal</u>	Lt. <u>Normal</u>	(m) Heart and Lungs	<u>Normal</u>		
(e) Chest Girth	Max. <u>33<math>\frac{1}{2}</math></u>	Min. <u>31<math>\frac{1}{2}</math></u>	Mean <u>32<math>\frac{1}{2}</math></u>	(n) Abdomen Hernia, etc.	<u>Normal</u>	
(f) Teeth	Deficient <u><del>6</del> 2</u>	Defective <u>6</u>	Dentures <u>0</u>	(o) Limbs and Joints	<u>Normal</u>	
(g) Vision by Snellens Types	without glasses	Rt. <u>6-9</u>	Lt. <u>6-9</u>	Both <u>6-9</u>	(p) Skin	<u>Clear</u>
	with glasses where worn	Rt.	Lt.	Both	(q) Anus Haemorrhoids	<u>Normal</u>
(h) Colour Vision	Ishihara R.C.N. Lantern	<u>Normal</u>		(r) Testes Varicocele	<u>Normal</u>	
(i) Chest x-ray	<del>(not taken approved positive doubtful)</del>	<u>192537</u> <u>D.P.M.H.</u>		(s) Urine	<u>Not taken</u>	

B.P. 128-75

### CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Bruce Angell

Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
‡Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

\*  $\left\{ \begin{array}{l} \text{which renders him medically unfit for service,} \\ \text{not considered of sufficient importance to cause his rejection, he being desirable in other respects.} \end{array} \right.$

\*Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters

Dated at..... Montreal ..... the..... 14th ..... of..... June ..... 19. 43

[Signature]  
Examining Medical Officer

(Rank)..... Surg-Lieut. R.C.N.V.R. .....



VERIFICATION FORM

STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
 NAVAL GENERAL SERVICE MEDAL (1915).

V-64369

...RANK/RATING ..... *AB* ..... OFF.NO. .... ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	/	Star
							ATLANTIC		
<i>France-G</i>							FRANCE G.	/	Star
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
<i>1.8.44</i>							DEFENCE		
							C.V.S.M.	2	Clasp
							" CLASP		
							WAR 1945	/	medal
							WAR 1915		

VERIFIED BY *H.M.* .....

*GP*

VERIFIED BY ..... DIR. OF PERSONNEL RECORDS.

V64369

OFFICIAL NUMBER

FILE NUMBER

113-A-1771

OFFICIAL NUMBER V64369

NAME ANGELL (Surname) Bruce (Given Names) DATE OF BIRTH 3rd. March 1925  
 PLACE OF BIRTH Montreal, Quebec. OCCUPATION Apprentice Mechanic  
 RELIGION Presbyterian EDUCATION 7th yr. pub. school.  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 4547 De Lorimier St. Town Montreal Province, etc. Quebec.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
18-	6	43	H.O.	5'9 <sup>3</sup> / <sub>4</sub> "	Brown	Blue	Medium	Scars on index finger of right hand.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Florence Angell  
 ADDRESS (in pencil): Street and No. 4618 Esplanade Ave Town Montreal Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				27	9	43	Qual. Anti-Gas 1 day 249A 7649				
				19	11	43	Marked Tr.				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

**FILM**  
 NO. MSA 6026-2  
 DATE

Date (in figures)			DAYS FORFEITED						In diff. Char.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		
									O.H.F. Rec.
									Last will and Testament #5688 Rec.

SECOND CLASS FOR CONDUCT

From

To



V64369

OFFICIAL NUMBER

NAME ANGELL  
(Surname)

Bruce

(Given Names)

OFFICIAL NUMBER V64369 **PIB**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Montreal"	Ord.Smn.	18	6	43	Div.Strength Montreal	V.G.	Sat.	31	12	43							
" " (Est.)	"	7	7	43	Act.Svce.D.L. 9-7-43.	V.G.	SAT.	21	8	44							
" Cornwallis	"	24	8	43	D.L. 26-8-43.												
" Stadacona	"	18	12	43	DRD #15 P.#4												
" Alberni	"	22	12	43	DRD S.18 P.#4												
	A.B.	7	7	44	Rated. 2.49A/A22934												
DISCHARGED	"	21	8	44	"Presumed Dead" Sub. 16/1/45												

GENERAL REMARKS

*next of kin also -  
Mother, Mrs. Florence Angell,  
4618 Esplanade Avenue,  
Montreal, Que.*

CANADIAN MEMORIAL CROSS SENT TO:-  
Mother, Mrs. Florence Angell,  
4618 Esplanade Avenue,  
MONTREAL, Quebec. (17-1-45).

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION		P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
03	3	25	12	270	X	500		2	23	02	0	09	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
18	06	43	07	07	43					1520	0	08	95		
SENIORITY			STR.	NON-SUB		M	8990			CODED	CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.	VK			8412	11.11				
04	04	43	13	00	00										