

V45202
BROOKMAN

STANLEY

BERTR

202460

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full **Stanley Bertram BROOKMAN** (b) Reg'l. No. **V 45202**
 2. (a) Arm of service **Navy** (b) Unit **R.C.N.V.R.** (c) Rank **Ord. Smm.**
 3. (a) Date of birth **11 July '22** (b) Have you any dependents? **NIL** (c) Place of residence at time of enlistment **Burnaby, B.C.**
 4. (a) Place of enlistment **HMCS "Discovery" Vancouver** (b) Date of enlistment **11 Aug '42.**

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **16 yrs.** (b) Were you attending school or college up to the time of enlistment? **no.**
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) **2 yrs. 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? **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?

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

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

11. Had you ever been employed fairly regularly since leaving school? **yes**
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked **Deckhand** (b) State how long you had worked at this trade or occupation **6 months.**
 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 **30th July, 1942.**
 15. Give details of last employer, if any: Name **Pacific Coyle Navigation** Address **Vancouver, B. C.**
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Towing Co.,**
 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? (c) If so, in what kind of farming?
 25. (a) Were you born on a farm? **no.** (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? **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.) **Seaman**
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE **11th August,** 194 **2.** SIGNATURE **S.B. Brookman**

Copy To
VWJ
ES

AUG 27 1942

MEMORANDUM FOR

P. 64

Mrs. Louisa M. Brookman
 3312 Rumble Street
 Burnaby, B.C.

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. N.S. 113-B-3955 FD. 229

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

January 4 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

BROOKMAN, Stanley Bertram, O.D.

No. V. 45202, 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. Wade
 (H.R. Wade) Cdr. RCNVR,
 for (L.M. Firth) Lt.-Col.
 Administrator of Estates.

HRW/JN

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	CHARLES BROOKMAN		3312 Trumble St Burnaby B.C.
4	Mother of the Deceased.....	LOUISA MARTHA BROOKMAN 3312 Trumble St Burnaby B.C.		3312 Trumble St Burnaby B.C.
5	Brothers of the Deceased	Full Blood	None	
		Half Blood		
6	Sisters of the Deceased	Full Blood	None	
		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	STANLEY. BERTRAM. BROOKMAN
9	Date of his birth	July 16 th 1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Riverpool England

PARTICULARS OF DOMICILE

12	Place where deceased was born.	3312. Pumble St Burnaby B.C.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) British Columbia (b) 21 years (c) (d)
14	Nature of employment before enlistment.	Coyle's Towing ^{Seaman} Co;
15	State whether he owned the premises in which he lived and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Burnaby B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will?	No
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.	No
20	Amount of War Savings Certificates held by deceased.	80 dollars at Maturity
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.	Metropolitan Life Insurance Co (Mother) 1,000 dollars
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.	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

Relationship
example,
"Widow",
"Father",
"Brother", etc.

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

* Mother of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mrs) Louisa Brookman {Signature of Informant
8312 Tumbler St Burnaby B.C. Address

CERTIFICATE

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

*See above. Louisa Brookman { Name of Informant } is the * Mother 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 Burnaby this 13th day of January 1944

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

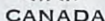
James E. West Qualification Notary Public

Address 2348 Maple Ave Burnaby B.C.

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



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

113 B3 935

SURNAME BROOKMAN OFFICIAL NO. 145202
CHRISTIAN NAMES Stanley Bertram MARRIED, SINGLE OR WIDOWER Single

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

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet.....5	Inflated.....37	Brown	Brown	Fair	Two burn scars left arm.
Inches.....9½	Deflated.....35				
Mean.....36					
EDUCATIONAL STANDING			TRADE OR CALLING AND IN WHOSE EMPLOY		
Completed Grade Ten.			Unemployed. (Deckhand)		

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
11th August, 1942. DIV. STRENGTH	Ordinary Seaman	H.M.C.S. "DISCOVERY"

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

PERSONNEL RECORDS			Division	
SERVED IN	RANK	FROM		
XXXXXXXXXXXXXXXXXXXXNILXXXXXXXXXXXXXXXXXXXX			1. Noted in Records <i>mm</i> 2. Index Card <i>mm</i> 3. Non-Sub. Card <i>90</i> 4. Statistical Card 5. Pension Card 6. Pension Card 7. <i>26-4-42</i> 8. DATE	

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

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

In possession of U.I. Book YES

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

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

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

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

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

Dated this 11th day of August, 1942.

Signature of applicant S. B. Brookman

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 11th day of August, 1942.

Whinnery Sub-Lieut. RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Stanley Bertram BROOKMAN 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 S. B. Brookman

Witness Whinnery

Date 11th August, 1942. Rank Sub-Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Stanley Bertram BROOKMAN 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 Vancouver Division of the R.C.N.V.R. or in the appropriate official documents.

Whinnery Sub-Lieut. RCNVR
Attesting Officer.

11th August, 194 2. R.C.N.V.R. Division (or other establishment) HMCS "Discovery"

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

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

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

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

S. B. Brookman
Signature



CANADA

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

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **BROOKMAN** OFFICIAL NO. **Y45202**
CHRISTIAN NAMES **Stanley Bertram** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS
**3312 Rumble Street, Burnaby, B. C.
Dexter 0507-1**

RELIGION
Church of England

DATE OF BIRTH 16 July, 1922	*PLACE OF BIRTH Town Burnaby, County Province B. C.	NAME AND ADDRESS OF NEXT OF KIN Mother: Mrs. Louisa M. Brookman, 3312 Rumble Street, Burnaby, B. C.
---------------------------------------	--	---

*Original Nationality of:
Father **English**
Mother **Irish**

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 37	Brown	Brown Fair		Two burn scars on left arm.
Inches 9 1/2	Deflated 35				
Mean 36					

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Completed Grade Ten.	Unemployed. (Deckhand)

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
11th August, 1942. DIV. STRENGTH	Ordinary Seaman	H.M.C.S. "DISCOVERY"

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

* (b) ~~I served in~~ ~~XXXXXX~~ ~~for the period shown, and attach my~~

~~Record of Service, in confirmation of this statement~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX

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

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

In possession of U.I. Book

YES

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

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

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

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

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

Dated this 11th day of August, 1942.

Signature of applicant S. B. Brookman

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 11th day of August, 1942.

Whurns Sub-Lieut. RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Stanley Bertram BROOKMAN 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 S. B. Brookman

Witness Whurns

Date 11th August, 1942. Rank Sub-Lieutenant, R.C.N.V.R.

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Stanley Bertram BROOKMAN 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 Vancouver Division of the R.C.N.V.R. or in the appropriate official documents.

Whurns Sub-Lieut. RCNVR
Attesting Officer.

11th August, 194 2. R.C.N.V.R. Division HMCS "Discovery"
(or other establishment)

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.

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

S. B. Brookman
Signature

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V45202

OFFICIAL NUMBER

NAME BROOKMAN.
(Surname)

Stanley Bertram.
(Given Names)

OFFICIAL NUMBER V45202

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
H.M.C.S. "Discovery"	Ord. Smn.	11	8	42	Div. Str. Vancouver.	VG	Sat.	31	12	42	Q&R P/S.T.	25	5	43	24	11	40
" "	"	29	10	42	Active Service .D.L.30.10.42.	VG		20	9	43							
Naden.	"	5	1	43	D.R.D. #361.												
Stadacona	"	29	5	43	D.R.D. #1131												
St. Croix	"	25	6	43	D.R.D. H-1890												
DISCHARGED:	"	20	9	43	"Missing on Active Service" Casualty List.												

GENERAL REMARKS

Canadian Memorial Cross Awarded to
Mrs. Louisa M. Brookman (Mother)
3312 Rumble St.
BURNABY, B.C. 3-1-44

DATE OF BIRTH		PLACE	CIVIL	OCCU.	REL.	ED.	PERM. RESIDENCE	PREV. ENLI	RANK OR RATE ON ENLISTMENT		
DAY	MO.	YR.	BIRTH	MAIN	SUB.	GION	P. CTY. TOWN	SERV. DIV.	A	BR. RANK	
16	7	22	18	540	0	30	390400	0	08	00895	
ENLIST. DATE		ACT. SERV. DATE		STR.	ACT. SERV. DATE		SHIP OR	RANK OR RATE			
DAY	MO.	YR.	DAY	MO.	YR.	CAT.	ESTAB.	A	BR.	RANK	
11	08	42	29	10	42				0380	00895	
SENIORITY		STR.	NON-SUB	M	CODED		CHECKED				
DAY	MO.	YR.	CAT.	A	B	ST.					
29	10	42	09	25		20	20-09-43	CLB			

V-5202

OFFICIAL NUMBER

FILE NUMBER

113-B-3955

OFFICIAL NUMBER

V-5202

NAME

BROOKMAN.

(Surname)

Stanley Bertram.

(Given Names)

DATE OF BIRTH

16th July, 1922.

PLACE OF BIRTH

Burnaby.

B.C.

OCCUPATION

Unemployed. (Deckhand)

RELIGION

Church of England.

EDUCATION

Grade Ten.

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

3312 Rumble St.

Town

Burnaby.

Province, etc.

B.C.

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
11	8	42	Hostilities Only.	5' 9 1/4"	Brown	Brown	Fair	Two burn scars on left arm.				

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				17	4	43	Qual. "TR" 249A #5876				

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		

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

SECOND CLASS FOR CONDUCT

From

To

W.S.G.
APPLICATION
1987
RECEIVED

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Feb. 44 "ST. CROIX"

(1) MEDALS
PERSON

ENTITLED TO Mr. Charles Brookman - Father

ADDRESS:

~~3312 Rumbel St.,~~ Wilsons Creek, B.C.
~~BURNABY, B.C.~~ 31-8-50

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. L.M. Brookman

3312 Rumble St., Burnaby, B.C.

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

9-1-52
DATE DESP.....5224

(1)

REGN. NO. ~~2501~~ **CANCELLED**

(2)

(3)

3-1-44

DEPARTMENT OF VETERANS AFFAIRS

D OF D 20-9-43

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

BROOKMAN

Stanley Bertram

V-45202

O/S.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

5498 23/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME	OFFICIAL No.	Date of Birth
BROOKMAN, Stanley Bertram	V-45202	16 July, '22

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School	Fair	57	J.B.H. WEB
Seamanship— Boat work:	Very Good	95.2	
(a) Pulling			
(b) Sailing			
Gunnery and Disciplinary Training	Very Good	86	WSB
Shooting			
Swimming—P. P. T.		Date qualified	
Physical and Recreational Training			
Special qualifications			
Call Boy			
Bugler (Sea Service)			
Special Remarks			
e.g., C. W. Candidate			
		2 DAYS ANTI/GAS 22-1-43	

On joining:— Weight 149 Height 5' 9 $\frac{1}{4}$ " Date 11th. August, 1942.

On leaving:— Weight Height Date

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. "DISCOVERY"

Date 4 Jan '43

os Massie
A/ Lieutenant, RCNVR.
Commander
Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations		Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....			
	For Able Seaman.....			
	Educational Test I.....			
Rated Ordinary Seaman.....				

SEAMANSHIP	Subject	Hours	%	%	Subject	Hours	%	%	Subject	Hours	%	%	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Boat Work				Field Training	210/250			Whitehead						
	Anchors and Cables				Gun Drill	80/125			Low Power						
	Compass and Wheel Rule of the Road				Stripping	140/200			High Power						
GUNNERY	Rigging Sheers and Derricks				Fire Control	90/150			Instruments						
	Sounding Machine, Lead and Line				Ammunition	77/100			Explosives						
	Bonds and Hitches, Blocks and Tackles				Director and Sighting	75/100			Paravanes						
	Part of Ship Evolutions				Machine Gun	61/75			Depth charges						
TORPEDO	Signals				L.O. Sat. A.A.										
	TOTAL				TOTAL				TOTAL						
	* Date of Passing				* Date of Passing				* Date of Passing						

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted. † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.			Divisional Officer's Remarks	Recommendation for non-sub. rate†
Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)		

Ordinary Seaman

Qualified for advancement to Able Seaman on.....Date.....

.....Commodore.....

.....Depot.....Date.....

Rated Able Seaman and Recommendations inserted on History Sheet

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

.....Captain.....

Name BROOKMAN, Stanley Bertram *Active Service 29/10/42*
Sub-Rating and Seniority *Ord. Sea. 11/8/42* Non-Sub.
O.N. V- 45202 S.B. No. W.B. No.
Joined Ship *6 Jan 43* from *Surconary*
Engagement: Period *Hostilities* Expires
Date of Birth *16th. July, 1922* Religion *C. of E.*
Character *N.Y.* Efficiency *Sat.* Date *January 4/93*
Badges *Nil* Class for Conduct *1st* Class for Leave *1st*

Date due for: Next Badge
Progressive Pay
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1			
Higher Educ. Test.			
Professional for			
higher Sub-rating			
do Non-Sub.			

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

General Remarks (including intelligence, energy, initiative, powers of command). *Intelligence Test Raw Score 171*

A very good all around rating. Above average intelligence. Keenly interested. Great appearing. Smart on parade ground. Good initiative. Eager to get ahead

2 DAYS ANTI/GAS 22-1-43

H.M.C.S. " DISCOVERY"

Date *4 January 1943*

J. P. Clark
Officer of Division.

Sub-Lieutenant, RCNVR.

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

KIT LIST—MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

BROOKMAN S.B.

O/SMN.

V.45202

*State where issue made.

Name

Rating

Official No.

Scale Allowed		Article	No.	Forms S.1048 on which issues were made							
R.C.N.	R.C.N.V.R.			Date	Place						
		Bags, Kit	1	1							
		Bags, soap	1	1							
		Belts, Waist	1	1							
		Boots, half	2	2							
		Boxes, Cap	N/1	N/1							
		Brushes, Hard	1	1							
		“ Polishing									
		“ Clothes									
		“ Hair									
		“ Tooth									
		Caps, blue cloth	2	2							
		Caps, white duck	1	1							
		Cases, attache	1	1							
		Combs, horn	1	1							
		Collars, blue jean	3	3							
		Coats, oilskin	1	1							
		Drawers	2	2							
		Jerseys, naval	1	1							
		Jerseys, sport	2	2							
		(b) Knives, with spike	1	1							
		Lanyards, knife	N/1	N/1							
		Overcoats	1	1							
		Ribbons, Cap	2	2							
		Scarves, black silk	2	2							
		Shoes, black leather	1	1							
		Shoes, gymnastic	2	2							
		Shorts, recreational, drill	2	2							
		Shorts, tropical	N/1	N/1							
		Singlets, tropical	N/1	N/1							
		Socks, pairs	2	2							
		Stockings, pairs	2	2							
		(a) Suits, blue overall	1	1							
		Towels	2	2							
		Type	1	1							
		Vests, flannel	3	3							
		Jumpers, serge	2	2							
		Jumpers, duck working	2	2							
		Trousers, serge	2	2							
		Trousers, duck	2	2							
		Beds	1	1							
		Blankets	2	2							
		Bed Covers	2	2							
		Hammocks	2	2							
		Clews and Lanyards, sets	1	1							
		Lashing	1	1							
		On Loan—Belts, Life	1	1							
		Manual of Seamanship	1	1							



Winter Issue					Gift Clothing received from Organization				
Description	Year Issued				Description	Year Issued			
	19.....	19.....	19.....	19.....		19.....	19.....	19.....	19.....
Caps, Winter					Comforters				
Comforters					Helmets, Balaclava				
Drawers, Woollen					Gloves or Mitts				
Helmets, Balaclava					Socks				
Jerseys, Naval					Stockings				
Mitts, leather					Sweaters				
Rubbers	1				Wristlets				
Socks					Windbreakers				
Stockings									

(a) Note: Stokers issued with 2 Blue Jean Suits.

(b) For Seamen's Branch only.

Name: Brookman S.B.

CERTIFICATE of the SERVICE of

Stanley Bertram BROOKMAN

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Esquimalt</i>	<i>Vancouver</i>	<i>V45202</i>

Date of Birth	<i>16th July 1922</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Burnaby, B.C.</i>	<i>Mother:</i>
Place of Residence	<i>3312 Rumble St., Burnaby, B.C.</i>	<i>Louisa M. Brookman,</i>
Trade brought up to	<i>Deckhand</i>	<i>same address</i>
Religion	<i>Church of England</i>	
Can Swim:—P.P.T.	Date	19..... Signature..... Rank.....
P.S.T.	Date	19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>11 Aug '42</i>	<i>Hostilities and Smn</i>				

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	20	5 9 1/4	36	149	Brown	Brown	Fair	Two burn scars, left arm
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
1942	USMC "Discovery"		Ord. Sman	11 Aug '42	28 Oct '42	
	On Active Service - 29 Oct 1942					
	Discovery		Ord. Sman	29 Oct '42	5 Jan '43	
	Haden		— " —	6 Jan '43	28 Mar '43	
	Stadacora		"	29 May '43	24 Jun '43	
	Avalon (St. Croix)		— " —	25 June '43	20 Sep '43	"D. D."

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Stanley Bertram BROOKMAN Conductor

[illegible]

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

NAME IN FULL Brookman Stanley Herbert RANK/RATING Officer OFF. NO. V 45202 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.				1915 MEDAL
	29/12/42											1939-45	1	star
St. Louis	25/6/43	20/9/43	88	atl.								ATLANTIC		
"Head"	20/9/43											FRANCE G.		
												AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	@ clasp
												" CLASP		

[illegible]

M E M O R A N D U MTO - ADMINISTRATOR OF ESTATES

Stanley B. Brookman, Ord.Smn., O.No.V-45202
D.D. 20th September, 1943 - HMCS "ST.CROIX"

The Service Estate of the above named rating is now ready for disposal.

1. Report of death at folio 31.
2. Balance of wages as per CNS 46 at folio 27 - \$43.15. *Croix*
3. Service Certificate not at hand.
4. No record of a will as per folio 33. *c 157*
5. Funeral expenses not known.
6. Allotment stopped last payment 30th September, 1943.
\$20.00 - Mrs. Louisa M. Brookman(mother).
7. War Savings Certificates - nil. ✓
Bonds - nil. ✓

M. Seade
(C.F.G. Hill)
A/Pay.Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

PREPARED BY: *G. Pilon*.....CHECKED BY : *E. Johnston*.....

OTTAWA, Ont., 6th January, 1944.



198692

113-B-27
3955

ACCOUNTS OF MEN DISCHARGED

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

Name BROOKMAN, Stanley B. Rating O/Sea.
Official No. V-45202 H.M.C.S. St. Croix. List 5/2-78
Who* D. D. on the 20th September 1943

Net sum due on ledger on account of Wages.....

\$ cts.
43.15

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 \$.....

\$	cts.

Cash debited in the Accountant Officer's Cash Acct.....

If in debt in ledger, amount to be stated (in red ink).....

Rate of allotment (in words) Twenty dollars charged to 30 Sep '43

Name of ship from which transferred St. Croix.

Total†..... **Creditor**

43.15

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 Forty three dollars..... Fifteen 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/Pay. Lieut. Commander, R.C.N.V.R.
Initials of the Assistant
Accountant Officer

[Signature] COMMANDER, R.C.N. (Temp) Commanding Officer.

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

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

Signature.....

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

*State whether discharged on shore, D.D. or Run.

†Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10M-10-40 (7450)
H.Q. N.S. 815-9-45

HMCS "AVALON" Alt. Sheet # 43801 of 1st Nov. '43

19.

.....

.....Signature

.....Signature

.....Rank

Bank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "St. Croix" ending 30 Sept. 19 43

List 5-2... No. 78.....(Name) BROOKMAN, Stanley Bank Rating Od.. Smn.. Nov. 45202

When entered.....F.B......Date of appearance 1. July. Whither discharged
.....D.D......

CREDIT from former account....."Stad".....\$.....38.15

Pay as.....Od. Smn....from....1. July...to....30. Sep(92 days @ 1.50 per day)\$.....138.00

Pay as.....H.L.M....from....25. July...to....20. Sep(58 days @ .20 per day)\$.....11.60

Pay as.....G.M....from....26. July June....20. Sep(87 days @ .06 per day)\$.....5.22

Pay as.....from.....to.....(days @ per day)\$.....

Kit Upkeep Allowance.....1. Nov......\$.....

OTHER CREDITS.....\$.....

Total Credits....\$.....192.97

DEBT from former account.....\$.....

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month .. 25.00.....Total.....\$.....

2nd Month .. 38.00.....Total.....\$.....

3rd Month .. 26.82.....Total.....\$.....89.82

Allotment 20.00, July, Aug. and Sept......\$.....60.00

Pension deduction (Officers) charged to.....of.....\$.....

Hospital stoppages.....\$.....

Mullets.....\$.....

OTHER CHARGES.....\$.....

Total debits.....\$.....149.82

Note: Balance Dr. to be shown in RED. Balance Cr. ~~xxxxx~~ \$.....43.15

Number of days actually victualled during period mentioned above 82.....

Nct Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
.....					
.....					

Date: 26 Oct. '43 St. M. M. M. for Accountant Officer.



Department of National Defence

Naval Service

Ottawa, Canada. DEC 29 1943

IN REPLY PLEASE QUOTE

No. N.S. 113-B-3955.
PERS.(N)

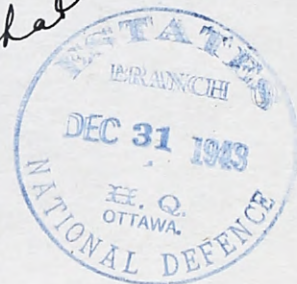
Sir:

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
BROOKMAN, Stanley Bertram, Ordinary Seaman, O.N. V-45202, R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Mother: Mrs. Louisa M. Brookman, 3312 Rumble St., BURNABY, B.C.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Mrs. Louise M. Brookman, 3312 Rumble St., Burnaby, B.C.	\$20.00 Stopped Sept. 30/43.	hal



WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

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

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

4
NAVY

DECEASED MEMBER'S NAME **Stanley Bertram** (CHRISTIAN NAMES)
PAYEE **Director of Estates** for service Estate of
ADDRESS **308 Sparks St.,** **Stanley B. Brookman**
Ottawa, Ont. **NSV-45202**
DATE OF TERMINATION OF OVERSEAS SERVICE **20 Sep/43**
REGISTER NO. **11871**
FILE NO. **NSV-45202**
DATE **17 Jul/45**
SERVICE NO. **V-45202**
FINAL RANK OR RATING **Ord. Smn.**
DATE OF DISCHARGE **20 Sep/43**

A. TOTAL QUALIFYING SERVICE		NO. OF DAYS <u>327</u> EQUAL TO <u>10</u> COMPLETE PERIODS AT \$7.50	\$ 75.00
B. QUALIFYING OVERSEAS SERVICE		NO. OF DAYS <u>88</u> LESS <u>27</u> INELIGIBLE DAYS, EQUAL TO <u>61</u> DAYS @ 25C. PER DAY	\$ 15.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		DAILY RATES AT DISCHARGE PAY \$ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25 ADDITIONAL PAY S.T. \$.10 H.L.M. \$.20 DEPENDENTS' ALLOWANCE 1/30 OF \$ 3.05 TOTAL \$ 3.05 X 7 = \$ 21.35 NO. OF DAYS <u>88</u> X \$ 21.35 183	
D. WAR SERVICE GRATUITY		\$ 10.27	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES \$	\$ NIL	
OTHER DEDUCTIONS	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$		
F. TOTAL AMOUNT PAYABLE		\$ 100.52	

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ **100.52**

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher 1353- July 26/45

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 DM	CHECKED BY <i>[Signature]</i>	TREASURY CHECKED BY <i>J. Stock</i>	DATE 20/7/45	SERVICE REPRESENTATIVE <i>[Signature]</i>
--------------------------	----------------------------------	---	------------------------	--

for Dir. Naval Pay. Accting.

EMC

N.S. 113-B-3955, P.D. 4588.
PERS.(N)

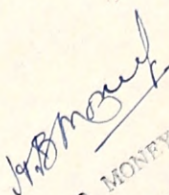
29 January, 1944.

THIS IS TO CERTIFY that according to official information Stanley Bertram Brookman, Ordinary Seaman, Official Number V-45202, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 20th of September, 1943. He was serving in H.M.C.S. "St. Croix" which was sunk by enemy action whilst on Convoy duty in the Atlantic.



Deputy SECRETARY, NAVAL BOARD.




H. B. MONEY
PAY LIEUT. CDR.
OFFICER-IN-CHARGE
NAVAL PERSONNEL RECORDS

TTH/CM

REGISTERED
AIR - MAIL

N.S. 113-B-3955. PERS.(N).

12

27 September, 1943.

Dear Mrs. Brookman:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your son, Stanley Bertram Brookman, Ordinary Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-45202, is missing on war service.

According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

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.

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Louisa M. Brookman,
3312 Rumble Street,
BURNABY, B.C.

NAVAL PERSONNEL RECORDS