

SANGER, LEWIS JOHN

O65010



14130

REFERENCE

MAY 25 1948

NS 1038-310

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN CIVIL 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 SANGER, John Lewis (b) Reg'l. No. \_\_\_\_\_
- 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank P.S. Lt.
- 3. (a) Date of birth 6 MAY/21 (b) Have you any dependents? NO (c) Place of residence WINNIPEG at time of enlistment.
- 4. (a) Place of enlistment WINNIPEG (b) Date of enlistment 22 MAY/48

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 20 (b) Were you attending school or college up to the time of enlistment? YES
- 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.) GRADE XI
- 7. If you attended a university, give name of university and standing or degree secured 3 yrs University
- 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) NOT 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? Attending University
- 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 \_\_\_\_\_ Address \_\_\_\_\_
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) \_\_\_\_\_
- 20. (a) Your specific occupation. (b) Number of years' experience at this occupation with any employer.
- 21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? HOG
- 25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? NONE

## 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.) NONE
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. ENGINEER



DATE 22 MAY 1948 SIGNATURE [Signature]



Copy To:  
VWD  
ES

JUN 17 1942



Mrs. Loretta Alice Sanger,  
62 Harvard Avenue,  
Winnipeg, Manitoba.

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

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

and the following number quoted:—

H.Q. NS. 0-65010 FD 661

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

6 October 1944

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

SANGER, Lewis John, Lieut.

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.

JL

*A. A. Weir*  
Commander R.C.N.V.R.  
for Director of Estates.



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	nil			
2	Children of the Deceased and dates of their Births.....	nil			
3	Father of the Deceased.....	Sanger, John William	57	62 Harvard Ave., Winnipeg.	
4	Mother of the Deceased.....	Sanger, Laurette Alice	55	62 Harvard Ave., Winnipeg.	
5	Brothers of the Deceased	Full Blood	Sanger, William Russell	19	H.M.C.S. Signal School, St. Hyacinthe, P. Q.
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Nil		
		Half Blood	Nil		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, <i>who are dead</i> , 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.	Sanger, Lewis John
9	Date of his birth.	May 6th, 1921
10	Place and date of his marriage.	-
11	Place and date of his parents' marriage.	Winnipeg, June 12th, 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg, Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Winnipeg, Manitoba (b) (c) (d)
14	Nature of employment before enlistment.	Student, University of Manitoba
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.	-

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to 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	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Unable to trace bank account.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Face value, \$475.00 Bank of Nova Scotia, Winnipeg.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$400.00 - Bank of Nova Scotia, Winnipeg.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary herein.	nil
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)



DECLARATION

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

\*..... Father ..... 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.

*J. W. Sanger*

{ Signature of Informant

*62 Harcourt Ave  
Winnipeg Man*

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....

\*See above. J. W. Sanger { Name of informant } is the\* Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Winnipeg this 16<sup>th</sup> day of November 1944

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

*Chapmanford*

Qualification

*A Notary Public in and for  
the Province of Manitoba.*

Address

*53 Princess St. Winnipeg Manitoba.*

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





Discharge certificate being retained at this headquarters.



N. V. 4  
N.S. 815-11-4

NAVY OFFENCE  
MAY 27 1942  
1038-310  
NSC

14129

### ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

#### (A) DESCRIPTION OF APPLICANT

SURNAME.....	SANGER	PERMANENT ADDRESS
CHRISTIAN NAME.....	Lewis John	62 Harvard Ave.,
RELIGION.....	United	Winnipeg, Manitoba.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
6th May, 1921	Town Winnipeg County Province Manitoba Country	Loretta Alice Sanger (Mother) 62 Harvard Ave., Winnipeg.

#### PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Fect..... 5	Inflated..... 42½	Brown	Hazel	Fair	mastoid scar left ear.
Inches..... 11	Deflated..... 39				
Mean.....	40				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
Divisional strength 22nd May, 1942.	Probationary Sub-Lieutenant	Single	Student

#### (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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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..... C.O.T.C. .... for the period shown, and attach my record of service.

\* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
U. of M. C.O.T.C.	C.S.M.	1st Oct., 1941 Discharged from Winnipeg, Manitoba.	21st May, 1942.

(c) I have never been rejected for 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.

OVER

Noted in Service  
Records by *M.R.*

10/6/42



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

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 22nd day of May 1942.

X *L. J. Sanger*  
Signature of Applicant.

The above declaration was made and signed in my presence this 22nd day of May 1942.

*W. B. Kinsman*  
Signature of Enrolling Officer.  
Sub-Lieut., R.C.N.V.R.

(C) OATH OF ALLEGIANCE

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

Signature of Applicant X *L. J. Sanger*

Signature of Officer administering the Oath *W. B. Kinsman*

Rank Sub-Lieut., R.C.N.V.R.

Date 22nd May, 1942.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

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

X *L. J. Sanger*  
Signature





CANADA

Can. B. 207

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

MAY 25 1942  
NS 103 2310  
CANADA

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES) | 14128

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 Lewis John SANGER,  
candidate for entry as Probationary Sub Lieutenant.  
and I believe him to be <sup>\*</sup>in all respects fit for His Majesty's Service. } He has signed  
~~unfit for His Majesty's Service for the reasons stated below.~~ }  
the Certificate given below in my presence.  
† Strike out if inapplicable. \* Delete one. Urine Sugar & Albumi Negative

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

(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.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
27 0	189 lbs.	5 ft. 11 ins.	Good.	inches (a) maximum 42 1/2 (b) minimum 39 (c) mean 40	right eye (a) 6/12 left eye (b) 6/15 *colour vision N.	Infancy Left arm.	Normal B.P. 122/80	Normal	Normal	Normal	Left ear drum scarred hearing normal	Normal	0 Deficient 0 Defective N & T Normal	Normal

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

Pupils react to L & A Reflexes normal

X-ray { Not taken.  
Approved.  
Positive.  
Doubtful.

X-RAY APPROVED MAY 23 1942 FILM No. N-270

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.

*L. J. Sanger*  
Signature of Candidate

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

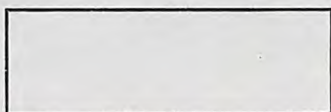
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of left mastoidectomy scar, left ear drum scarred but dry, hearing normal

\* ~~(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 H. M. C. S. "CHIPPAWA" the 22nd of May 1942

*AS [Signature]*  
Examining Medical Officer  
(Rank) SURGEON LIEUT. R. C. N. V. R.



ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT C O T C REGT. No. 219

- 1. What is your surname? (Block letters) SANGER 5-526
- 2. What are your Christian names? Lewis Jack
- 3. What is your present address? 62 Harvard Ave. Phone No. 44580
- 4. Employer's name and address? Phone No.
- 5. Date of Birth 6/5/20 (a) Country of Birth Canada (b) Nationality Canadian
- 7. Are you Single? Yes Married? No Widower? No
- 8. What is your trade or calling? Student 9. Religious persuasion? Protestant
- 10. Previous Naval, Military or Air Force Service. None  
Give particulars, qualifications, etc.

11. Name, Relationship and Address of Next of Kin J.W. Sanger; father  
62 Harvard Ave. Winnipeg, Manitoba.

CERTIFICATE OF MEDICAL EXAMINATION

Height 6'11" Weight 183 Chest max. 40 1/2 min. 37 1/2  
Descriptive marks Mostly deformed ears.

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him Fit for Category 12.  
Date Oct 26/38 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Sanger do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

[Signature] Signature of Witness  
[Signature] Signature of Man  
Dated this 25th day of October 1938 at Wpg. Man.

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

M.F.B. 235d.  
50M-10--36  
H.Q. 1772-30-1545

[Signature] Capt.  
Signature of Magistrate, Justice of Peace, or  
Attesting Officer

446 9/13 7/7 0/16



## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from ..... <u>25 - 10 - 38</u>	<u>25</u> / <u>10</u> / <u>38</u>	<u>Pt. II</u> <u>No. 17</u> <u>1938</u>	<u>Capt.</u> <u>J. L. Patton</u> <u>for</u> Officer Commanding Unit <u>C. O. T. C.</u>
<b><del>CANCELED</del></b>	<u>1</u> - <u>2</u> - <u>39</u>	<del>Pt. II Orders,</del> <del>No. 4./39.</del>	..... Capt
<u>Trans. to "B" Coy.</u>	<u>1</u> / <u>3</u> / <u>39</u>	<u>Pt. II Orders</u> <u>No. 5/39.</u>	<u>Capt.</u> <u>J. L. Patton</u>
<u>12 Days Training. 1938/39.</u>		<u>Paylists</u>	<u>PT. Patton</u> <u>2/NT.</u> <u>J. L. Patton</u> <u>Capt.</u>
Completed Annual Training at Local H. Q's <u>1939-40</u>		<u>Paylists</u>	<u>J. L. Patton</u> <u>Capt.</u>
Completed Annual Training in Camp From <u>7-8-40</u> to <u>31-8-40</u>		<u>Paylists</u>	<u>J. L. Patton</u> <u>Capt.</u>
<u>S.O. 2.</u>	<u>15</u> / <u>10</u> / <u>40</u>	<u>Part II</u> <u>No. 25/40.</u>	<u>J. L. Patton</u> <u>Capt.</u>
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.



# ATTESTATION

## NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT University of Manitoba C.O.T.C. REGTL. No. 4447823

1. Surname? (Block letters) SANGER
2. Christian names? LEWIS JOHN
3. Present address? 62 HARVARD AVE  
Phone No. 44-580
4. Date of Birth? 6-5-21
5. British subject? YES
6. Occupation? STUDENT
7. Religion? UNITED
8. Next of Kin J.W. SANGER  
Address 62 HARVARD AVE WPG. MAN.
9. Relationship? FATHER
10. Previous Naval, Military or Air Force Service  
(Give particulars, qualifications, etc.)  
C.O.T.C. - 38-39  
UMTU - 40-41

### CERTIFICATE OF MEDICAL EXAMINATION

Height 5'11 1/2 Weight 187 Chest max 43 min 39 1/2  
Descriptive marks Vision weak

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category 2

Date 22/11/41 Signature [Signature]

### DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned LEWIS JOHN SANGER do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

### OATH TO BE TAKEN

I, LT LEWIS JOHN SANGER do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

[Signature] Signature of Witness  
[Signature] Signature of Man  
Dated this 15 day of Nov 1941 at Winnipeg

### CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

[Signature]  
Signature of Magistrate, Justice of Peace, or Attesting Officer



## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... <u>1st Oct 1941</u>		Pt II No 32/4	<u>R. Kelly</u> Lieut Officer Commanding <u>2000</u> Unit.....
To be a/Sgt. with pay.	1/10/41	Pt II No 34/41	<u>R. Kelly</u> Lieut
To be a/C.S.M. with pay.	1/1/42	Pt. II No. 1/42	T.C. Humphreys 4/6.
Completed Annual Training at Local H. Q's 1941-42		<u>Paylists</u>	<u>R. Kelly</u> Lieut
Completed Annual Training in Camp From 2-5-42 to 16-5-42		<u>Paylists</u>	<u>R. Kelly</u> Lieut
S.O.S. - Commission RCNVR	21/5/42	Pt. II No. 22/42	<u>R. Kelly</u> Lieut
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

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OFFICIAL NUMBER

FILE NUMBER

103-S-310

0-65010

OFFICIAL NUMBER

NAME SANGER  
(Surname)

Lewis John  
(Given Names)

DATE OF BIRTH 6th May, 1921.

PLACE OF BIRTH Winnipeg, Manitoba.

OCCUPATION Student

RELIGION United Church

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 62 Harvard Ave.

Town Winnipeg

Province, etc Manitoba

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
22	5	42	H.O.	5'11	Brown	Hazel	Fair	mastoid scar lt. ear	U of M C.O.T.C.	C.S.M.	1-10-41	21-5-42

NEXT OF KIN RELATIONSHIP (in pencil) Mother

NAME (in pencil) Louella Alice Sanger

ADDRESS (in pencil): Street and No. 62 Harvard Ave

Town Winnipeg

Province, etc Manitoba

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				14	11	42	Prob. Sub-Lieut.'s Crse. 76.9%				
				13	6	43	Watchkeeping Certificate				
				16	10	43	Short A/S Crse. 70%				

BADGES, G.C. OR G.S.

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

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

**FILM**  
NO. 1002-4409-5  
**DATE**

Date (in figures)			DAYS FORFEITED					O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	

SECOND CLASS FOR CONDUCT

From To



7/6/45



V.R.

OFFICIAL NUMBER

NAME SANGER  
(Surname)

Lewis John  
(Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Winnipeg	P/Sub-Lieut. T.	22	5	42	per Appt. 4-6-42.												
H.M.C.S. Chippawa	P/Sub-Lieut. T.	13	7	42	per Appt. 28-8-42.												
H.M.C.S. Kings	P/Sub-Lieut. T.	23	7	42	for trng. and disposal	per Appt.		28-8-42.									
Eyebright addl.	Sub-Lieut. T.	19	11	42	per Appt. 3-12-42.												
H.M.C.S. Stadacona	" " "	25	8	43	addl. for disposal )												
" Kings	" " "	11	9	43	for Divisional duties)-Appt.			3-9-43									
" Valleyfield	" " "	17	1	44	Per Appt. 26.1.44												
" Valleyfield	Lieutenant T.	15	1	44	Promotion Anti-Dated to 15.1.44	Seniority of		13.7.43	Appt. List								
DISCHARGED	" " "	7	5	44	"Missing" After sinking of H.M.C.S. Valleyfield	Per Casualty List											
		7	5	44	Presumed "Dead" per Casualty Correction Sheet page 19												

GENERAL REMARKS

Memorial Cross sent to:  
(Mother) Mrs. Loretta Alice Sanger,  
62 Harvard Ave.,  
Winnipeg, Manitoba. 10-10-44

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	SION			P.	CITY	TOWN	SERV.	DIV.	A	BR	RANK
06	5	21	16	XXX	0	40	X	6	06	06	9	06		2	01	12
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP. CR.	RANK OR RATE					
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK			
22	05	42	13	07	42					1220	0	01	09			
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.	HR									
13	07	43	13				62	07	03	44	2.5	B				



D OF D 7-5-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

(NAVY)

D.D.

WAR SERVICE RECORDS

SANGER Lewis John		0-65010	Lt.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star,	
Atlantic Star,	
C.V.S.M. & Clasp,	
War Medal.	
	9085 16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



RCNVR Aug. 45 "VALLEYFIELD"  
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR  
DATE DESP.....  
(1)  
REGN. NO. 237

(1) MEDALS  
PERSON  
ENTITLED TO Mr. John W. Sanger - Father

ADDRESS: 62 Harvard Avenue,  
Winnipeg, Man.

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(3) MEMORIAL CROSS  
MOTHER Mrs. Loretta A. Sander

ADDRESS: 62 Harvard Ave., Winnipeg, Man.

10-10-44



VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.  
NAVAL GENERAL SERVICE MEDAL (1915)

NAME IN FULL SANGER, Lewis John..... RANK/RATING Lieut.....

SHIP	SERVICE			AREA	QUALIFYING		
	FROM	TO	DAYS		FROM	TO	1939-45
CHIPPAWA.	13.9.42.						
EYEBRIGHT.	19.11.42.	24.8.43	279.	Atlantic			
VALLEYFIELD.	17.1.44	7.5.44	112.	Atlantic			
Disch. Presumed Dead							
to date 7/5/44							

VERIFIED BY [Signature].....

VERIFIED BY .....



VERIFICATION FORM

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

RANK/RATING *Lieut.* OFF. NO. *0-65010* ADDRESS .....

DAYS	AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
								1939-45	1	<i>Star</i>
<i>279</i>	<i>Atlantic</i>							ATLANTIC	1	<i>Star</i>
<i>112</i>	<i>Atlantic</i>							FRANCE G.		
								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	<i>&amp; Clasp</i>
								" CLASP		
								WAR 1945	1	<i>Medal</i>
								WAR 1915		

VERIFIED BY *J. Rose* .....

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



TFH/AT

REGISTERED  
AIR - MAIL  
NS:0-65010 (PERS-"N")

11th May, 1944.

29

Dear Mrs. Sanger:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D.T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

Yours sincerely,

LETTER DISPATCHED BY  
PERSONNEL BRANCH  
MAY 12 1944  
SECRETARY, NAVAL BOARD.

Mrs. Loretta Alice Sanger,  
62 Harvard Avenue,  
WINNIPEG, Manitoba.

EM. NK



C. R. N.P.R./5-2. P. A. NAVY TREASURY DATE 3/18/44 INITIAL [Signature]

A. J.

FORM "B"

FILE: N.S. 0-65010 PERS. (M)

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

1994

Sir:

(Date)

The following casualty has been reported -

NAME SANGER, Lewis John RANK OR RATING Lieutenant NAVAL NO. R.C.N.V.R.

DATE OF ENLISTMENT - 22 May, 1942 Active Service: 13 July, 1942

DATE OF DISCHARGE - 7 May, 1944.

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

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

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was when and where any disability was incurred, or where death torpedoes and sunk by enemy action in the Atlantic, occurred.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Loretta Alice Sanger,

ADDRESS - 62 Harvard Avenue, Winnipeg, Man.

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

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

P.A.'S CHECKED IN

C.R. BY.....



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. Laretta Sanger	mother		
---------------------	--------	--	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	nil	25.00	25.00
To Whom Paid:	Mrs. Laretta Sanger		Address 62 Harvard Ave., Winnipeg, Man.
Date of Enlistment:	see other side		
Date of Discharge:	" " "		
Inclusive date to which D.A. and/or A.P. was Paid:	31st May 1944.		
The final deduction of Assigned Pay for	25.00		has been made for the period
from 1st to	31st	of	May 1944

Remarks:

Allottee not in receipt of Dependents' Allowance.

Computed by..... *[Signature]* .....

Checked by..... *[Signature]* .....

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

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



FORM 5

PROVINCE OF MANITOBA  
OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality AT SEA (Name) Sec. Twp. Rge.  
If in City, Town or Village Street House No.  
(Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)  
(in years, months and days)

3. PRINT FULL NAME OF DECEASED SANGER Lewis John  
(Surname) (Given name or names in usual order)  
RESIDENCE 62 Harvard Ave., Winnipeg, Manitoba  
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX <u>Male</u>	5. NATIONALITY (Citizenship) <u>Canadian</u>	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) <u>Winnipeg, Manitoba.</u>
9. DATE OF BIRTH Month <u>May</u> Day <u>6</u> Year <u>1921</u> (Write the word)	10. AGE IN Years <u>23</u> Months Days If less than one day hrs. or min.			

OCCUPATION  
11. Trade, profession or kind of work as Student  
12. Kind of industry or business, as 41  
13. Date deceased last worked at this occupation  
14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased  
PARENTS  
16. Name of father  
17. Birthplace of father (same as item No. 8)  
18. Maiden name of mother  
19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant H.B. Money  
Address Payor, Cdr. R.C.N.R., Officer 1/c Naval Personnel Records, Naval Service Headquarters, Ottawa, Ontario.  
21. Relationship to deceased  
22. Place of burial, cremation or removal Body not recovered. Date of burial  
23. Burial Permit was issued by Address  
24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH (Hour) 7th (Day) May (Month) 1944 (Year)  
26. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw him 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.  
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  
II  
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  
(a) "MISSING" presumed dead, when H.M.C.S.  
due to "VALLEYFIELD" was torpedoed and sunk  
(b) by enemy action in the Atlantic.  
(c)

27. If a woman, was the death associated with pregnancy?  
28. Was there a surgical operation? Date of operation  
State findings Was there an autopsy?  
29. If death was due to external causes (violence) fill in also the following:—  
Accident, suicide or homicide? Date of injury  
(State which)  
Manner of injury (How sustained)  
Nature of injury  
Specify whether injury occurred in industry, in home, or in public place

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.  
Signed by M.D.  
Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death", and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.)





Department of National Defence

Naval Service

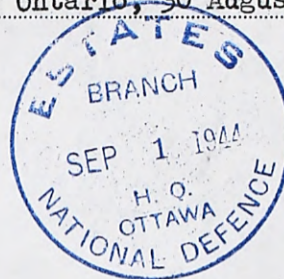
157817

065010

OTTAWA, Ontario, 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. 0-65010 PERS. (N)



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:

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
SANGER, Lewis John Lieutenant R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Loretta Alice Sanger, 62 Harvard Avenue, Winnipeg, Manitoba.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
Mrs Lauretta Sanger. (mother)	Stopped May 31st, 1944.	\$25.00 A.P.	LV:



Will: No record.

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
Ottawa, Ont.





In accordance with the provisions of the Act, the following information is being furnished to you:

NAME OF KIN

Mother  
Mrs. Rosetta Alice Jackson  
63 Howard Avenue  
Chicago, Illinois

Address of person with whom you are connected  
63 Howard Avenue  
Chicago, Illinois

DATE OF BIRTH

1900

RELATIONSHIP

Stepmother by first marriage





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

Sir: ..... 10 May, 1944 .....  
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.  
SANGER, Lewis John Lieutenant R.C.N.V.R.

DATE OF ENLISTMENT - 22 May, 1942. Active Service 13 July, 1942.

DATE OF DISCHARGE - Will be reported later.

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 - "Missing" at sea when the ship in which he was serv-  
when and where any disability ing was lost by enemy action. While this casualty  
was incurred, or where death is listed as missing, it is impossible to make an estimate as to his chances of  
occurred. survival. Should no information be received to the contrary, you will be noti-

fied when official presumption of death with date has been set.  
(Show clearly whether death or disability due to enemy action,  
accident or disease, and whether it occurred in Canada, or on the high seas or  
elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Mother NAME- Mrs. Loretta Alice Sanger,

ADDRESS- 62 Harvard Ave., Winnipeg, Man.

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.

Copies Form "B" fwd.  
to Allots. (N) on

..... N.P.R./5.

*A.B. Money*

for  
SECRETARY, NAVAL BOARD. *EMC*

Secretary, Canadian Pension Commission,  
Room 228, Daly Building, OTTAWA, Ont.

*12/18/44  
NPR/5  
C*

*noted D.N.P.A.  
4-1-45  
RP.*

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the  
Chief Treasury Officer (Allotment Section), Department of National  
Defence, Naval Service, for completion respecting the details of  
Marriage Allowance, Dependents Allowance, etc., and subsequent  
transmission to you.

(See reverse side for further instructions)



4131

DEFENCE  
MAY 27 1942  
N.S. 103 2210

This form is for the use of applicants for entry as Officer, Engine-Room Artificer or Engineman, Artisan, Clerical, or Sickberth rating, in the R.C.N.R. or R.C.N.V.R. It may also be sent in by Seamen and Stokers of the Mercantile Marine who wish to enter the R.C.N.R. in those ratings. Other ratings will only be entered through R.C.N.V.R. Divisions where they must present themselves in person, and applications forwarded on this form will not be considered.

OFFER OF SERVICE FOR HOSTILITIES (NAVAL)

Name *Sanger Lewis John* Address *62 Harvard Ave*  
Surname Christian Names Town or City *Winnipeg, Man*

Nationality *Canadian* Telephone No. *44-580*  
if not a natural-born British subject give full details on back

Date and place of birth *May 6<sup>th</sup> 1941* Rank or rating last held (if any)

Class and No. of any Mercantile Marine Certificate held  
Masters, Mates or Engineers

Class and No. of any Stationary Engineer's Certificates held

Brief Summary of Naval and/or Marine experience

(if left the sea, state below date of last sea service and give a short outline of experience since leaving the sea)

Educational standing: (state school grade attained, or matriculation, etc., senior or junior, passed, or university degree, or number of years at university stating course studied, any extra mural studies, business or technical courses taken)

*Two years Engineering Course, University of Manitoba, completed Spring of 1941.*

Any other special qualifications likely to be of value to the Navy *Helped build*  
Mention any yachting experience  
*small sail boats (no racing)*

*Serjeant Instructor C.O.T.C.*

Any physical defects (especially eyesight) *None*

Languages spoken *French (school)*

Profession, Trade or Occupation in Civil Life

Are you (1) Actively pursuing your profession or trade on your own account?  
or (2) In employment, if so, in what capacity and under what employer?

Are you applying for entry as an Officer or as a rating (i.e. in the ranks)? *Officer*

If you cannot be accepted as an Officer (or not immediately) are you willing to enter as a rating? *No*

*J. Sanger* Signature of Applicant. *Feb 14<sup>th</sup> 1941* Date

Please do not write any further with regard to this application, and do not call in person, unless requested to do so.

The completion of this form does not bind the applicant to accept any position offered in the Naval Service, and does not debar him from seeking a position in the other defence forces.

In the case of candidates residing in a city where there is a Division of the R.C.N.V.R., this form must be taken to the Commanding Officer, who will interview the candidate and forward the form to Ottawa with his remarks. Certificates, testimonials, etc. should be brought.

In other cases the form should be sent to:  
The Naval Secretary,  
The Department of National Defence,  
Ottawa, Ontario.

(Certificates, testimonials, etc. should not be forwarded to the Naval Secretary. If required they will be asked for later.)



### Object of Joining:

Feel that I will not be fully trained for several years in Industrial requirements; that the best I can do is join the services now; that the Navy is the Senior Service and offers most opportunity for a technical training

### Experience:

Shipper - Manitoba Bridge and Iron Works, 1939  
Painter - Ruddy Kester Sign Co. 1940  
Steel Rigger - Hudson Bay Mining and Smelting Co. [1940]

### Education:

Interested in Mathematics, Mechanical Physics

### Athletics:

Actively engaged in organized hockey, and captain of basketball team. Play most sports.

### Travel:

Not widely, know Northern Manitoba, near East and West. One of my ambitions.

### Literature:

Travel and Naval experiences, especially voyages of small sailing craft.



Chippawa, No. 112.1.44 of 10th June '42.

OFFICERS RECORDS

Date: July 23/42

S-209

Surname: SANGER Christian Names: LEWIS JOHN

Rank: P.S.L.

Home Address: 62 HARVARD AVE. WINNIPEG

Date of Birth MAY 6/21 Place of Birth: WINNIPEG

Education: Matriculation: Senior   
Junior

University Degrees: NONE

Mercantile Marine Certificates: No.

Precis Mercantile or Yachting Experience:

Precis of Business Experience:

Sports: RUGBY BASKETBALL BASEBALL

Other Hobbies or Interests:

Previous Naval or Military Training:

3 yrs. C.O.T.C.

Languages spoken fluently:

Languages understood:

Place of Birth of Father: ENGLAND Place of Birth of Mother: ENGLAND

Fathers Occupation: ELECTRICAL ENGINEER

Next-of-Kin:

Surname: SANGER Christian Names: JOHN WILLIAM

Full Address: 62 HARVARD AVE  
WINNIPEG MAN

Have you been rejected by any other of the Armed Forces? NO

If so give details:

Religion: UNITED

Naval Identity Card No. NS 53244

Married or Single SINGLE

Dependents: NONE

Height: 6-0

Weight: 195



0-65010

By command of the Honourable the Minister of National Defence  
for Naval Services of the Dominion of Canada  
038172

To Sub-Lieutenant Lewis J. Sanger, R.C.N.V.R., (Temporary),--

You are hereby appointed promoted and re-appointed

Lieutenant, R.C.N.V.R., (Temporary),

of His Majesty's Canadian Ship VALLEYFIELD.

25-

promotion

Your appointment is to take effect from 15th January, 1944.

(With the seniority of 13th July, 1943)



*R. A. Lenington*

Secretary, Naval Board  
Personnel Records  
Division

1. Noted in Records	..	..
2. Index Card	..	..
3. Non-Sub. Card	..	..
4. Statistical Card	..	..
5. Roneo Strip	..	..
6. Pension Card	..	..
7.	..	..
8.	..	..
DATE	..	5/4/44

*P.A.*

Department of National Defence  
Naval Service

Ottawa, 27th March, 1944.



DISTRIBUTION OF SERVICE ESTATES

MH  
Estates Form "P. 4"

NAVY

Name **SANGER** Surname ..... **Lewis J.** Christian Names ..... No. ....

**LIEUT.** Rank ..... **R.C.N.V.R. O/S** Unit ..... **7-5-44** Date of Death

AMOUNT  
W.S.G. 386.39  
L.P.C. 283.24

Date: **11-8-45**

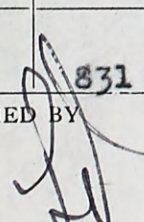
Other Credits 391.55

Total 1061.18

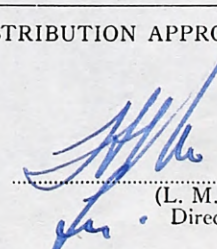
Prev. dist. 674.79  
This dist. 386.39

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{2}$	F ather	John W. Sanger, 62 Harvard Ave., WINNIPEG, Man.	193.20
$\frac{1}{2}$	Mother	Mrs. Laurretta A. Sanger, (As above)  (As next of kin entitled)	193.19

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$386.39
CLASSIFIED BY 			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer



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

4  
 NAVY

DECEASED MEMBER'S NAME **Lewis John** (CHRISTIAN NAMES)  
**SANGER** (SURNAME)  
 REGISTER NO. **10879**  
 FILE NO. **NSO-65010**  
 DATE **10 July '45**  
 PAYEE **Director of Estates,** for Service Estate of  
 ADDRESS **308 Sparks St.,** **Lewis John SANGER,**  
**Ottawa, Ont.** **N.S.O-65010**  
 SERVICE NO. **RCNVR**  
 FINAL RANK OR RATING **Lieut.**  
 DATE OF TERMINATION OF OVERSEAS SERVICE **7 May '44** DATE OF DISCHARGE **7 May '44**

A. TOTAL QUALIFYING SERVICE		NO. OF DAYS <b>665</b> EQUAL TO <b>22</b> COMPLETE PERIODS AT \$7.50	\$ <b>165.00</b>
B. QUALIFYING OVERSEAS SERVICE		NO. OF DAYS <b>391</b> LESS <b>5</b> INELIGIBLE DAYS, EQUAL TO <b>386</b> DAYS @ 25C. PER DAY	\$ <b>96.50</b>
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
	PAY	\$ <b>6.00</b>	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ <b>2.35</b>	
	ADDITIONAL PAY	\$	
		\$	
		\$	
	DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
	TOTAL	\$ <b>8.35</b> X7 = \$ <b>58.45</b>	
	NO. OF DAYS <b>391</b>	X \$ <b>58.45</b>	\$ <b>124.89</b>
		183	
D. WAR SERVICE GRATUITY			\$ <b>386.39</b>
E. DEDUCTIONS			
OVERPAYMENT OF	PAY AND ALLOWANCES	\$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$ <b>NIL</b>	
OTHER DEDUCTIONS		\$	
F. TOTAL AMOUNT PAYABLE			\$ <b>386.39</b>

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ **386.39**  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

*Vouchers 1205- July 17 /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		TREASURY	
<b>IM</b>		<i>H. Hoffman</i>		DATE <b>11/11/45</b>	

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



File: O-65010 (PER.N)  
/DD

8 May, 1944. 27

Dear Mrs. Sanger:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son Lieutenant Lewis John Sanger, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security, it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

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

Yours sincerely,

LETTER dispatched by  
PERSONNEL NAVAL  
MAY 9 1944

SECRETARY, NAVAL BOARD

Mrs. Loretta Alice Sanger,  
62 Harvard Avenue,  
WINNIPEG, Manitoba.

ms

MB



HS

REGISTERED

File No: N.S. O-65010 PERS.(N)

30 August, 1944

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Dear Mrs. Sanger:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Lieutenant Lewis John Sanger, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

*[Signature]*  
Deputy SECRETARY, NAVAL BOARD. 2

Mrs. Loretta Alice Sanger,  
62 Harvard Avenue,  
Winnipeg, Manitoba.

Noted on Estate Card  
5-9-44 G.P.

✓ Canadian ✓  
Message Condolence  
Date Sent 30/8/44 NPR 5

Noted W.N. PA  
4-1-45

9/30/44  
2:00 PM



P.M.

OTTAWA, Ontario, 30 August, 4.

O-65010 PERS. (N)

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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:

NAME, RANK/RATING,  
Official No., UNIT

PARTICULARS RE  
DEATH

NEXT OF KIN

SANGER, Lewis John  
Lieutenant, RCNVR

Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

Mother:  
Mrs. Loretta Alice Sanger,  
62 Harvard Avenue,  
Winnipeg, Manitoba.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
Mrs Loretta Sanger. (mother)	Stopped May 31st, 1944. \$25.00 A.P.	LV:

Will: No record.

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
Ottawa, Ont.

*Noted D.N.P.-a  
4-1-45*



- NAVAL SERVICE -

N.S.....

MEMORANDUM TO D.N.I.  
&  
V.C.N.S.

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This is to certify that -

SANGER, Lewis John, Lieut. R.C.N.V.R.

was serving in H.M.C.S. "VALLEYFIELD" as at 0210Z.  
7th May, 1944.

*[Handwritten signature]*  
.....  
Chief of Naval Personnel

This Officer lost his life as the result of enemy action while  
serving aboard H.M.C.S. "VALLEYFIELD" on the high seas.

The above mentioned ~~rank~~ Officer is, therefore,

..... Missing, Presumed Dead. ....

Concurred:-

*[Handwritten signature]*  
.....  
Dir. Naval Intelligence.

*[Handwritten signature]*  
.....  
/Captain, R.C.N.,  
DIRECTOR OF OPERATIONS DIVISION.

*[Handwritten signature]*  
Approved for Staff.

O t t a w a, ..... 1943.