



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LE DREW			OFFICIAL NO 26321
CHRISTIAN NAMES Fred		RRIED, S	INGLE or WIDOWER Single
PER	MANENT ADDRESS		RELIGION
County Rd., New Wa	tercord, N. S.	or man	United Church of Canada.
DATE OF BIRTH	PLACE OF BIRTH	NAI	ME AND ADDRESS OF NEXT OF KIN
12th Feb. 1919.	Town New Waterford, County Cape Breton Province N. S.	Cou	. Margaret Le Brew, (Mother) aty Rd., Waterford, N. S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST ME	ASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS		
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DATE OF EN	ROLMENT	RATING EN	ROLLING FOR	TRA	DE OR CALLIN	NG AND IN WHOSE EMPLOY		
5th September, 1941. 6th September, 1941.		Stoker Ldg. S				& Motor Mechanic		

DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:-

(B)

- (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.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	то		
2nd Bn Nth N.S. Highrs. RA.	Private	9th Oct. 1940	Personnel Records 7th Novision1940.		
			1. Noted in Records ./.		
			2. Index Card.		

(c) I have never been rejected from any of His Majesty's Forces on account of infitness.

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

5. Rone Stup.

8 DATE 19/9/4/ B

(5) On being enrolled as a member of the Special Service Division of Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:-(a) To serve from the date thereof for three consecutive years being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service. (b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required. (c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty. Dated this 5th day of September, 1941. Signature of applicant * Fral Ca Drive CERTIFICATE OF DIVISIONAL COMMANDING OFFICER (C) I hereby certify that all the foregoing statements were made by the volunteer above named, in my day of September, 1941. Signature of Commanding Officer. Lieutenant, R.C.N.V.R. OATH OF ALLEGIANCE (D) I Fred Le Drew 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 * Free file war Date 5th September, 1941. Rank Lieutenant, R.C.N.V.R. The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service. CERTIFICATE OF DIVISIONAL COMMANDING OFFICER (E) Fred Le Drew 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 Special Service Division of the R.C.N.V.R. Commanding Officer. Lieutenant, R.C.N.V.R.

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.

N.V. 17 60M—11-40 (7836) N.S. 815-11-17

DURATION

OF

HOSTILITIES

CERTIFICATE of the SERVICE of

Fred Le DREW

in the Royal Canadian Naval Volunteer Reserve

Tra	ining Headquarters			R.C.N	.V.R. Divis	ion	Officia	Official Number V-26321				
HAL	IFAX		5	SPEC:	IAL S	ERVI CE	1		"			
Date of Birth	12th							1	Name and Address of Nearest Relative or Friend (in pencil)	•		
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Place of Resi	dence County	Roa	d	lew.	Wate	ford	718	. 6	Gargeline /			
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ANTERNA PERSONALA	P.S.T. Date					19	Signatu	re	Rank			
· ·	PARTICULARS O	CE					MEDALS, DE	CORATIONS, etc.				
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	1 if necessary											
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From To				1	Date		List	Date	Authority	-		

NAVAL TRAINING and ACTIVE SERVICE

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V26321	OFFICIAL NUMBER	NAME	(Surn	LE	DREW Fred. (Given Na	nes)			***********		OFFICIAL NUMBER V26321 P.I.B.
Ship or Establishment	Rating		From		Remarks	Character	Efficiency	E Hindelpak	Month	Year	Non-Sub. Rating Qualified Re-Qualified Day Month Year Day Month Year
"Stadacona" M.T.E. Pictou	Ldg. Sto. (M)	5 6	9	41		V.G. V.G.	Sat. Sat.	31 31	12	41 42	
Stadacona Venture (Harb, Craft	Ldg. Sto. (M)	8 3 14	11 2 4	42	71.204595	V.G. V.G.	Sat. Supr.	31 31 16	12 12 4	43 44 45	
Stadacona (Harb. Cra Scotian	ift) " "	1	56	42	DRD 369.						
Esquimalt DISCHARGED		29 16	4	45 45	Via Peregrine. DRD 859-P2. Missing per Casualty List. "Presumed Dead" Page #146						
h.				·············							X-Ray Approved. New Glasgow Hosp, 1.1.42 to 14.1.42.
											AWARDED CANADIAN MEMORIAL CROSS to:
											Mother: Mrs. Margaret Le Drew, County Road, NEW WATERFORD, N.S.
				 							June 28, 1945,
											AWARDED CANADIANMEMORIAL CROSSto: Wife: Mrs. Evangelini D. Le Drew, Second Ave., South,
											Fairview, HALIFAX, N.S. June 28, 1945.
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				•••••••••••••••		DATE O	F SIRTH F	LACE	CIVIL	occ	U RELI-ED PERM RESIDENCE PREM ENL RANK OF RATE. JB GION P. CTY TOWN SERV DIV. A BR RANK
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REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S	at at
Name	(Christian names in full)
Rank of Rating	Official No
Place of Birth	
Occupation in Ci	vil Life
	service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary	or Reserve ratings)
Date of Death	16:11 April 1 1945 Place of Death
Cause of Death.	(If due to accident, violence, or enemy action, particulars to be stated briefly)
Nearest known	Name
relative or friend.	Address
	Fairtier, Hallfan, H. S.
Date on which the	ne above was informed by Ship
Date on which d	eath was registered with local Officials
In the case of Im	perial Service men, whether Active Service, Pensioner or Reserve, date on which the
prescribed re	turn was rendered to the Registrar General in London, Edinburgh or Dublin, accord-
ing to Natio	nality ** ** **
Place of Burial	(if known) Date of Burial (if known)
Location, Number	r, etc., of grave (if known)
Undertaker empl	oyed(if any)
If borne for disci	pline only, date D.S.Q. or invalided
	Commanding Officer,

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

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

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

C.N.S. 1121 15M—7-40 (5849) N.S. 815-9-1121

noted f. a 3.5.4 3 p. 39.5.4 3 p.

AIR M AIL

N.S. V-26321 PERS(N)

19 April, 1945.

Dear Mrs. Le Drew:

It is with deepest regret that I must confirm the telegram of the 18th of April, 1945, from the Minister of National Defence for Naval Services, informing you that your husband, Frederick Le Drew, Leading Stoker (M), Official Number V-26321, Royal Canadian Naval Volunteer Reserve, is missing at sea due to enemy action.

From information available, little hope can be held for his survival and there is no possibility of his having been taken prisoner. For security reasons, this is the only information which can be released at this time.

Should no information be received to the contrary, an official presumption of his death will be made at a later date, when you will be informed. Please be assured, however, that as soon as any further news is received or more details can be released, you will be informed immediately.

It is requested that you will regard the name of the ship in which Leading Stoker (M) Le Drew was serving, together with the fact that she has been in contact with the enemy as secret until an official announcement is made.

Please allow me to express the sincere sympathy of the Department with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Evangeline D. Le Drew,
Second Ave. South,
FAIRVIEW, HALIFAX, N.S.

Hadaeone

113-2.1257

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BEING FORWARDED TO THE MAN'S DEPOT

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

CERTIFICATE OF QUALIFICATION

H.M.C.S. "STADACONA"

This is to certify that Frederick LEDREW LDG.STO. (M) PARAMETER, Official Number V.26321 serving in H.M.C.S. "STADA CONA" has successfully passed through the Auxiliary Machinery Watchkeeping Course, as laid down in K.R. and A.I. Appendix XVII, Part I, No. 39 (F), and notations have been made on his History Sheet accordingly.

Engineer Officer R. C.N.

The Blee Commander

Commanding Officer R. C. N.

Date 7th NOVEMBER, 19 41.

Noted in Servi Records by

S. 443 5M-2-41 (9290) N.S. 815-9-443

14th M.M.	Order of Merit	N
LE DREW, Frederick V.26321	Name & Official Number	N
Ldg. Stoker (M)	Rating	,
12th Feb., 1919.	Date of Birth	
G.	Trade	
66	WORKSHOP	SECT
54	Arithmetic & Mensurati n n	
61	English	SEC
4 9	Engineering I	SECTION
33	Engineering II	
197	Total Section II	
263	Total Section I and IL	
65.8	Percentage - %	
	Mathematics	SECT
in the second se	Engineering III	HH
	Total Section III	
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	FINAL PERCENTAGE -	%
Poor.	Suitability for C.P.O. Power of Command, Personalietc.	у,
Hard trying, good worker. Fair mech. ability.	REMARKS -	

Lieut.Cdr.(E)R.N.

GRADE: 9

MILITIA ACT

M.F.M. 82 480M—8-40 (6652) H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

-		REGIMENTAL No. F 524205
6-5	Mi	litia Unit taken On Strength 2nd. B'N NORTH N. S. HIGHRS. (M.G.)
3	=	
	1.	Surname (Block Letters) LEDREW
1-	2.	Christian Names (In Full) Fred
30	3.	Present Address 1144 Victoria Rd. Sydney, N.S.
01	4.	Place of Birth New Waterford, N.Spate of Birth 12-2-19
2110	5.	Religion Restriction 6. Occupation 6. Occupation
127	7.	Next-of-Kin Margaret Ledrew (mother).
02		County Road lees waterford.
	8.	Physical Description: Height 5'1112" Weight 166
		Color of Eyes Blue Color of Hair Brown
	9.	Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
7		M ditaris (artillers)
ac .		
	Ar	e you willing to transfer to CASF if required? My
29-	1-0	Dated this 9th day of October 1940
00	1	Training Centre No. 61
07	2	sed the Drew
1		(SIGNATURE OF MAN)
01	16	(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)
10		No. 61 TRAINING CERTIFICATE
		SAMBURSE I TO
		a ENDING F
, 1		2 NOV 7 1940 9 Saunder Capt
		(SIGNATURE OF OFFICER AFFIXING THE STAMP)
4	1	EM

DIVISIONAL REGISTRAR ADMINISTRATIVE DIVISION "G"

MEDICAL EXAMINATION AND CERTIFICATE FORMEP 25 1940

DEPARTMENT OF NATIONAL WAR SERVICES
NATIONAL RESOURCES MOBILIZATION ACT, 1940

Dept. of National War Services HALIFAX, N. S.

Notice of Call Serial No:—	F524205,	This form to be used by divisional registrars for copies of original medical examination and certi-
PART I		ficate forms.
Name in full	(Surname)	(Given Names)
Born: Place	Canadian Province (or other country)	8. Date 76b. 12. 1919
Permanent Postal Address.	and Number) (Rural Route and Post Office)	(Town or City) (Province)
The following questions	s must be answered "Yes" or "No".	
Kidney or Bladder Disease Trouble with feet	Tuberculosis	Rupture Varicose Veins Eye Disease Fits Have you ever worn Glasses? receipt of disability pension or compen- Date Signature of man.
Examiner's remarks. Gi	ive a clear and concise history of any of the ab	ove conditions where the answer is "Yes"
 Complexion	man must be stripped) tet	velopment spood fair poor fair
No. of Control of Cont	nan in accordance with the physical standard	ls and instructions for the medical exam-
ination of recruits and cer Category "A" "B I" "B II" "C I'' "C II" "D" "E"	tify that he is fit for:— (Signed): Signature Address Address	(Examining Physician)
PART IV Recor	rd in detail any disease or disability not prev	viously described:
Training Centre No. or	Signature	

(Important: See other side)

Station	Admis	sion to H	ospital	Dischar	ged from I	Hospital	Disease	Remarks: If mild or severe; if completely re-
north to her of the	Day	Month	Year	Day	Month	Year		covered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
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INSTRUCTIONS

- 1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an "examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.
- 2. The "examining physician" must examine the man and complete this form and certificate herein contained in accordance with the physical standards and instructions for the medical examination of recruits, copy of which will be supplied to each "examining physician" by the Department of National War Services.
- 3. The "examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The names and addresses of all Divisional Registrars will be brought to the attention of all appointed "examining physicians" by notices in the press or, if possible, by letter.
- 4. Payment for the examination of each man will be made monthly by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account.
- 5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:-

"(3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:-

"Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

I hereby certify this to be a true and correct copy.

REGISTRAR DIVISION "G"

The Divisional Registrar will stamp the four copies showing his Administrative Division and the place and date where the copies were made and certified by him.

DECEASE	DF VETERANS AF D 16 April		WARDS NAVY	r	WAR SERVICE RECORDS	
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(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR MEDALS AND HMCS "ESQ	MEMORIALS—DECEASED PERSONNEL UIMALT Mar./46	REGISTRATION No. DATE OF DESPATCH		
1 = 1 = 1 = 1	Mrs. Evangeline LeDrew - Widow Second Ave. S., Fairview, 426 - 9th Street Halifax, N.S. NEW WATERFORD, N.S.	(1)		
(2) MEMORIAL C WIDOW ADDRESS:		(2) 28 June 1945		
(3) MEMORIAL C	Mrs. M. LeDrew	28 June 1945		
ADDRESS:	County Road NEW WATERFORD, N.S.	MEMORIAL BAR DATE DESP REGN. NO. 972		