V17380
PAITHOWSKI
MICHAEL JOSEP

LA/ERM

21

REGISTERED

AIR MAIL

N.S. V-17380PERS(N)

7 December, 1944.

Dear Mrs. Paithowski:

Further to my letter of the 29th of November, 1944, details of the disaster in which your husband has been reported missing are now being released.

H.M.C.S. "SHAWINIGAN", a Royal Canadian Navy corvette, was lost while on operational duty at sea. Seven officers, including her Captain, Lieutenant W. J. Jones, R.C.N.R., and seventy-eight ratings are missing. The bodies of five other ratings have been recovered and identified. There are no known survivors.

It is requested that you will regard this information as confidential until an official announcement is made.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Victoria Paithowski,
332 Confederation Street,
SARNIA, Ont.

ABL/C

66

REGISTERED
N.S. V-17380 PERS. (N) "N" 5.

28 August, 1945.

Dear Mrs. Paithowski:

Further to my letter of the 15th of February, 1945, the Department is now able to release additional information regarding the loss of your husband's ship and I am accordingly passing on the following particulars which will, no doubt, be of interest to you.

H.M.C.S. "SHAWINIGAN" sailed from Sydney, N.S., on the 24th of November, 1944, to escort a merchant ship to Port Aux Basques, Newfoundland, and arrived off Port Aux Basques that night. In accordance with orders she was then to carry out a patrol in the area for the duration of the night, after which she was to meet the same merchant ship the next morning and return with her to Sydney.

The merchant ship arrived in Sydney unescorted on the night of the 25th of November and after it was ascertained that "Shawinigan" had not appeared at the designated rendezvous to provide escort as instructed, searches were instituted and "Shawinigan" was discovered to be missing.

It was the opinion of the Department at the time that the ship had been torpedoed by an enemy submarine during the night of the 24th/25th of November, 1944, as submarines were known to be operating in that area; and this has since been confirmed from German evidence. Although no survivors were found, a few bodies were recovered by later searches, due to tidal movements, some distance from the area in which "Shawinigan" was known to be operating. As a result, the position of the sinking can not be exactly ascertained, although from German evidence and the Department's computation, it is estimated to be in the vicinity of the three mile limit off Channel Head, near Port Aux Basques, Newfoundland.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Despatched by
Sec. N. B.

Date 30.8.45
Time 1615

Approval on N.S.O-3690, F.D. 76
See also N.S.S. 1156-331/93

Mrs. Victoria Paithowski,
215 Confederation St.,
Sarnia, Ont.

REGISTERED

, 28 August, 1945.

N.S. V-17380, F.D. 276
PERS. (N) "N" 5.

Dear

LA/CC

REGISTERED

AIR MAIL

N.S. V-17380 PERS. (N)

31

15th February, 1945.

Dear Mrs. Paithowski:

Further to my letter of the 7th of December, 1944, I regret to inform you that in view of the length of time which has elapsed since your husband, Michael Paithowski, Stoker Petty Officer, Official Number V-17380, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "SHAWINIGAN", 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 24th of November, 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 husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Victoria Paithowski,
332 Confederation St.,
SARNIA, Ontario.

Despatched by
Sec. N. B.

Sp'oon
Date 15.2.45
Time 1800

HS

20

OTTAWA, Ont., 2nd December, 4.

N.S. V-17360, PERS. (N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name ... PAITHOWSKI ..... Michael .....
(Surname) (Christian Names)

Rank/Rating ... Stoker Petty Officer .....

Official No. ... V-17360 ..... R.C.N.V.R. .....

Nature of Casualty "MISSING" at sea since 24 November, 1944.

Date of Casualty ... Will be reported later .....

Address at time of Enlistment ... 589 S. Vidal St. .....

..... Sarnia, Ont. .....

Marital Status at time of Enlistment ... Single .....

Occupation ..... Fireman .....

Name & Address of Next of Kin ... Wife: Mrs. Victoria Paithowski,

... 332 Confederation Street, Sarnia, Ontario. .....

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

B.T. 2/1/45
D.P.R./5

TFH/MG

LA/MG

REGISTERED
AIR MAIL

N.S. V-17380 (Pers.)

29th November, 1944.

Dear Mrs. Paithowski:

It is with deepest regret that I must confirm the telegram of the 29th November, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Michael Paithowski, Stoker Petty Officer, Official Number V-17380, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your husband is missing at sea when the ship in which he was serving was lost. Please be assured, however, that as soon as further particulars can be released, you will be informed.

It is regretted that slight hope is held for your husband's survival. When it is considered, beyond all reasonable doubt, that no further hope exists and should no information be received to the contrary, an official presumption of death will be made by the Canadian Naval Authorities.

It is requested that, for security reasons, you regard the name of the ship in which your husband was serving, as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Victoria Paithowski,
332 Confederation Street,
Sarnia, Ontario.

D.P.R./5-2

LA/JM
FORM "B"

FILE: N.S. V-17380 Pers.(N)

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

FEB 15 1945
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
PAITHOWSKI, Michael	Stoker Petty Officer	V-17380 R.C.N.V.R.

DATE OF ENLISTMENT - 23rd January, 1941

DATE OF DISCHARGE - 24 November, 1944

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

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

Reason for discharge and - when and where any disability was incurred, or where death occurred.

Missing, presumed dead when the ship in which he was serving, H.M.C.S. "SHAWINIGAN", was lost while on operational duty at sea.

(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 - Wife NAME - Mrs. Victoria Paithowski

ADDRESS - 332 Confederation Street, SARNIA, 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 separtion Agreement, etc., to be furnished.

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

REMARKS:.....

.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
...ctoria Paithowski,	Wife.		
...hn M.	Son.		22-8-44

	D. A.	A.P.	TOTAL
Monthly rate:	51.12	40.00	91.12

TO Whom Paid: Mrs. Victoria Paithowski. Address 332 Confederation St., Sarnia, Ont.

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid: 30th November, 1944.

The final deduction of Assigned Pay for 40.00 has been made for the period from 1st to 30th of November, 1944

Remarks:

Computed by L. Henderson

Checked by .... [illegible]

Alex L. Boswell

for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

CANADA

Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-17380 Pers. (N)

OTTAWA, Ont., FEB 15 1945 194

031872

Sir:

In accordance with Naval Order No, 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

ESTATES BRANCH FEB 23 1945 H.Q. OTTAWA NATIONAL DEFENCE

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
PAITHOWSKI, Michael Stoker Petty Officer, O.N. V-17380, R.C.N.V.R.	Missing, presumed dead when H.M.C.S. "SHAWINIGAN" was lost while on operational duty at sea, on 24th November, 1944.	Wife: Mrs. Victoria Paithowski, 332 Confederation Street, SARNIA, Ontario.

ALLOTMENTS IN FORCE

	In Favor of	Amount	Initials
1.	Mrs. Victoria Paithowski, (Wife) 332 Confederation St., Sarnia, Ontario	D.A. 51.12 A.P. 40.00 $91.12	

Allotment stopped November 30th, 1944.

WILL: No record.

Yours truly,

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

D 2258 A
1000M—11-40 (7829)
N.S. 815-5-2258

4-5

426124

Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "SHAWINIGAN" at Sea

Name PAITHOWSKI, Michael Joseph
(Christian names in full)

Rank of Rating Stoker Petty Officer Official No. V17380 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Hamilton, Ontario Date of Birth 7th December, 1917

Occupation in Civil Life Fireman C.S.L. 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) 23rd January, 1941 - 24th November, 1944

Date of Death 24th November, 1944 Place of Death At sea

Cause of Death Enemy action - lost at sea
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Paithowski, Victoria Relationship Wife
Address 332 Confederation St., Sarnia, Ontario

Date on which the above was informed by Ship Not known

Date on which death was registered with local Officials Not known

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 (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

H. Paulson.
Commanding Officer,

11th April 1945

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

Noted
D.N.P.D.
14.4.45
E.L.

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.

C.N.S. 1121
2M—5-40 (4893)
N.S. 815-9-1121

58

042035

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 PAITHOWSKI, Michael *Rating* A/Stoker Petty Officer

Official No. V-17380 *H.M.C.S.* Stadacona *List* 12-1-7

*Who** D.D. *on the* 24th November, *19* 44

	$	cts.
Net sum due on ledger on account of Wages	36	02
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, paid for in Cash, brought from the other side		
Found amongst Effects		
Debts collected §		
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) AP $40.00 charged to Oct.& Nov.		
Name of ship from which transferred SHAWINIGAN (Stadacona)		
Total† CREDITOR	36	02

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 H.M.C.S. STADACONA amounting to a net balance† CREDITOR

of Thirty-six dollars Two cents.
disposed of by Official Receipt No. 162-090690 Stad.Div.1A March/45 Quarter.

Dated on board H.M.C.S. Stadacona at Halifax, N.S.

this 13th day of April 19 45

Approved [signature] Accountant Officer
Lieut.Cmdr. (S) RCNVR Supply
[signature] { Initials of the Assistant Accountant Officer

[signature] Commanding Officer.
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

10M—10-40 (7450)
H.Q. N.S. 815-9-45

Noted
D. N. P. O.
24-4-45
C.D.

S. 1246A. (Revised—July, 1938.)
5M—7-40 (5842)
N.S. 815-9-1246a

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

(a) When a man leaves a ship after a period of not less than three months' service in her.
(b) Annually on 31st December, unless completed within the previous three months.
(c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

NAME			
Surname	Christian	Official Number	Port Division
PAITHOWSKI	MICHAEL JOSEPH	V.17380	HALIFAX

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of Commencing	Date of Completing	Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
New Entry Course					Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	5-5-41	16-6-41	(Sat)		Lieut. Cdr. (E) R.N. Engineer Officer.

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual:—Date 12-5-41 Signature and Rank:— H Brewer ~~Warrant Mechanician~~

Entered H.M. Service as Stoker 2nd Class 15-1-41
Advanced to Stoker 1st Class 16-1-42
Advanced to Leading Stoker A/(Ty) 1-2-43
Advanced to Stoker Petty Officer
Advanced to Chief Stoker

Completed 2 years' training for Mechanician R.C.N.
Rated Mechanician 2nd Class
" " 1st Class
Advanced to Chief Mechanician

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
GRANTED: Aux'Watchkeepimg Cert' (A.S. 22383)	31-10-42	Copied from S.C. W.B.	Lt. F.P. Hamm for C.O.
On completion of 3 months course of Mechanical Training, qualified for Stoker Petty Officer. Percentage of marks obtained, (Sections I & II only) 58.5%----------	10-4-44	W Boston	Lt F.P. Hamm for C.O.

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

CANADA

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

P 11482

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.....Michael Paithowski.....

‡candidate for entry as.....Stoker II.....

and I believe him to be *{in all respects fit for His Majesty's Service. / unfit for His Majesty's Service for the reason stated below.} 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.

Age {Years / Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
23 - 2	lbs. 164 lbs.	ft. ins. 5' 7¼"	Generally good	inches (a) maximum 36½ (b) minimum 33 (c) mean 34¾	right eye 20/40 left eye 20/20 *colour vision Normal	1930	Normal	Normal	Normal	Normal	Normal Rt. Mastoid scar	Normal	Normal	Normal

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

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.

M. P. Paithowski
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.....

.....

*{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 London, Ont. the 20th of January 19 41

B A Campbell
Examining Medical Officer

(*Rank*) Surg. Lieut.

N.V. 17A
75M—4-43 (523)
N.S. 815-11-17

V-17380

TRUE COPY
OF THE
CERTIFICATE of the SERVICE of

Michael Joseph PAITHOWSKI

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V-17380
Halifax, N.S.	London	"
		"

Date of Birth 7 Dec. 1917

Place of Birth Hamilton, Ontario.

Place of Residence 589 S. Vidal St. Sarnia, Ont

Trade brought up to Fireman, C.S.L.

Religion Roman Catholic

Name and Address of Nearest Relative or Friend (in pencil)

Father: Same

Same address

Can Swim:—P.P.T. ( ) Date ..... 19..... Signature .....

P.S.T. ( ) Date ..... 19..... Signature .....

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or Re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
18 Jan. '41	23 Jan. '41	Hostilities	Sto. 2

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
	1 Apl. '44	Canadian Volunteer Service Medal & Clasp
	1 Apl. '44	1939-43 Star - Prov. Award

PERSONAL DESCRIPTION

	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	7 1/4	34 1/2	164	Brn	Blue	Fresh	Rt. Mastoidectomy
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	R.C.N.V.R London		Sto. 2/c	23 Jan. '41	21 Apl. '41	
	Stadacona		—·· —	22 Apl. 41	5 July '41	
	Hochelaga		—·· —	6 July '41	6 Sep. '41	
	Lunenburg (Drumheller)		—·· —	7 Sep. '41	9 Nov. '41	
	Sydney (—·· —)		—·· —	10 Nov. '41	4 Dec. '41	
	Avalon (—·· —)		—·· —	5 Dec. '41	15 Jan '42	
	—·· — (—·· —)		Sto. 1/c	16 Jan. '42	30 Jan. '43	
	Avalon (—·· —)		—·· —	31 Jan. '43	31 Jan. '43	
	—·· — (—·· —)		A/L/Sto.	1 Feb. '43	30 Apl. '43	
	Avalon (—·· —)		—·· —	1 May '43	16 Dec. '43	
	Stadacona		—·· —	17 Dec. '43	31 Jan. '44	
	—·· —		Ldg. Sto.	1 Feb. '44	14 Apl. '44	
	—·· —		A/S.P.O	15 Apl. '44	12 June '44	
	Stadacona (Shawinigan)		—·· —	13 June '44	26 Nov. '44	D.D

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

Date	Details	Captain's Signature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS

Date	Particulars	Captain's Signature
6 June '41	Qual A/G (day)	
31 Oct. '42	Auxiliary Watch Cert	
10 Apl. '44	Qual. AA S.P.O. (Sect. I & II – 58.5%)	

RECORD OF RATING

Rated	Date	Authority for Advancement or Reason for Disrating to be stated

Name Michael Joseph PAITHOWSKI Conduct

SECOND CLASS FOR CONDUCT
(Inclusive Dates)

From	To

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
23 Jan. '44	G.C.B.	1st	Granted

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31ST DECEMBER, WHILE MOBILIZED

Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
V.G.	Sat. (Sto.2)	31 Dec. '41	
V.G.	Sat (Sto.1)	31 Dec. '42	
V.G.	Sat. (A/Ldg. Sto.)	31 Dec. '43	
V.G.	Sup (A/S.P.O.)	24 Nov. '44	

CAMPAIGN STARS, DEFENCE MEDAL, VERIFICA
NAVAL GENERAL SERVIC

NAME IN FULL PAITHOUSKI. Michael Joseph RANK/RATING ....A/...

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	T
London	23.1.41					
Drumkeller	17.9.41	16.12.43	821	Atlantic		
Kerrigan	13.1.44	24.11.44	165	Atlantic		
Struck "Dead"						
To date 24.11.44						

VERIFIED BY A. Slater.....

VERIFIED BY .....

VERIFICATION FORM

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

...Jagt...RANK/RATING ....A/S.P.O.....OFF.NO. ....V.12380.....ADDRESS .....

YS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
									1939-45	/	Star
21	Atlantic								ATLANTIC	/	Star
3	Atlantic								FRANCE G.		
									AFRICA		
									PACIFIC		
									BURMA		
									ITALY		
									DEFENCE		
									C.V.S.M.	2	& Clasp
									" CLASP		
									WAR 1945	/	Medal
									WAR 1915		

VERIFIED BY A. Hester

..

VERIFIED BY .....

.....
DIR.OF PERSONNEL RECORDS.

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

DECEASED 24 November 1944

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
PAITHOWSKI	Michael Joseph	V-17380	SPO.	FILE No.

WAR SERVICE BADGE CLASS) No Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	3592
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR "SHAWINIGAN" Dec./45.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Eloise V. Paithowski - Widow

ADDRESS: ~~332~~ 215 Confederation St., Sarnia, Ont. 24-8-48

(2) MEMORIAL CROSS

WIDOW: Mrs. V. Paithouski

ADDRESS: 215 Confederation Street SARNIA, Ontario

(3) MEMORIAL CROSS

MOTHER: ~~Mrs. M. Paithouski~~

ADDRESS: 589 S. Vidal Street SARNIA, Ontario

MEMORIAL BAR

(1) DATE DESP

REGN. NO 2224

(2) 6 April 1945

(3) 18 May 1945

V17380 OFFICIAL NUMBER | NAME PAITHOWSKI (Surname) Michael (Given Names) | P.I.B. OFFICIAL NUMBER V17380

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Div. Str. London	Stoker II	23	1	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqts.	" "	23	1	41		V.G.	Sat.	31	12	42							
Stadacona	" "	22	4	41		V.G.	Sat.	31	12	43							
Hochelaga	" "	5	7	41		V.G.	Supr.	24	11	44							
Drumheller	" "	13	9	41													
"	Stoker I	16	1	42	Rated (249A/21524)												
"	A/Ldg. Sto.	1	2	43	Rated Memo 8-3-43												
Stadacona	"	17	12	43	DND #14: P.#3. Ldg.Sto. 1-2-44. 249A(A5219)												
"	A/Sto.P.O.	15	4	44	Adv. Memo 17-5-44.												
Shawinigan	"	13	6	44	S.#193: P.#9.												
DISCHARGED	"	24	11	44	"Missing" per Casualty List.												
					"Presumed Dead" Per Casualty List. P.#129												

GENERAL REMARKS

Canadian Memorial Cross Awarded to
Wife: Mrs. Victoria Paithowski,
332 Confederation St.,
Sarnia, Ontario. 6-4-45
Canadian Memorial Cross Awarded to
Mother: Mrs. Michael Paithowski,
589 S. Vidal St.,
Sarnia, Ontario. 18-5-45.

DATE OF BIRTH DY	MO	YR	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
07	5	17	11	525	0	10	X	1	34	08	0	16	0	15	93

ENLIST. DATE DY	MO	YR	ACT. SERV. DATE DY	MO	YR	STR. CAT.	ACT. SERV. DATE DY	MO	YR	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
23	01	41	3	01	41					9830	1	15	93

SENIORITY DY	MO	YR	STR. CAT.	NON-SUB. A	B	M. ST.		CODED	CHECKED
01	02	43	13	00	00		DHB		

V17380 OFFICIAL NUMBER | FILE NUMBER 113-P-772 V-17380 | OFFICIAL NUMBER V17380

NAME PAITHOWSKI (Surname) Michael (Given Names) DATE OF BIRTH 7th Dec., 1917

PLACE OF BIRTH Hamilton, Ontario OCCUPATION Fireman, S.S.L.

RELIGION Roman Catholic EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 589 S. Vidal St. Town Sarnia Province, etc Ont.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
23	1	41	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'7¼"	Fair	Blue	Fresh	Rt. mastoidectomy

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Victoria Paithowski

ADDRESS (in pencil): Street and No. 332 Confederation St. Town Sarnia Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars
1	4	44	C.V.S.M. (R.& C.) 1939-43 Star.

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
31	10	42	Granted Aux. W/K. Cert.				
10	4	44	Qual. for Sto.P.O. Cert on file				

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
23	1	44	1st. G.C.B.	Granted

SECOND CLASS FOR CONDUCT

From	To

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

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

Date (in figures) Day	Month	Year	Days Forfeited Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Received.

E.L.

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

ESTATES BRANCH

H.Q.N.S.V-17380 FD.1037

6th December, 1945.

Mrs. Eloise V. Paithowski,
215 Confederation Street,
Sarnia, Ontario.

PAITHOWSKI, Michael, Sto.P.O.(Deceased)
No. V-17380, R.C.N.V.R.

Dear Mrs. Paithowski:

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

The total amount available to this Branch for distribution is $352.55, and is made up as follows:-

Balance withdrawn from Bank of Montreal, Sarnia, Ontario	$314.01
Balance of pay and allowances	36.02
Credit for Kit Upkeep Allowance, Hard Lying Money	2.52
TOTAL	$352.55

Your husband died without having made a Will and his Service estate is therefore payable to you in accordance with the Intestacy Laws of his province of domicile.

Treasury has been requested to forward to you a cheque in the amount of $352.55, and on receipt of same would 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

Estates Form "P. 4"

NAVY LL

Name PAITHOWSKI, Michael, No. V.17380
Surname Christian Names

Sto.P.O. R.C.N.V.R. O/S 24-11-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 38.54

Date 27 Nov 45 Other Credits 314.01

Total 352.55

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Eloise V. Paithowski, 215 Confederation St., Sarnia, Ont. (As next of kin entitled)	352.55

P4. TO TREAS. 8-12-45, R.W.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	352.55

CLASSIFIED BY

10

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

N. V. 5

25M—9-40 (6793)
N.S. 815-11-5

CANADA

DEPT NATIONAL DEFENCE JAN 31 1941 N.S. 113-P-772 CANADA

4

COPIED Archives COPIE

ATTESTATION FORM
(HOSTILITIES FORM)

P 11480

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME PAITHOWSKI OFFICIAL NO. V 17380

CHRISTIAN NAMES Michael MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
589 S. Vidal St., Sarnia, Ont.	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
7th December, 1917	Town Hamilton	Mrs Rosie Paithowski, mother, same address
*Original Nationality of: Father Russian, Mother Russian	County; Province Ontario	

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 36½	Fair	Blue	Fresh	rt mastoidectomy
Inches 7¼	Deflated 33				
164	Mean 34½				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
23rd January, 1941	Stoker II	Fireman, S. S. L.
R.C.N.V.R. Division (or other establishment) at which enrolled London		

(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
	NIL		

(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 Records mcd
2. Index Card mcd
3. Non-... Card
4. ... mcd
5. Ronéo ... mcd
6. ...
7. ...
8. ...
DATE 3-2-41

RD

(3) On being enrolled as a member of the London 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 23rd day of January, 1941

Signature of applicant M. Paithowski

(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 23rd day of January, 1941

J. Kemp

Lieut RCNVR Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Michael Paithowski 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 M. Paithowski

Witness J. Kemp

Date 23rd January, 1941 Rank 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

Michael Paithowski 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 London Division of the R.C.N.V.R. or in the appropriate official documents.

J. Kemp

Attesting Officer.

23rd January 1941

R.C.N.V.R. Division (or other establishment) London

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.

Parents not naturalized, have applied for Canadian citizenship.

OCCUPATIONAL HISTORY FORM

113-P-772

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

6

Section A—GENERAL INFORMATION

1. (a) Print name in full: Michael Paithowski (b) Reg'l. No. K17380
2. (a) Arm of service: Naval (b) Unit: H.C.M.S. (c) Rank: Stoker II
3. (a) Date of birth: Dec 7/1916 (b) Have you any dependents? Parents (c) Place of residence at time of enlistment: Sarnia
4. (a) Place of enlistment: London. (b) Date of enlistment: Jan 23/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 15 yrs (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): Entrance
7. If you attended a university, give name of university and standing or degree secured:
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Kelly Construction Co. Ltd Address: Sarnia, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Construction
20. (a) Your specific occupation: Labourer (b) Number of years' experience at this occupation with any employer: 6 mths
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes
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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Stationary Engineer

O.H.F. RECEIVED

DATE March 29 194 1 SIGNATURE M Paithowski

Copieuto:
V.W.D.
E.S.
11 april, 1941

MS

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

RELEASED MEMBER'S NAME: Michael Joseph (CHRISTIAN NAMES) PAITHOUSKI (SURNAME)

REGISTER NO. 14467
FILE NO. NS.V17380
DATE 27 Aug. 45
SERVICE NO. V17380
FINAL RANK OR RATING A/SPO

PAYEE Mrs. Victoria Paithouski,
ADDRESS 215 Confederation St., Sarnia, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 24 Nov. 44
DATE OF DISCHARGE 24 Nov. 44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS $\frac{1402}{30}$ EQUAL TO 46 COMPLETE PERIODS AT $7.50	345.00	
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 986 LESS 22 INELIGIBLE DAYS, EQUAL TO 964 DAYS @ 25c. PER DAY	241.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$2.65	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$1.45	
ADDITIONAL PAY GCB	$ .05	
HLM	$ .30	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12	$1.70	
TOTAL	$6.15 ×7 = $ 43.05	
NO. OF DAYS $\frac{986}{183}$	×$ 43.05	231.95
D. WAR SERVICE GRATUITY		817.95
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$ Nil	
F. TOTAL AMOUNT PAYABLE		817.95

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $_____ (TOTAL DEPENDENTS' ALLOWANCE IN ISSUE) =$ 817.95

Cheque No. 66764 - 4/9-45

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
YN	W.P.Y.

TREASURY	
CHECKED BY	DATE
A.R. Charron.	29/5/45

for Dir. Naval Pay Accting.

SERVICE REPRESENTATIVE

☐ Navy
☐ Army
☒ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(*Canadian Armed Forces*)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service PAITHOUSKI (Print)

2. Christian Names MICHAEL JOSEPH (Print)

3. Service No. V-17380 4. Paid rank or rating at date of termination of Service SPO

5. Address, in full, to which payments of gratuity are to be forwarded
Mrs. Michael Paithouski,
215 Confederation St.,
Sarnia, Ontario.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Navy	V-17380	SPO	Jan 1940	Nov 24/44

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? ..... If so, state name of Force or Forces .....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? ..... If so, state the Force or Forces, with dates of commencement and termination of service. .....

NAVAL PERSONNEL RECORDS
14467
AUG 2 1945
WAR SERVICE GRATUITY SECTION

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

July 21 1945 (Date)

Mrs. Michael Paithouski (widow) (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

.....

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

14467.

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

NAME of Deceased Member Michael PAITHOWSKI Rank or Rating A/S.P.O O.No. V17380

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. $ 51.12 — Mrs Victoria PAITHOWSKI (wife) 332 Confederation St. Sarnia, Ont.

A.P. $ 40.00

D.A. —

A.P. —

2. Pension awarded or being awarded to: No record to date

3. War Service Gratuity Application(s) received from: Mrs Victoria PAITHOWSKI (wife) 215 Confederation St. Sarnia, 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:

(x) To be paid to: Mrs Victoria PAITHOWSKI — In ~~the~~ full ~~proportion~~ of:

- and -

to: — In the proportion of:

( ) 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:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 24 Aug' 45

for D.N.P.A. (G) DNJ.

W.S.G. Application No. 14467 ✓

TO: D.N.P.A. "G"

FILE NO. N.S. V-17380 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

PAITHOWSKI ✓	Michael Joseph ✓	V17380 ✓	A/SPO ✓
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Lead Shrinkage

Applicant Widowed D.A. D.A. P/1 12

1912.
511
1401
1402

TOTAL SERVICE

Date of Active Service 23 Jan '41 ✓

Date of Discharge 24 Nov '44 ✓

Total No. of Days 1402 ✓

Less non qualifying service /

Total Days 1402 ✓

OVERSEAS SERVICE

% Total No. of Days 986

Less non Qualifying service /

Total Days 986 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service /

Date of Active Service /

Date of Discharge /

& % Overleaf

Computed By K.C. Collins

Checked By J. Williams

for (R.W. Underhill)
A/Captain (s) R.C.N.V.R.
Director of Naval Pay Accounting

AUG 3 1945

DATE:

DNQ PA

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
		Total days		

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Azumhellen	17 Sep '41 ✓	16 Dec '43 ✓	821
Shawinigan	13 June '44 ✓	24 Nov '44 ✓	165 ✓
			986 ✓

1568 / 748 / 820 / 821

1916 / 1748 / 168 / 165

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

COPIED

1. PLACE OF DEATH {County or District of At Sea Township of .....
{If in City, Town or Village ..... (Name) Street ..... House No .....
(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 PAITHONSKI (Family name) Michael (Given name or names in usual order)

RESIDENCE No. 589 S. Street Vidal City, Town, Village or Township Sarnia, Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	Russian	Married

8. BIRTHPLACE Hamilton, Ontario (Province or Country)

9. DATE OF BIRTH December (Month) 7th (Day) 1917 (Year)

10. AGE in

Years	Months	Days	If less than one day old
26	11		..... hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Fireman S.S.L.

12. Kind of industry or business, as **cotton-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 .....

FATHER

16. NAME .....

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

MOTHER

18. MAIDEN NAME .....

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

20. Person giving information sign here A.B. Money
Paymaster Commander, R.C.N.R.
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 November (Month) 24th (Day) 19 44 (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 Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) MISSING, Presumed Dead, when

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to (b) the ship in which he was
due to (c) serving, H.M.C.S. "SHAWINIGAN",

II. Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**
was lost while on operational duty at sea.

PHYSICIAN Underline the cause to which death should be charged statistically

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? ..... (State which) Date of injury ..... 19 .....
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

SERVICE

O.N. V-17380

NAME [redacted] PAITHOWSKI, Michael

PR[redacted]NT RANK/RATING: A/Sto.P.O.

26

DATE TAKEN ON ACTIVE SERVICE: 23-1-41

SERVICE

SHIP OR ESTABLISHMENT	FROM	TO
Duty Div. Hdqtrs.	23-1-41	
Stadacona	22-4-41	
Hochelaga	5-7-41	
Drumheller	13-9-41	
Stadacona	17-12-43	
Shawinigan	13-6-44	

IMPORTANT

(WILL): No.

NAME & ADDRESS
OF NEXT OF KIN:

Wife:
Mrs. Victoria Paithowski,
332 Confederation St.,
Sarnia, Ontario.

HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED? No.

REASON:

DATE:

INITIALLED N.B.

DATE 6/12/44

SECTION: R.C.N.V.R.

(TO BE COMPLETED IN INK)

Mrs. Victoria Paithowski,
c/o Mr. W.G. Ewener,
Canadian Corps Association,
138½ Cromwell St.,
Sarnia, Ontario.

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-17380 FD 1037

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 26th, 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

PAITHOWSKI, Michael, Sto. Petty Officer,

No. V.17380 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.R. Wade.
Comm. under Regs.
for Director of Estates.

HRW:MC

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Mrs Michael Paithouski	25	new address 215 Confederation St. Sarnia, Ont.
2	Children of the Deceased and dates of their Births		John Michael Paithouski August 9, 1944	1	215 Confederation St Sarnia, Ont.
3	Father of the Deceased		Michael Paithouski	62	589 S. Vidal St. Sarnia Ont
4	Mother of the Deceased		Mrs Rose Paithouski	61	589 S. Vidal St., Sarnia Ont
5	Brothers of the Deceased	Full Blood	Nicholas Joseph Paithouski	27	Army Overseas
		Half Blood	Michael Lukas Peter Lukasavitch	unknown	Windsor Windsor
6	Sisters of the Deceased	Full Blood	Mrs Earl Wynne	30	589 S. Vidal St Sarnia, Ont
		Half Blood			

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.	Michael Joseph Paithouski
9	Date of his birth.	December 7, 1916
10	Place and date of his marriage.	Sarnia, November 30, 1943
11	Place and date of his parents' marriage.	Montreal (date unknown)

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hamilton, Ontario
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 (life) (b) (c) (d)
14	Nature of employment before enlistment.	Kellogs Construction Co.
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.	Sarnia, Ontario

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	not of my knowledge
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	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? Yes (d) If it is a joint account, state the survivor's name and relationship to the deceased.	Bank of Montreal Front & Lochiel St. Sarnia Ont. Account #20852 Amt on Deposit $503.02
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	none to my knowledge
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	" " " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
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.	none to my knowledge

(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

*Widow 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 Eloise V Paithouski — Signature of Informant

215 Confederation Sarnia — Address

CERTIFICATE

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

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

Dated at Sarnia this 22nd day of October 1945

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

A A Barnes Qualification Justice of Peace

Address 111 N Victoria St Sarnia 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

Am not sure of spelling of names or ages of husbands half-brothers and do not know address except that they live in Windsor