



Rfn Komarnisky, Walter RWogRif  
 Sgt Komen, Walter RCAF  
 F/O Kommes, John Joseph RCAF  
 F/O Kon, William Emil Miroslav RCAF  
 Rfn Koop, Bernard Regina Rif  
 Pte Kopetoske, Emerson Earnest SD & G Highrs  
 F/O Korbyl, Paul Frank RCAF  
 Pte Kornash, Edward Louis GenList  
 Pte Korner, Joseph LEdmn R  
 Sgt Korney, Michael Camerons of C  
 Pte Korol, Staffan RCASC  
 Pte Koropchuk, George RCASC  
 Cpl Korpach, Thomas Regina Rif  
 F/O Korski, George RCAF  
 Pte Koscielny, Stanley Frank Westmr R  
 Rfn Koscielski, Frank Regina Rif  
 Pte Koshelanyk, Walter RRegt C  
 Pte Koshney, Albert Alexander PHC  
 Pte Koskovich, Andrew Essex Scot  
 Gnr Kosmerly, John Ivan RCA  
 L/Cpl Kosteck, John Anthony SSask R  
 Lt Kostelec, Joseph 1 Cdn Spec Ser Bn  
 Pte Kostenly, Joseph Leo Perth R  
 ERA 4c Koster, John Bernard RCNVR  
 Pte Kostyk, Andrew Camerons of C  
 L/Cpl Kostyk, Peter SSask R  
 Lt Kotchapaw, William John Hereford  
 L/Cpl Kotchorek, Robert Bernard  
 Pte Kotowich, Peter PPCLI  
 Pte Kovach, Steve PA Vols  
 F/O Kovacich, Anthony Michael RRegt C  
 Pte Kovacs, Alexander John RCA  
 Gnr Kovar, Alphonse Alexander RCA  
 Pte Kowalchuk, Peter Lan & Ren Scot R  
 F/O Kowalchuk, Theodore RCAF  
 AB Kowbel, Morris RCN  
 Gnr Kozack, Alexander RCA  
 Gdsm Kozar, Dan Alexander GGFG  
 L/Cpl Koziarski, Edward Brownie Lan & Ren Scot R  
 F/O Kozlof, Alexander RCAF  
 F/S Kozlowski, Stanley John RCAF

Pte Kozoway, Alex Pictou Highrs  
 P/O Krahn, George Cornelius RCAF  
 P/O Kram, Meryn RCAF  
 P/O Kramer, Julius RCAF  
 Pte Kramer, Leslie Evan PPCLI  
 F/O Krampe, William Ernest RCAF  
 Gnr Kramski, John Wilmer RCA  
 Pte Kranrod, Edwin Albert Calg Highrs  
 L/Cpl Krasniuk, Anthony C Pro C  
 Cpl Krasny, Walter PPCLI  
 Pte Kratchkowsky, Gust RM Rang  
 Pte Kraus, John Eldon SSask R  
 P/O Krawchuk, Steve Lawrence RCAF  
 Pte Krawetz, Walter Perth R  
 Cpl Kreklau, John Louis L Sup R  
 Pte Krekoski, Gustave Hector C Scot R  
 Pte Kresack, Albert Raymond Calg Highrs  
 WO2 Krewenchuk, Metro A. RCAF  
 LAC Kristensen, Fred Larsen RCAF  
 Spr Krizska, George RCE  
 L/bdr Kritzer, Gordon Charles RCA  
 Bdr Kriwoy, Peter Patrick RCA  
 Pte Krofchick, Gordon 4 PLDG  
 Pte Krohn, Charles Henry 4 PLDG  
 Lt Krolman, Norman Martin Three Riv R  
 LAW Kronbauer, Kathleen Dorcas RCAF  
 Gdsm Krowchuk, Paul CGG  
 Pte Krszwda, Frank CB Highrs  
 F/O Kruger, Carl William RCAF  
 P/O Krynski, Tony RCAF  
 Spr Kryswaty, John RCE  
 Pte Kryswaty, Sam PPCLI  
 Pte Krywiarchuk, Philip Essex Scot  
 Pte Krzyzewski, Walter Paul R22e R  
 Pte Kubian, Kizer SSask R  
 Pte Kuebel, Anthony John A & SH of C  
 L/Cpl Kuchuiran, George Calg Highrs  
 Pte Kucy, Leo Frank PPCLI  
 Gnr Kudrich, Michael RCA  
 Lt Kuhl, Allen William RWF  
 Pte Kukelko, Frank Camerons of C  
 P/O Kuleski, Stephen RCAF  
 L/Cpl Kulimowski, Zigmont Perth R  
 F/S Kullberg, Elmer Nels RCAF



V27989  
KOSTER  
JOHN

BERNA



THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, TORONTO.....

.....Ottawa, January 24th, 1945.....

From.....Head Office.....

V-27989 E.R.A.4C KOSTER, John Bernard P. & N. H. 1032-J

The Department of National Defence, Naval Service  
officially reports that the marginally named was reported -  
Missing, presumed dead  
on the 21st Aug., 1944 ~~xxx~~ on service Canada & High Seas.

His next of kin is reported as - Mother -

Mrs. Mary Koster,  
154 Roselawn Ave.,  
Toronto, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 70.00 a month to -

Mrs. Mary A. Koster,  
154 Roselawn Ave.,  
Toronto, Ont.

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

/FD

E. Clewes,  
for  
Canadian Pension Commission.



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

NAME IN FULL KUSTER John Bernard RANK/RATING FR.A. 4/c OFF. NO. V27989 ADDRESS .....

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
	10-2-42											1939-45	1	Star
Albion	8-8-42	21-8-44	745	Atl. Ind. Op.								ATLANTIC	1	Star
												FRANCE G.		
Dis. Dead (HMES Albion)												AFRICA	2	clasp
to date		21-8-44										PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	Clasp
												" CLASP		
												WAR 1945	1	Medal
												WAR 1915		
												VERIFIED BY <u>C. M. Wright</u>		
VERIFIED BY <u>C. M. Wright</u>												DIR. OF PERSONNEL RECORDS.		



*File Copy. Captain's Office*  
*V-27989*

**TRUE COPY**  
 OF THE  
**CERTIFICATE of the Service of**

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.

*John Bernard KOSTER*

IN THE ROYAL CANADIAN NAVY *AL VOLUNTEER RESERVE*

*Esquimaux*      *Toronto, Ont.*      Official Number *V27989*

Date of Birth *30 June, 1920*      Nearest known Relative or Friend (To be noted in pencil)

Where born } Province *Ontario*      Name: *Mary*

              } Town or County *Toronto*      Relationship: *Mother*

Trade brought up to *Mechanic*      Address: *154 Roselawn Ave Toronto, Ont.*

Religious denomination *Roman Catholic*

Date passed swimming test *2 Mch '42 (Pass)*

Man's signature on discharge to pension }

**All Engagements, including N.C.S., to be noted in these Columns**

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>9 Feb '42</i>		<i>Hostilities</i>			
2.					
3.					
4.					

**Medals, Clasps, Etc.**

Date received or forfeited	Nature of Decoration	Date received or forfeited	Nature of Decoration
<i>3 Feb '44</i>	<i>C.V.S.M. &amp; Clasp</i>		
<i>3 Feb '44</i>	<i>1939-43 Star</i>		

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy .....							
On Advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>10 1/2</i>	<i>37 1/4</i>	<i>Fair</i>	<i>Blue</i>	<i>Fair</i>	<i>None</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further Description if necessary....							

C.N.S. 1243

CAUTION—This is an Official document. Any alteration made to it without proper authority will render the offender liable to severe penalties.

















CANADA

N. V. 5  
50M-1-41 (8973)  
N.S. 815-11-5

026746-1137-624

**ATTESTATION FORM**  
(HOSTILITIES FORM)

**FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE**

SURNAME KOSTER OFFICIAL NO. V27989  
CHRISTIAN NAMES JOHN BERNARD MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS	RELIGION
154 Roselawn Ave., Toronto, Ont.	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
30 June '20	Town Toronto, County York, Province Ontario.	Mother: Mary: Same address.
*Original Nationality of: Father Canadian Mother American.		

\*If not the son of natural born British parents, particulars to be given at foot of next page

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 39	Fair	Blue	Fair	None.
Inches 10 1/2	Deflated 35 1/2				
	Mean 37 1/4				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
4 years Technical	Machinist: Canadian General Electric, Ward St. Works, Toronto, Ont.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
9 Feb. '42	E.R.A. 5th	H.M.C.S. "YORK"

(B) **DECLARATION TO BE MADE BY APPLICANT**

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

\* (b) I served in.....for the period shown, and attach my record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
---	---	---	Personnel Records Division.

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

Personnel Records Division.

1. Noted in Report... L.S.

2. Index Card... JK

3. Non-Sub. Card... JK

4. Statistical Card... JK

5. Roneo Strip... MBOS

6. Pension Card...

7. ....

8. ....

DATE 17/2/42



(5) On being enrolled as a member of the..... Toronto ..... Division of the Royal Canadian Naval Volunteer Reserve, I undertake to 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 if called upon in time of war or emergency, and, if called into active service, 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 Divisional Commanding Officer or to Training Headquarters 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 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.

Dated this..... 9th ..... day of..... Feb. '42

Signature of applicant..... J. B. Koster.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this..... 9th ..... day of..... Feb. '42

.....  
Signature of and rank of Attesting Officer.  
Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, JOHN BERNARD KOSTER..... 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..... J. B. Koster.....

Witness..... J. D. Jones.....

Date..... 9 Feb. '42..... Rank..... Sub-Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

JOHN BERNARD KOSTER..... having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the..... Toronto ..... Division of the R.C.N.V.R. or in the appropriate official documents.

.....  
Attesting Officer.  
Sub-Lieutenant, R.C.N.V.R.  
R.C.N.V.R. Division  
(or other establishment) H.M.C.S. "YORK"

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

This is to acknowledge that I have not been induced to enter the..... Engine Room ..... Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

.....  
J. B. Koster  
Signature





CANADA

Can. B. 207

100 M-11-40 (7881)  
N.S. 815-2-207

026747

FEB 13 1942

113-7624

# 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 Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined John B. Koster  
candidate for entry as E.P.A. 5th V.R.  
and I believe him to be \* in all respects fit for His Majesty's Service. } He has signed  
the Certificate given below in my presence. } unfit for His Majesty's Service for the reason stated below.

† Strike out if inapplicable. \* Delete one.

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

(a) Years (Months) Age	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (1) Snellen's Types (2) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
(a)	lbs.	ft. ins.	(d)	inches (a) maximum	right eye	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
21-7	145-	5'-10 1/4	fair	39	26/20		NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL
				(b) minimum 35 1/2	left eye 20/20									
				(c) mean 37 1/4	*colour vision									
					NORMAL									

\*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

Albumen Neg

X-ray

Not taken.  
Approved.  
Positive.  
Doubtful.

Write in the appropriate notation, and any remarks necessary.

### 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.

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

John B. Koster  
Signature of Candidate

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

This Candidate is the subject of.....

\* {which renders him medically unfit for service,  
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

\* Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters

Dated at Soranto the 29 of Jan 1942

J. F. M. Cormack  
Examining Medical Officer  
SURGEON LIEUT. R. C. N. V. R.  
(Rank).....



ESTATES BRANCH

H.Q.N.S.V-27989 FD.780

9th November, 1945.

Mrs. Mary Koster,  
154 Roselawn Avenue,  
Toronto 12, Ontario.

KOSTER, John B., E.R.A.4/c (Deceased)  
No. V-27989, R.C.N.V.R.

Dear Mrs. Koster:

Distribution can now be made of the amount of money here  
at credit of your late son.

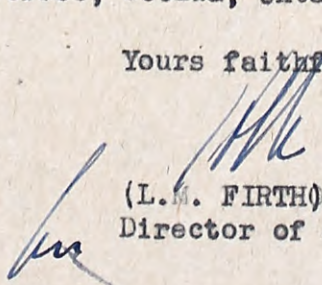
The total amount available to this Branch for distribution  
is \$1,545.88, and is made up as follows:-

Balance of pay and allowances.....	\$ 112.55
Credit for Hard Lying Money.....	3.00
War Service Gratuity .....	549.16
Balance withdrawn from Bank of Montreal, Toronto....	<u>881.17</u>
TOTAL.....	<u>\$1,545.88</u>

The whole amount will be paid to you as sole beneficiary  
named in your son's Will on file here.

Treasury has been requested to forward to you a cheque in  
the amount of \$1,545.88, and on receipt of same will you kindly sign  
and return the enclosed form to the Director of Estates, Department  
of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

  
(L.M. FIRTH) Colonel,  
Director of Estates.

HRW:MS  
Encl.1



**DISTRIBUTION OF SERVICE ESTATES**  
**NAVY**

Estates Form "P. 4"  
HG

Name..... **KOSTER** ..... **John B.** ..... No. **V.27989**  
Surname Christian Names

Rank **E.R.A. 4/c.** Unit **R.C.N.V.R.O/S** Date of Death **21-8-44**

AMOUNT	<b>W.S.G.</b>	<b>549.16</b>
	L.P.C.....\$	<b>115.55</b>
Date..... <b>24-10-45</b> .....	Other Credits.....	<b>881.17</b>
	Total.....	<b>1545.88</b>

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p><b>Mrs. Mary Koster,</b> <b>154 Roselawn Ave.,</b> <b>TORONTO 12, Ont.</b></p> <p align="center"><b>(Sole beneficiary under will)</b></p> <p align="right"><i>R-</i></p>	<b>\$1545.88</b>

P4 TO TREAS. 12-11-45 *AW*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<b>831</b>	<b>00</b>	<b>50</b>	<b>000</b>	<b>\$1545.88</b>
CLASSIFIED BY			EXAMINED BY		
<i>0</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

*[Signature]*

(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer



( Information extracted from Naval Service Headquarters' Records.)

Four copies to be rendered to Naval Service Headquarters

37

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

H.M.C.S. ~~NAVY~~ NAVAL SERVICE HEADQUARTERS at OTTAWA, Ont.

Name **KOSTER John Bernard**  
(Christian names in full)

Rank of Rating **Engine Room Artificer 4th Class** Official No. **V-27989 R.C.N.V.R.**  
(If unknown, date of first entry)

Place of Birth **Toronto, Ontario,** Date of Birth **30th June, 1920**

Occupation in Civil Life **Machinist** Religion **Roman Catholic**

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) **2 years and 6 months**

Date of Death **21 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. Mary Koster** Relationship **Mother**  
Address **154 Roselawn Ave., TORONTO, Ont.**

Date on which the above was informed by Ship **Naval Service Headquarters** **23 Aug. 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 invalided.....

ENTERED IN  
B.M.P.A.'s LOG FC  
MR. 9/45  
E.L.

Commanding Officer,  
OTTAWA, Ont. 28 February 1945

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

*H.B. Money*  
FOR.....  
SECRETARY, NAVAL BOARD. e

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.



MG

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

312 2  
 NAVY

DECEASED  
MEMBER'S  
NAMEJohn Bernard  
(CHRISTIAN NAMES)

KOSTER

REGISTER NO.

8376

FILE NO.

NSV27989

DATE

25 July/45

PAYEE

Director of Estates

for Service Estate of

SERVICE NO.

V-27989

ADDRESS

308 Sparks Street,  
Ottawa, Ont.

John B. Koster

FINAL RANK OR RATING

E.R.A. 4/C

DATE OF TERMINATION OF OVERSEAS SERVICE

21 August/44

DATE OF DISCHARGE

21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 924 EQUAL TO 30 COMPLETE PERIODS AT \$7.50

225.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 745 LESS 24 INELIGIBLE DAYS, EQUAL TO 721 DAYS @ 25C. PER DAY

180.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 3.05  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$ 1.45

ADDITIONAL PAY

H L M \$ .30

1 Cert \$ .25

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

NIL \$ NIL

TOTAL \$ 5.05 X7 = \$ 35.35

NO. OF DAYS 745 X \$ 35.35

143.91

D. WAR SERVICE GRATUITY

549.16

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ NIL

F. TOTAL AMOUNT PAYABLE

NPK 40  
549.16

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 549.16

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

LJM

TREASURY

CHECKED BY

DATE

24/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.



# ACCOUNTS OF MEN DISCHARGED



Account of the Balance of Wages, the Sale of Clothes and Effects  
and the other Credits of Men Discharged to the  
Shore, D. D. or Run

Name KOSTER, John Rating E.R.A. 4/c  
 Official No. V 27989 H.M.C.S. NIOBE for ALBERNI List 12.1/2  
 Who\* Discharged Dga d on the 21st August 19 44

	\$	cts.	
Net sum due on ledger on account of Wages.....	112	55	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
Cash deposited by official Receipt No.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <u>Seventy Dollars</u> charged to <u>31 Aug.</u>			
Name of ship from which transferred.....			
Total† <u>Creditor</u>	112	55	++

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of Niobe for Alberni amounting to a net balance† Creditor of One Hundred, Twelve dollars Fifty-five cents.

Dated on board H.M.C.S. Niobe at Greenock Scotland this fifteenth day of May 1945.

Approved [Signature] Accountant Officer  
A/Commander(S) RCNVR  
[Signature] { Initials of the Assistant Accountant Officer  
Lieutenant (S) RCNVR  
[Signature] Commanding Officer.

[Signature]  
A/CAPTAIN, RCNVR

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate

No..... to.....

Signature.....

Date..... 19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
 §Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

**C.N.S. 46**

**++ The above sum has been recovered by Niobe  
 March Cash Acct. Receipt Voucher N-R-1520.**







STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "ALBERNI" ending 31 MARCH 1945

List 12-1 No. 2 (Name) KOSTER, John Rank Rating EPA 4 No. V-27989

When entered F.B. Date of appearance ----- Whither discharged D.D.

	\$	c.
CREDIT from former account		
For mer Book		112.55
Pay as (Rank Rating) from _____ to _____ ( _____ days at \$ _____ a day)		
" " " " ( " " )		
" " " " ( " " )		
" " " " ( " " )		
" " " " ( " " )		
Kit Upkeep Allowance		
OTHER CREDITS:		
Total credits		112.55

DEBT from former account

PAYMENTS:-	1st	2nd	3rd	4th	5th	Total	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month	Niobe March Cash Acct. Receipt Vr. NR-1520					Total	112.55
2nd month						Total	
3rd month						Total	
Allotment							
Pension deduction (Officers) charged to _____ of _____							
Hospital stoppages							
Mulcts							
OTHER CHARGES:							
							112.55
							Nil
							(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above Nil

Not Victualled	Lent, Sick or Leave	Inclusive Date		No. of Days	Ship, Hospital, etc., in which borne
		From	To		

Date 18 May 1945

*[Signature]*  
Lieut(S) RCNVR, for Accountant Officer

Ledgers  
R. *[Signature]*  
F. *[Signature]*



33484

NATIONAL DEFENCE  
FEB 27 1959  
3-K-6315  
CANADA (15)

IN THE NAME OF GOD, AMEN

I, John Bernard KOSTER, E.R.A. 5th, R.C.N.V.R. of His Majesty's Ship H.M.C.S. "YORK" (now a Patient\* in ),

\*If in Hospital or in Hospital Ship. Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees. See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my mother: Mrs. Mary Koster, 154 Roselawn Ave., Toronto, Ontario,

20246

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint my sister: Miss Agnes Koster, 154 Roselawn Ave., Toronto, Ontario,

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at Toronto, Ontario, hereunto set my hand, this ninth day of February, in the Year of Our Lord One Thousand Nine Hundred and forty-two.

J. B. Koster

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

Joseph Beech  
W. H. Johnson

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

in Service  
Records by...



## Instructions for filling up the Form

---

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

---

## CERTIFICATE

---

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

..... *A. M. G. Brown* ..... { Signature of the person  
by whom the Will was prepared.



Mrs. Mary Koster

154 Roselawn Ave.,

TORONTO, Ont.

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. N.S. V-27989 FD-780

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

4 Jan 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

KOSTER John Bernard E.R.A. 4

V-27989 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.

HRW/bwr

*A. Wade*  
Commander  
*RCNVR*  
for Director of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	✓		
2	Children of the Deceased and dates of their Births.....	✓		
3	Father of the Deceased.....	Michael Koster	59	154 Roselawn Ave Toronto Ont
4	Mother of the Deceased.....	Mary Koster		154 Roselawn Ave Toronto Ont
5	Brothers of the Deceased	Full Blood	✓	
		Half Blood	✓	
6	Sisters of the Deceased	Full Blood		
		Half Blood		
		Mrs E. F. Shannon		154 Roselawn Ave Toronto Ont
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	



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Bernard Koster
9	Date of his birth.	June 30 <sup>th</sup> 1920
10	Place and date of his marriage.	✓
11	Place and date of his parents' marriage.	Feb. 1915 Buffalo N.Y.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Toronto Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) County of York (c) (d) all his life
14	Nature of employment before enlistment.	Tool designer
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Toronto Ont

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Cannot say
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?	✓
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?	Bank of Montreal Yonge & Roselawn Ave Toronto Ont \$876 <sup>00</sup> No Yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$30 <sup>00</sup> Bank of Montreal
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$100 bearer. Bank of Montreal
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Ins. Company two \$25 <sup>00</sup> policies to mother Mrs Mary Koster
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	✓

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	✓
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.	✓

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

(PLEASE TURN OVER)



DECLARATION

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

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

\* Mother of the deceased.

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

(Mrs) Mary Koster Signature of Informant  
154 Rosebawn Ave Toronto Ont Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Mary Koster is the Mother of the Deceased

\*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 Toronto this 11th day of January 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Arthur H. Searle Qualification Commissioner  
Address 223 Prescott Ave Toronto, Ont.

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



PARTICULARS OF DEAD OR MISSING PERSONNEL  
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member John Bernard KOSTER Rank or Rating E.R.A. 4/C O.No. V27989

1. Dependents' Allowance and Assigned Pay in force at date of death:  
D.A. — Mrs Mary KOSTER (MOTHER)  
A.P. \$ 70.00 154, Roselawn Ave.  
Toronto, Ont.  
D.A. —  
A.P. —

2. Pension awarded or being awarded to: no record

3. War Service Gratuity Application(s) received from: Mrs Mary KOSTER.  
154, Roselawn Ave.  
Toronto, Ont

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

( ) To be paid to: In the proportion of: /

- and -

to: In the proportion of: /

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

X Group "B" (ii)  
~~Group "C"~~ of the above mentioned Directive.

Date 19 apr '45

[Signature]  
for D.V.P.A. (G) DNJ











CERTIFICATES OF CAPABILITY OF  
ENGINE ROOM ARTIFICERS

COPY

This is to certify that KOSTER J.B. (Name)

A/E.R.A. 4/c (Rating) O.N. V-27989

Before confirmation  
to E.R.A., 4th Class

(1) Is capable of taking charge of a watch in  
the Stokehold; has proved himself an efficient  
workman, and is deserving of confirmation.

*[Signature]* Engineer  
Officer

Approved:

*[Signature]* CAPTAIN

H.M.C.S. "STADACONA"

Date: 10-11-43

Noted on "STADACONA" 249a

folio No. 45754 dated 19-11-43

Before advancement  
to E.R.A., 3rd Class

(2) Is capable of taking charge of a watch in  
the Engine Room of a small ship; of readily  
taking and working out indicator diagrams,  
or reading torsion meter and calculating the  
H.P. developed.

Approved:

*[Signature]* Engineer  
Officer  
CAPTAIN

H.M.C.S. ....

Date: .....

Before advancement  
to Chief E.R.A., 2nd  
Class

(3) Is in all respects capable of taking  
charge of the machinery in a small ship;  
is considered fit for the rating of Chief  
E.R.A., and is recommended for this advance-  
ment.

Approved:

*[Signature]* Engineer  
Officer  
CAPTAIN

H.M.C.S. ....

Date: .....

Before advancement  
to Warrant Rank,  
Service required:  
6 years with con-  
tinuous "V.G."  
character in E.R.A.  
rating (3 at sea).

(4) Is in all respects capable of taking  
charge of the machinery in a small ship; is  
considered fit in every respect for advance-  
ment to Warrant Rank, and is recommended for  
this advancement.

Approved:

*[Signature]* Engineer  
Officer  
CAPTAIN

H.M.C.S. ....

Date: .....

NOTE: -- Each certificate granted is to be noted on Service Certifi-  
cate. The Depot is to be informed as soon as each certifi-  
cate is granted.



# APPLICATION FOR, AND REPORT OF RESULT OF, PROFESSIONAL EXAMINATION

FOR RATING OF *A CLASS CONFIRMATION ERA*

## I. APPLICATION FOR EXAMINATION

H.M.C.S. *A.L.BERNI*

Name of Candidate (in full) *KOSTER, JOHN BERNARD*

Present rating *ERA A/4c* Official No. *Y27989*

Date of application for Examination *DECEMBER 27 1943*

Date of recommendation for Examination (if for M.A.A.)

Date and particulars of previous failures *Nil*

The candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.

To <sup>*C.E.O.*</sup> ~~*The Commanding Officer*~~  
~~*H.M.C.S. Stadacona*~~  
COMMAND ENGINEER OFFICER  
HALIFAX, N.S.

*San W. Bell* *R/H. Cdr.*  
Captain. [P.T.O.]



II. RESULT OF EXAMINATION

WE CONSIDER the Candidate ~~to have failed~~ <sup>(to be qualified)</sup> professionally for the rating of..... E.R.A. 4/C

REMARKS:—(Whether passed a V.G., ~~Good or Fair~~ Examination, or if not passed, particulars of his deficiency.)

A VERY GOOD EXAMINATION

Noted on "STADACONA" 249a  
folio No. A8706 dated 10/2/44

DATED on board H.M.C.S. "STADACONA"

at HALIFAX on the 31st of January 19 44.

*R. W. Dawes* (R.W. Dawes)  
Eng. Commander, R.C.N. (T)

Signatures and Ranks  
of Examining Officers  
(as laid down by the Regulations).

Engineer Captain, R.C.N.  
Command Engineer Officer  
JAN 31 1944  
H. M. C. DOCKYARD  
HALIFAX, N.S.

*F. H. Jefferson*  
Engineer Captain, R.C.N.,  
COMMAND ENGINEER OFFICER

Candidate's Signature in full *J. B. Koster*

(Duplicate). Forwarded. The necessary action has been taken on the original certificate in accordance with K.R. & A.I., Art. 606, Cl. 17 and Art. 1700, Cl. 17.

To the Commanding Officer,  
R.C.N. Barracks,

*Edward C. White*  
Captain.

H.M.S.....

.....19.....

NOTE.—This form is to be used for examinations for all ratings, except in cases where special forms are provided, or where examinations of several ratings are held at one centre and the complete results are promulgated in one statement. Applications are to be submitted to the Administrative Authority in duplicate, at least one week before the examination is due, together with Service Certificate (or Certified Copy) and History Sheet. On completion of the examination, the original form is to be given to the candidate and the duplicate sent to his Depot.

*Place with S/C.*



J. B. KOSTER

NAME (Print)

ERA 4/c

RANK OR RATING

V-27989

O.N.

ALBERTA

SHIP

## QUALIFICATIONS FOR AWARD CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)

- (a) **MEDAL** Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*
- (b) **CLASP** A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

## QUALIFICATIONS FOR AWARD 1939-1943 STAR (N.O. 3287)

1. Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

- (a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.
- (b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.
- (c) From the 10th of June, 1940, anywhere at sea.

2. Personnel granted an Honour, Decoration or Mention in Despatches for Service afloat prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

I Hereby Declare That I Qualify For:

- (a) Canadian Volunteer Service Medal Ribbon.  
(b) Canadian Volunteer Service Medal Clasp.  
(c) 1939-1943 Star.

To be struck  
out if not  
applicable.

Details of my qualifications are as follows:

SHIP OR PLACE	DAY, MONTH, YEAR		AREA
	FROM	TO	
YORK	10 Feb 42	11 Feb 42	Atlantic Ocean Mediterranean Sea United Kingdom Waters
Naden	12 Feb 42	11 April 42	
Stadacona	12 April 42	7 Aug. 42	
Alberta	8 Aug 42	31 Dec. 43	

*John B. Koster*

Signature of Officer or Rating making Declaration

In view of "STADACONA" 2492

folio No. 3-2-44 dated 3-2-44



058426

FORM "B"

FILE: N.S. V-27989 Per (N)

42

**C. R.**  
**P. A.**  
**NAVAL TREASURY**  
 DATE 16/1/45  
 INITIAL D.L.R.

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -  
Ottawa, Canada.

<sup>26</sup>  
DEC 16 1944  
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
KOSTER, John Bernard	Engine Room Artificer Fourth Class	V-27989, R.C.N.V.R.

DATE OF ENLISTMENT - 9 February 1942. Active Service: 10 February, 1942.

DATE OF DISCHARGE - 21 August 1944.

HOSPITAL -  
(If discharged in hospital under jurisdiction of D.P. & M.H.)

SERVICE - CANADA & HIGH SEAS  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead. He was serving in H.M.C.S.  
when and where any disability was incurred, or where death occurred. "ALBERNI" which was sunk in the English Channel.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -  
RELATIONSHIP - Mother NAME - Mrs. Mary Koster

ADDRESS - 154 Roselawn Avenue, Toronto, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

113-K-624

*Form*



REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	<i>Nil</i>	<i>\$ 70.00</i>	<i>\$ 70.00</i>
To Whom Paid:	<i>Mrs. Mary A. Koster</i>		
Address:	<i>154 Roselawn Ave., Toronto, Ontario</i>		
Date of Enlistment:	<i>See other side</i>		
Date of Discharge:			
Inclusive date to which D.A. and/or A.P. was Paid:	<i>Aug 31/44</i>		
The final deduction of Assigned Pay for	<i>\$ 70</i>		
has been made for the period from 1st to	<i>31<sup>st</sup></i>	of	<i>Aug 1944</i>

Remarks:

Computed by.....*J 16/1/45*.....  
 Checked by.....*JMG*.....

*Alec J. Boswell*  
 for  
 Chief Treasury Officer,  
 DEPARTMENT OF NATIONAL DEFENCE,  
 (Naval Service).

The Secretary, The Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ontario.



FORM 6

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 ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of.....  
 { If in City, Town or Village..... Street..... House No.....  
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
 (a) In City, Town or Township where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED KOSTER John Bernard  
 (Family name) (Given name or names in usual order)

RESIDENCE No. 154 Street Rosalawn Ave. City, Town, Village or Township Toronto Province Ontario.  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <b>Male</b>	5. Nationality (Citizenship) <b>Canadian</b>	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <b>Single</b>
-----------------------	--	------------------	---

8. BIRTHPLACE Toronto, Ontario.  
 (Province or Country)

9. DATE OF BIRTH June 30 1920  
 (Month) (Day) (Year)

10. AGE in { Years Months Days If less than one day old  
22 2 hrs. or min.

11. Trade, profession or kind of work as Machinist  
 spinner, teamster, office clerk, etc.

12. Kind of industry or business, as Can. General Electric  
 mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation..... 14. Total years spent in this occupation.....

15. If married give name of wife or husband of deceased.....

16. NAME.....

17. BIRTHPLACE.....  
 (Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE.....  
 (Province or Country)

20. Person giving information sign here. Paymaster-Commander, RCNR  
 Address Naval Service Headquarters, Ottawa, Ont.  
 Relationship to deceased Director of Personnel Records.

21. Place of Burial, Cremation or Removal No Burial  
 Date of burial or removal.....

22. Burial Permit was issued by.....  
 Address.....

23. UNDERTAKER.....  
 (Name and address)

### MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 1944  
 (Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:  
 ..... 19..... to..... 19.....  
 and last saw h..... alive on..... 19.....

#### CAUSE OF DEATH

I. Immediate cause	PHYSICIAN
(a) <u>Missing, presumed dead. He was serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel.</u>	Underline the cause to which death should be charged statistically
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.	
(a).....	
(b).....	

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance..... 19.....  
 (b) Duration of disease..... days

27. If a woman, was the death associated with pregnancy?.....

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

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

Signed by..... M.D.  
 Address..... Date..... 19.....

30. Division Registrar's Record No.....

31. Filed..... 19..... (Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD



MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Mary Koster - Mother

ADDRESS: 154 Roselawn Ave.,  
TORONTO, Ont.

MEMORIAL BAR

DATE DESP  
(1)

REGN. NO. 2015  
~~CANCELLED~~

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. M. Koster

ADDRESS: 154 Roselawn Avenue  
TORONTO, Ontario

(3)

17 January 1945



DECEASED 21 August 1944

AWARDS NAVY

D.D.

KOSTER	John Bernard	V-27989	ERA.4	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	1440 7-10-49
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

03-06720

M



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EMC

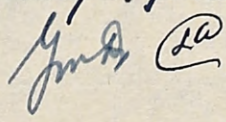
35

N.S. V-27989 PERS. (N)

2 March, 1945.

THIS IS TO CERTIFY that according to official information John Bernard Koster, Engine Room Artificer Fourth Class, Official Number V-27989, 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.











142477

28

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

N.S. V-27989. PERS.(N)

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

My dear Mrs. Koster:

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 husband was one of the most reliable and well liked men I have ever served with. He has been with me for a long time now 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 Toronto 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. Mary Koster,  
154 Roselawn Ave.,  
TORONTO, Ont.



12

# Passing Certificate

This is to Certify

that John Bernard KOSTER,

Rating E.R.A.5/c, R.C.N.V.R. Official Number V.27989

has passed

**THE EDUCATIONAL TEST, I, R.C.N.**

held on 17th March, 1942.

For advancement to Petty Officer

R  
Naval Secretary  
A/Commander R.C.N.V.R.  
Director of Education.

Department of National Defence,

Ottawa, this 1st day of April 1942.

Noted in Service  
Records by [Signature]



026748 FEB 13 1942  
1137624

# 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 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 **John Bernard KOSTER** (b) Reg'l. No. **V27989**
2. (a) Arm of service **Navy** (b) Unit **H.M.C.S. "YORK"** (c) Rank **E.R.A. 5th**
3. (a) Date of birth **30 June '20** (b) Have you any dependents? **No.** (c) Place of residence at time of enlistment **Toronto, Ont.**
4. (a) Place of enlistment **Toronto, Ont.** (b) Date of enlistment **9 Feb. '42**

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **20 years** (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.) **4 years Technical**
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? **Tool & Die maker** (c) Did you finish it? **No.** (d) If you did not finish it, how long did you serve at it? **1 1/2 yrs.**
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? **None.**

## 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 **Canadian General Electric Co.** 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.) **Electrical Appliances**
20. (a) Your specific occupation **Machinist** (b) Number of years' experience at this occupation with any employer **1 1/2 years.**
21. (a) Did your employer promise definitely to give you employment on discharge? **Yes.** (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? **None.** (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.

DATE **9 Feb. '42** SIGNATURE **J. B. Koster**





COPY TO  
VWD  
ES

FEB 20 1942



NAVAL SERVICE

JAN 17 1942

N. V. 3a

OFFER OF SERVICE (HOSTILITIES ONLY)

62-45K

30M-7-41 (1262)

N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

M 6817

2

A. Personal History—

Name *KOSTER John Bernard* Mo. *6239*  
Surname (in Block Letters) Christian Names Telephone No.

Address *154 Roselawn Ave Toronto York Ontario*  
Number Street Town or City County Province

Date of birth *June 30, 1920* Place of birth *Toronto, Ontario*

Nationality *Canadian* Are you British by birth? *Yes* or by Naturalization?

Birth place of (a) Father *Breckin, Ont.* (b) Mother *Buffalo, U.S.A.*

Are you (a) Single *Yes* (b) Married (c) Widower (d) No. of Children?

Any physical defects (especially eyesight)? *None*

Height *5' 10 1/2"* Weight *156* Can you swim? *Yes*

B. Education—

Highest school grade passed successfully? *4 years Technical* Any Matriculation? *3 years*

University: (a) Name (b) Years attended (c) Course and Degree

Technical courses taken *Machine Shops*

Special studies *Machine Drafting, Trigonometry*

Languages spoken *English*

C. Sea Experience—

Have you ever been employed at sea? Give number of years and how employed?

Name and number of Mercantile Marine Certificates held

State last position held at sea (with dates)

State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life?

*Tool and Die Maker*

Are you (a) Actively pursuing your profession or trade on your own account? *Yes*

(b) Employed; if so, in what capacity and under what employer? *Canadian General Electric Co. Ward St. Works*

General experience (with dates) *Employed with the Carboloy Co. of Canada from July 12, 1940 to Oct. 20, 1940. Canadian General Electric in Tool Room up to the present*

Have you ever served in any of His Majesty's Forces? If so, which? How long?

No. and Class of any Stationary Engineer's certificates or other certificates of competency

How long would you need to settle up your private affairs? *2 weeks*

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

F. Branch Applying for: (a) As Officer (b) As Rating (i.e., in the ranks)

If you cannot be accepted as an Officer are you willing to serve as a rating?

In what capacity do you wish to enrol? *Engine Room Artificer*

Date of Application *Dec. 21, 1941* Signature *J. B. Koster*



## RECRUITING CENTRES

Applicants should apply to the nearest centre.

### NOVA SCOTIA—

- (a) Royal Canadian Naval Barracks..... HALIFAX, N.S.
- (b) The Registrar, R.C.N.R..... Shipping Master's Office or P.O. Box 992, HALIFAX, N.S.

### PRINCE EDWARD ISLAND—

- (a) Naval Barracks ..... Simms Building ..... CHARLOTTETOWN, P.E.I.
- (b) The Registrar, R.C.N.R..... c/o N.A. Life Insurance Co.,  
or P.O. Box 271..... CHARLOTTETOWN, P.E.I.

### NEW BRUNSWICK—

- Naval Barracks ..... 221-223 Prince William St.  
Mail Address, P.O. Box 1077..... SAINT JOHN, N.B.

### QUEBEC—

- (a) Naval Barracks ..... 322 St. John St..... QUEBEC, P.Q.
- (b) Naval Barracks ..... 1464 Mountain St..... MONTREAL, P.Q.
- (c) The Registrar, R.C.N.R..... Marine Department or P.O. Box 265..... QUEBEC, P.Q.
- (d) The Registrar, R.C.N.R..... 167 Common St..... MONTREAL, P.Q.

### ONTARIO—

- (a) Naval Barracks ..... 72 Queen St..... OTTAWA, ONT.
- (b) Naval Barracks ..... Richardson Bldg., Princess St..... KINGSTON, ONT.
- (c) Naval Barracks ..... 165 Lakeshore Blvd..... TORONTO, ONT.
- (d) Naval Barracks ..... Cor. Stuart & McNab Sts..... HAMILTON, ONT.
- (e) Naval Barracks ..... (Carling Block, Richmond St.),  
433 Richmond ..... LONDON, ONT.
- (f) Naval Barracks ..... 2462 Howard Ave..... WINDSOR, ONT.
- (g) Naval Barracks ..... 232 Cooke St..... PORT ARTHUR, ONT.

### MANITOBA—

- Naval Barracks ..... 583 Ellice Ave..... WINNIPEG, MAN.

### SASKATCHEWAN—

- (a) Naval Barracks ..... The New Armouries..... REGINA, SASK.
- (b) Naval Barracks ..... 1st Ave. and 25th St..... SASKATOON, SASK.

### ALBERTA—

- (a) Naval Barracks ..... 9722-102nd Avenue..... EDMONTON, ALTA.
- (b) Naval Barracks ..... 337-7th Ave. West..... CALGARY, ALTA.

### BRITISH COLUMBIA—

- (a) Naval Barracks ..... Old Yacht Club, Stanley Park  
Mail Address: 408 Marine Bldg..... VANCOUVER, B.C.
- (b) Royal Canadian Naval Barracks..... ESQUIMALT, B.C.
- (c) The Registrar, R.C.N.R. .... 337 Federal Building ..... VANCOUVER, B.C.
- (d) The Registrar, R.C.N.R..... 964-11th Ave. East..... PRINCE RUPERT, B.C.



V27989

OFFICIAL NUMBER

NAME (Surname)

KOSTER

(Given Names)

John Bernard

OFFICIAL NUMBER

V27989

P.I.B.

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
York	E.R.A. 5/c	9	2	42	Toronto Div. Str.	V.G.	Supr.	31	12	42							
"	E.R.A. 5/c	10	2	42	Active Service	V.G.	Supr.	31	12	43							
Naden	E.R.A. 5/c	12	2	42		V.G.	Supr.	21	8	44							
Stadacona	E.R.A. 5/c	12	4	42	1692328												
Alberni	"	8	8	42	100-#21005												
"	A/E.R.A. 4/c.	7	12	42	RATED (249A, 14942)												
"	E.R.A. 4/c.	31	1	44	CONF. (249A, 14942)												
DISCHARGED	"	21	8	44	Missing Per Casualty List. (249A, A22986)												
		21	8	44	Presumed DEAD. (249A, A59556)												

GENERAL REMARKS

Reported missing 21/8/44 -  
(249A-A 22986)

Awarded Canadian Memorial Cross to  
Mother: Mrs. Mary Koster,  
154 Roselawn Ave.,  
Toronto, Ont.  
dated 17 Jan., 1945.

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
20	6	20	11	270	X	10	5	156	14	0	25	0	35	96
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	
09	02	42	10	02	42					1520	0	35	95	
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.	843 1/10 540			173 792				
31	01	44	13	00	00		CKU.							



V27989

OFFICIAL NUMBER

FILE NUMBER

115-K-624

OFFICIAL NUMBER

V27989

NAME

KOSTER  
(Surname)John Bernard  
(Given Names)

DATE OF BIRTH 30 June, 1920

PLACE OF BIRTH Toronto, Ont.

OCCUPATION Machinist

RELIGION R.C.

EDUCATION 4 Yrs. Tech.

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

154 Roselawn Avenue

Town

Toronto

Province, etc.

Ont.

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
9	2	42	H.O.	5'10 <sup>1</sup> / <sub>2</sub> "	Fair	Blue	Fair	None				

NEXT OF KIN, RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
3	2	44	C.V.S.M.(R & C) & 1939-1943 Star.	2	3	42	P.P.T. 'Fair'
				17	3	42	Passed E.T.I., R.C.N.
				10	11	43	Granted Stokehold W/K Cert.
				10	11	43	Granted BoilerRoom W/K Cert.
				31	1	44	Qual. ERA 4/c (Conf)

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

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

FILM  
NO. WAA 5538-1  
DATE

Date (in figures)

DAYS FORFEITED

Day Month Year

Prison

Det'n

Cells

C. Power

W. Trial

In diff. Char.

O.H.F. Rec.

Ins. Book- Toronto, Ont.

Last Will &amp; Testament Dated 9-2-42 Rec. #20346

SECOND CLASS FOR CONDUCT

From

To

