

RIECKE
HARRY CARL
V10435

V10435

OFFICIAL NUMBER

FILE NUMBER

113-R-496

OFFICIAL NUMBER

V10435

NAME RIECKE

(Surname)

Harry Carl

(Given Names)

DATE OF BIRTH 28th Aug. 1916

PLACE OF BIRTH Weyburn, Sask.

OCCUPATION Painter

RELIGION C. of E.

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Box 413

Town

Weyburn

Province, etc.

Sask.

Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	PREVIOUS SERVICE					
Day	Month	Year							Served in	Rank or Rating	Dates			
										From	To			
13	8	40	H. O.	5'11 $\frac{1}{2}$ "	Brown	Green	Dark	Hernia scar on right side and " on bottom of right foot	S.S.R.	Pte.	6/34	3/35		
										Corp.	3/35	6/36		
										Sgt.	6/36	9/37		

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				6	11	40	Passed E.T. "One" R.C.N.V.R.				
				21	8	41	" Prof. for Ldg. Smn.				
				15	8	42	Passed Prof. for P.O.				
				2-6	11	42	Qual. HET General Know. 62%				
							Navigation 78% Practical Math. 55%				
				7	3	41	TR				

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		
1	8	41	1st.	Granted							

FILM
NO. 113-5247-5
DATE

Date (in figures)			Particulars	DAYS FORFEITED						Last Will & Testament	
Day	Month	Year		Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		
13	3	41	Approved to count 3 years 12 days Service in N.P.A.M. over 18 yrs towards award of Good Service Badges.								16/12/40

SECOND CLASS FOR CONDUCT

From

To



P.I.B.

V10435 OFFICIAL NUMBER

NAME RIECKE Harry Carl
(Surname) (Given Names)

OFFICIAL NUMBER V10435

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Quoted		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Regina	Ord. Smn.	13	8	40		V.G.	Supr.	31	12	40	Q.&R.Q.R.II	16	9	41			
Duty Div. Hdqtrs.	" "	19	8	40		V.G.	Supr.	31	12	41	Q&R Q.R. 1	9	3	43			
Stadacona	" "	22	1	41		V.G.	Sat.	31	12	42	L.R.III	12	4	41			
Hochelaga	" "	23	4	41		V.G.		20	9	43							
Dauphin	" "	17	5	41													
Protector	Able Seaman	19	8	41	confirmed 249A/9589												
Stad.	" "	31	8	41													
Restigouche	" "	7	10	41													
Stadacona	" "	15	8	42													
	A/Ldg.Smn.	1	6	42	rated 249A/4056												
Cornwallis	" "	3	11	42	D.R.D. H-41.												
Stadacona	" "	13	3	43	DRD H-915												
Skeena	" "	23	3	43	DRD H-996												
Stadacona	" "	8	4	43	DRD H-1127												
"	A/P.O.	15	4	43	Rated(Memo:- 26-4-43)												
St. Croix	"	9	6	43	DRD H-1750												
DISCHARGED	"	20	9	43	Missing on Active Service per Casualty List												

GENERAL REMARKS

To Garklock Hosp--13-1-42--
 From Garklock Hosp--21-1-42--
 Seniority as A/Ldg.Smn. (Ty) adjusted
 from 1st June, 1942 to 1st March, 194
 Can Memorial Cross awarded to: 2
 Wife: Mrs Patricia Riecke,
 148A Mountain St., MONTREAL, Que
 on 10-1-44.
 Can Memorial Cross awarded to:
 Mother: Mrs. C.A. Riecke,
 Box 413, WEYBURN, Sask. on 15-1-44.
 To be paid Gunner's Mate's pay to
 date 9-6-43. (249A-412462)

DATE OF BIRTH			PLACE		CIVIL	OCCU.	RELIED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT				
DY	MO	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
28	8	16	19	450	0	30	17	02	29	9	17	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	BR	RANK	
13	08	40	19	08	40					0360	1	08	92	
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED				
DY	MO	YR.	CAT.	A	B	ST.								
15	04	43	09	08	00	20	20	09	43	718711				



P054287

N. V. 5
5M-10-39 (2365)
N.S. 815-11-5

DEFENCE
AUG 1 1940
113-R 496
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Riecke OFFICIAL NO. V10435

CHRISTIAN NAMES Harry Carl MARRIED, SINGLE or WIDOWER Married

PERMANENT ADDRESS		RELIGION
Box 413, Weyburn, Sask.		C. of E.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Aug. 28, 1916	Town Weyburn, County Province Sask.	Mrs. Patricia Riecke, Box 413, Weyburn, Sask.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>39"</u>	Brown	Green	Dark	Hernia scar on right side and scar on bottom of right foot.
Inches <u>11 1/4</u>	Deflated <u>35"</u>				
	Mean <u>36 1/2"</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
13th August, 1940.	Ord.Sea.	Painter, A. Andrews and Co., Weyburn, Sask.			

(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 in any Naval Military Reserve or Territorial Force~~

* (b) I served in.....S.....S.....R.....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
S. S. R.	Private	June 1934	March 1935
	Corporal	March 1935	June 1936
	Sergeant	June 1936	Sept. 1937

- (c) I have never been rejected 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 S.M.
2. on account of unfitness. S.M.
3. Statistical Card S.M.
4. Fingerprint Strip S.M.
5. Pension Card S.M.
6. S.M.
7. S.M.
8. S.M.
DATE 22/8/40

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

(a) To serve from the date thereof for three consecutive years, 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.

Dated this.....THIRTEENTH.....day of.....AUGUST,.....1940.....

Signature of applicant.....*Harry Riecke*.....

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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.....THIRTEENTH day of.....AUGUST,.....1940.....

A. B. Grant
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I,.....Harry Carl Riecke.....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.....*Harry Riecke*.....

Witness.....*[Signature]*.....

Date.....August 13th, 1940... Rank.....*Lieut R.C.N.V.R.*.....

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

.....Harry Carl Riecke.....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.....REGINA.....Division of the R.C.N.V.R.

A. B. Grant
Commanding Officer.

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.

Re-checked for draft.

and approved.

Dr. E.E.Kells.

Jan 17th. 1941 E.E. Kells Surg. Comdr. (Retd)



CANADA

Can. B. 207
20M-8-38
N.S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 Harry Carl Riecke

candidate for entry as O. P.
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.

Dated at Regina the 13th of Aug. 1940

E.E. Kells
Examining Medical Officer
(Rank) Surg. Comdr. (Retd.)

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years / Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) 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, Haemorrhoids, etc.
23 yrs 11 mths	178 lbs.	5 ft. 11 1/4 ins.	good	(a) maximum 39 (b) minimum 35 (c) mean 36 1/2 inches	right eye 6/6 left eye 6/6 colour vision good	Vacc'd about 1935	app.	app.	app.	app.	app.	app.	app.	app.

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Harry Riecke
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

R.C.N.V.R. "ST. CROIX" Feb/44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Patricia Riecke - Widow - Benef.

~~1448A Mountain St.,~~ 1180 Drummond St.,
Apt. 15,
ADDRESS: Montreal, Que. 4-11-49

(2) MEMORIAL CROSS

WIDOW

Mrs. Patricia Riecke

1448 A Mountain St., Montreal, Que.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. C.A. Riecke

Box 413, Weyburn, Sask.

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO..... 877

(2)

10-1-44

(3)

15-1-44

D OF D 20-9-43

NAVY

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

RIECKE Harry Carl		V-10435	P.O.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE
BADGE
(CLASS)

DECEASED
No. Nil DATE DESPATCHED

Date:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star,	5226-
Atlantic Star,	
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

60

H.M.C.S. AWALON (ST. CROIX) at ST. JOHN'S, NEWFOUNDLAND,

NAME Harry Carl HINCH
(Christian names in full)

Rank of Rating A/P.O. C.N. V-10435 RCNVR
(If unknown, date of first entry)

Place of Birth WYBURN, GASE. Date of Birth 28TH AUG. 1916.

Occupation in Civil Life PA. INTER Religion C. OF E.

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.

(Temporary of Reserve ratings) 3 years 35 days

Date of Death 20TH SEPT. 1943. Place of Death AT SEA

Cause of Death LOSS OF R.C.N. SHIP
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name PATRICIA HINCH Relationship WIFE
Address 14450 Mountain St. Montreal, Que

Date on which the above was informed by Ship SEP 27 1943
N.K.

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

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 N/A
(If known) (If known)

Location, Number, etc., of grave NOT APPLICABLE

Undertaker employed NOT APPLICABLE

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

(S.W. Davis) NOT APPLICABLE
Commander, R.C.N., S.W. Davis

14th October 1943

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

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

Identification Card # N.S. 8014

7-1-44 - Key SA

SERVICE CERTIFICATE

48

N. V. No. 17
3M-10-39 (2176)
N.S. 815-11-17

OF

Name in full Harry Carl RIECKE Company Regina Division

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters ESQUIMALT, B. C. Official Number V. 10435

Date of Birth 28th August, 1916.

Place of Birth Weyburn, Sask.

Usual Place of Residence Box 413, Weyburn, Sask.

Trade brought up to Painter

O.H.F.

Name and Address of next of kin Patricia Riecke, (wife) Weyburn, Sask.

Religious Denomination C. of E.

26/11/44

Can Swim _____

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD VOLUNTEERED FOR	RATING ON ENROLMENT	MEDALS, DECORATIONS, ETC.	
				DATE RECEIVED	NATURE OF DECORATION
5th Aug. 1940	13/8/40	3 yrs or duration	Ord. Sea.		

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	5	11 $\frac{1}{4}$	Dark	Brown	Green	Hernia scar on right side - Scar bottom right foot.
On attaining 28 years						
Further Description if necessary						

OCCUPATIONAL HISTORY FORM

13-P-496

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full Harry Carl RISOKE (b) Reg'l. No. V-10485
 2. (a) Arm of service NAVY (b) Unit R.C.S. "Dauphin" (c) Rank Ord. Gmn.
 3. (a) Date of birth 18 Aug. 116 (b) Have you any dependents? Yes. (c) Place of residence at time of enlistment Weyburn, Sask.
 4. (a) Place of enlistment Regina, Sask. (b) Date of enlistment 5 Aug. '40.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school Eighteen (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.) Four years High School.
 7. If you attended a university, give name of university and standing or degree secured.....
 8. (a) Did you ever enter upon a trade apprenticeship? Yes. (b) If so, for what occupation? Painter (c) Did you finish it? No. (d) If you did not finish it, how long did you serve at it? Three yrs.
 9. (a) What languages do you speak fluently? German and English (b) What languages do you read well? German and English

24

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 A. Andrews and Co. Address Weyburn, S. sk.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Painting contractor.
 20. (a) Your specific occupation Painter (b) Number of years' experience at this occupation with any employer Three
 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? 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? Yes. (c) If so, in what kind of farming? Mixed.
 25. (a) Were you born on a farm? No. (b) How many years' actual farming experience have you had? Five summers. (c) In what provinces did you have experience? Saskatchewan.

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 Complete schooling.



DATE 15 August 1941. SIGNATURE Harry C. Riske

Copy To
VWD
ES

AUG 22 1947

MEMORANDUM FOR

P. 64

Mrs. Patricia Riecke,.....
1448A Mountain St.,.....
Montreal, Que.

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

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

and the following number quoted:—

H.Q. NS-113-R-496 F.D. 368

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

Jan. 12, 194 4

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

RIECKE, Harry Carl, P/O

V-10435 R. C. N. V.R.



it is necessary that the requisite information regarding the deceased and his relatives
 should be furnished on the inside of this form in strict accordance with the printed
 instructions. The particulars required are to be carefully filled in and the Declaration
 on the back should then be signed in the presence of a Clergyman, Priest, Local
 Magistrate, Commissioner for Oaths or Notary Public, who should be asked to com-
 plete and sign the Certificate. This form should then be returned to the above address.

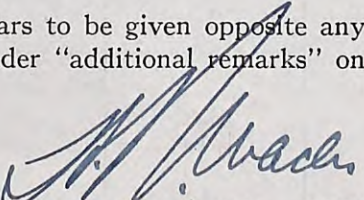
A deceased's Service estate, the administration of which is the responsibility of
 the Estates Branch, consists of any balance of pay and allowances at credit, cash on
 hand and the personal effects which are under the control of the Service authorities.
 To obtain such assets, it is not necessary for the person(s) legally entitled thereto
 to obtain through the Courts Probate of the Will, or if none, Letters of Administration
 of his estate.

In addition to the administration of those Service assets, the Administrator of
 Estates is authorized to withdraw into Government account any funds (within a
 defined amount) on deposit to the deceased's credit in Banks, Post Offices or other
 financial institutions in Canada and Overseas, without expense or trouble to the
 person(s) legally entitled to the estate, and to distribute such funds at the same time
 as any balance of pay is distributed. Also, War Savings Certificates and Victory
 Loan Bonds owned by the deceased may be redeemed and similarly distributed, or
 transmitted into the name(s) of the person(s) legally entitled. Such Certificates and
 Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters
 of Administration, the Administrator of Estates may transfer and hand over the
 Service assets to the executor or administrator appointed by the Court so that all
 the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of import-
 ance in determining whether or not the deceased's assets are such that they may all
 be administered by the Administrator of Estates to the person(s) legally entitled,
 that is, without the need for Probate or Administration.

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) Cdr., RCNVR
 for (L. M. Firth) Lt.-Col.
 Administrator 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.....	PATRICIA RIECKE	23	1448 A Mountain St MONTREAL Que. APT. 1.	
2	Children of the Deceased and dates of their Births.....	No Children			
3	Father of the Deceased.....	CARL AUGUST RIECKE	56	WEYBURN SASKATCHEWAN P.O. Box 413	
4	Mother of the Deceased.....	MARY RIECKE	52	WEYBURN SASKATCHEWAN P.O. Box 413	
5	Brothers of the Deceased	Full Blood	/		
		Half Blood			
6	Sisters of the Deceased	Full Blood	ELIZABETH RIECKE	29	WEYBURN SASK. P.O. Box 413
		Full Blood	MRS. CATHERINE (RIECKE) DIXON	24	WEYBURN SASK. P.O. Box 413
		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	HARRY CARL RIECKE
9	Date of his birth	AUGUST 28 th . 1916.
10	Place and date of his marriage.	PLENTY WOOD. MONTANA. OCT. 3. 1938.
11	Place and date of his parents' marriage.	MOOSE JAW. SASK. OCT. 29. 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	WEYBURN, SASKATCHEWAN
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) RESIDED IN SASKATCHEWAN (b) FROM BIRTH TILL ENLISTMENT (c) IN R.C.N.U.R. (d)
14	Nature of employment before enlistment.	POLICE OFFICER WEYBURN CITY POLICE FORCE
15	State whether he owned the premises in which he lived and, if so, where situated.	NO. PREMISES WERE RENTED.
16	Name place where deceased stated he intended to make his permanent home.	REGINA SASKATCHEWAN

PARTICULARS OF ESTATE

17	Did he leave a Will?	A WILL WAS MADE AFTER ENLISTMENT ✓ R.C.N.U.R. HEADQUARTERS. REGINA. SASK.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	NO.
19	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.	?
20	Amount of War Savings Certificates held by deceased.	NONE
21	Amount of Victory Loan Bonds held by deceased.	NONE
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	NO LIFE INSURANCE
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

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
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.)

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.

(Mrs) Patricia Rucko

{Signature of Informant

Apt. 1. 2448th Mountain St. Montreal

Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief (Mrs) Patricia

*See above.

Rucko {Name of Informant} is the* widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 29th day of January 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

A.P. Gower Nees

Qualification

Rector, Archdeacon, Royal Chaplain

Address 1110 Windsor Street, Montreal

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

SUPPLEMENTARY

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

DECEASED
MEMBER'S
NAME

Harry Carl
(CHRISTIAN NAMES)

RIECKE
(SURNAME)

REGISTER NO.

935A
NS. V10435

FILE NO.

11 Apl/45

DATE

SERVICE NO.

V10435

FINAL RANK OR RATING

A/P.O.

PAYEE

ADDRESS

Mrs. Patricia Riecke,
1448A Mountain St. Apt. 1
Montreal, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE

20 Sep/43

DATE OF DISCHARGE

20 Sep/43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1128** EQUAL TO **37** COMPLETE PERIODS AT \$7.50

\$ **277.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **541** LESS **18** INELIGIBLE DAYS, EQUAL TO **523** DAYS @ 25C. PER DAY

130.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **2.40**
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ **1.45**

ADDITIONAL PAY

G.M. \$ **.50**

1 B. \$ **.05**

H.L.M. \$ **.30**

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ **1.15**

TOTAL \$ **5.85** X7 = \$ **40.95**

NO. OF DAYS **523** X \$ **40.95**

183

117.04

D. WAR SERVICE GRATUITY

525.29

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

Former Cheque 10/5/45 \$ **515.10**

515.10

F. TOTAL AMOUNT PAYABLE

10.19

G. YOUR PORTION OF GRATUITY IS—

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

= \$ **10.19**

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

cheque # 5173 - 2/5/45

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

SJD

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

[Signature]
for Dir. Naval Pay Accting.

935

TO: D.N.P.A.

FILE No. N.S. V-10435

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>RIECKE</u>	<u>Harry Carl</u>	<u>V-10435</u>	<u>A/P.O.(TY)</u>
SURNAME	CHRISTIAN NAMES	OFFICIAL	RANK OR RATING
	IN FULL	NUMBER	ON DISCHARGE

X →

CAUSE OF DISCHARGE: Dead

Application made by wife (In Receipt of Pension)

19 Aug '40 -	18 Aug '43 -	1095
	19 Aug	13
	Sep	20
		<u>1128</u>

TOTAL SERVICE

Date of Active Service 19 Aug '40

Date of Discharge 20 Sep '43

Total No. of Days 1128

Less non qualifying service nil

Total Days 1128

OVERSEAS SERVICE

% Total No. of Days 541

Less non qualifying service nil

Total Days 541

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf

Computed By [Signature]
Checked By [Signature]

[Signature]
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Officer in-Charge
Naval Personnel Records

DATE: NOV 3 1944

D.D. d

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
		Total Days	

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Dauphin	17 May '41	31 Aug '41	107
Restigouche	7 Dec '41	16 Aug '42	314
Skuna	23 Dec '43	7 Apr '43	16
St. Croix	9 June '43	20 Sep '43	104
			<u>541</u>

Dauphin	Rest.	Skuna	St. Croix
15	25	9	22
30	30	7	31
31	31	16	31
31	28		20
	31		104
<u>107</u>	30		
	31		
	30		
	31		
	30		
	31		
	16		
	<u>314</u>		

for (H.B. Torrey)
 Lt. Comdr. U.S.N.
 Officer in Charge
 Naval Personnel Records

[Handwritten mark]

C. R.
R. /5-2 P. A.
TREASURY OFFICE
Date 3/1/44
Initial [Signature]

FORM B.

FILE: N.S. 113-R-496 PERS.(N)

DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -
Ottawa, Canada.

DEC 29 1943

(Date.)

Sir:

The following casualty has been reported

NAME RIECKE, Harry Carl RANK or RATING Petty Officer NAVAL NO. V-10435, R.C.N.V.R.

DATE OF ENLISTMENT - 13 August, 1940. Active Service: 19 August, 1940.

DATE OF DISCHARGE - 20 September, 1943.

HOSPITAL -
(If discharged in hospital under jurisdiction of D.F. & 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. He was serving in HMCS "St. Croix", which was lost while on Convoy duty

in the Atlantic, due to enemy action.

(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. Patricia Riecke,

ADDRESS 1445A Mountain St., MONTREAL, Que.

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, DEPENDENTS ALLOWANCE, etc.

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>
Mrs. Patricia Riecke	wife		nil

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly Rate:</u>	35.00	40.00	75.00
<u>To whom Paid:</u>	Mrs. Patricia Riecke	<u>ADDRESS</u>	P.O. Box 413, Weyburn, Sask.
<u>Date of Enlistment:</u>	see other side		
<u>Date of Discharge:</u>	see other side		
<u>Inclusive date to which D.A. and/or A.P. was Paid:</u>			
The final deduction of Assigned Pay for <u>75.00</u> has been made for the period			
from 1st to <u>30th</u> of <u>Sept.</u> 194 <u>3</u>			

Remarks:

Computed by.....*M.A.*.....

Checked by.....*Lu*.....

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.

LB
DISTRIBUTION OF SERVICE ESTATES
 NAVY

Estates Form "P. 4"

Name: RIECKE, Harry C. No.: V10435
Surname Christian Names

P/O H.M.C.S. "St. Groix" 20-9-45
Rank Unit Date of Death

AMOUNT

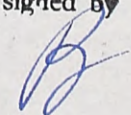
Date: 21-6-45

L.P.C. \$ 84.50
 Other Credits.....
 Total..... 84.50
 Prev. Dist. 68.90
 This Dist. \$15.60

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Patricia L. Riecke, Apt. 1, 1448 A. Mountain St., Montreal, Quebec. (sole beneficiary under will)	\$15.60

P4. TO TREAS
6-7-45
QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$15.60
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED
 Original signed by

 (L. M. FIRTH) Lt.-Colonel
 Administrator of Estates

AUDITED FOR PAYMENT

198790 # 4212

Allot 19-11-43

113-R-496

ACCOUNTS OF MEN DISCHARGED

55

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 **RIECKE, Harry. C.** Rating **A/P.O.**
Official No **V-10435** H.M.C.S. **"ST. CROIX"** List **5/1** 10
Who* **D.D.** on the **20th September** 19 **43**

	\$	cts.
Net sum due on ledger on account of Wages.....	68	90
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).....		
Forty Dollars (AP)		
Rate of allotment (in words)..... charged to 30 Sep '43		
Name of ship from which transferred..... St. Croix		
Total†..... Creditor	68	90

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 **HMCS "AVALON"** for **St. Croix**, amounting to a net balance†..... **Creditor** of **Sixty Eight** dollars..... **Ninety** cents.

Dated on board H.M.C.S. **AVALON** at **St. John's** **Newfoundland** this **26th** day of **October** 19 **43**

Approved *[Signature]* Accountant Officer
A/Paymaster Lieut. Commander, RCNVR
[Signature] Initials of the Assistant Accountant Officer
[Signature] **Commanding Officer.**
Commander, R.C.N. (Temp)

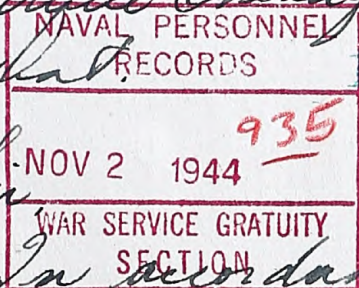
For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
No.....to.....

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.

1448 A Mountain Av
Montreal, Que.
Oct. 26. 1944.

The Secretary Naval Board
Naval Service Headquarters
Ottawa, Ont.



80128

Dear Sir

In accordance with
instructions appearing in the
Montreal Daily Star dated
Oct. 11, 1944 Ottawa Ont.
I hereby make application
for War Service Gratuity
as the widow of Petty
Officer Harry Carl Fiecke
C. N. V 10435 R. C. N. O. R.
My husband was a
member of H. M. C. S. St
Craix when she was

S. L. A.

Mr. Sherriff

noted
JMS

\$ 10.19 is being
refunded to this
existing reference W. S. G.
Statement Reg. 938A
dated April 13/45.
which will be passed
for payment within the
next few days.

M. M. Kinley
for Pub. Accts

1674.45

La. V, Sept. 20, 1943.

From the time of his
enlistment until his death
I had received dependent's
allowance and assigned pay.

I will be glad to
furnish you with any
further information
that may be required

Yours Sincerely,
(Mrs) Patricia Luecke

