

NSTAP-Ortsgruppe
Grevenmacher

№....., den.....

An

Vg.

Jos. Schill

in

Wachlaren

Sie werden hiermit aufgefordert, am 18. Juni 1943 um 20 Uhr, im Saale Schmit-Becker (Moselbrücke) in Grevenmacher zu einer Werbeversammlung zu erscheinen. Es spricht Gauausbildungsleiter, SA-Standartenführer K o n r a d und SA-Obersturmbannführer S i l z .

Erscheinen ist Pflicht.



Der Ortsgruppenleiter:

[Handwritten signature in blue ink]

Yuan. Tefill

R.P.Nr.: 27044 B

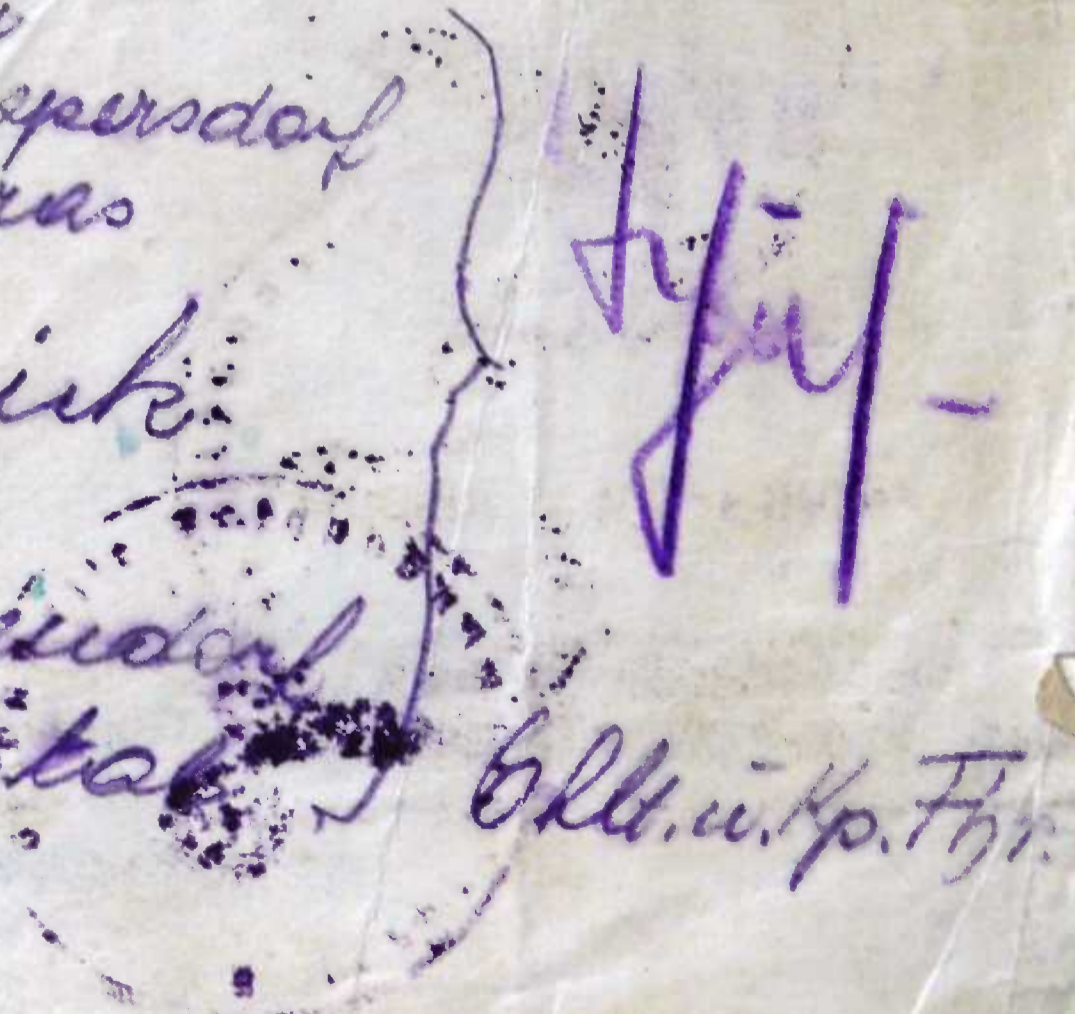
- a) Nahkampfspange
- b) Panzerkampfabzeichen
- c) Kraftfahrbewährungsabzeichen

c Tag Ort nach Rgt. Bef. Vereinigung des
Kompanie-Führers.

- 20.8.44 Tinkantini
- 21.8.44 Tinkantini
- 3.9.44 Majdan - Tinkantini
- 4.9.44 Mala
- 5.9.44 Jaboce
- 6.9.44 Czernowoda
- 7.9.44 Orubank
- 8.9.44 Tinkantini



- 1 11.4.45 Maken
- 1 12.4.45 Solenispersdal
- 1 13.4.45 Kl. Håaras
- 1 14.4.45 } Lebrink
- 1 15.4.45 } Lebrink
- 1 16.4.45 } Lebrink
- 1 17.4.45 Lauvåndal
- 1 19.4.45 Lihestab





G-27.7

CERTIFICATE OF DISCHARGE

PERSONAL PARTICULARS

ALL ENTRIES WILL BE MADE IN BLOCK LATIN CAPITALS AND WILL BE MADE IN INK OR TYPE* SCRIPT.

SURNAME OF HOLDER Schill DATE OF BIRTH 18.5.1924
 DAY, MONTH, YEAR

CHRISTIAN NAME Josef PLACE OF BIRTH Machtum/Mosel

CIVIL OCCUPATION vijard worker FAMILY STATUS - SINGLE
~~MARRIED~~

HOME ADDRESS Machtum/Mosel
Kr. Grevenmacher ~~UNKNOWN~~
~~WORKED~~

NUMBER OF CHILDREN WHO ARE MINORS _____

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE PARTICULARS GIVEN ABOVE ARE TRUE.
 I ALSO CERTIFY THAT I HAVE READ AND UNDERSTOOD THE "INSTRUCTIONS TO PERSONNEL ON DISCHARGE" (CONTRCL FORM D.1)

SIGNATURE OF HOLDER..... Josef Schill

NAME OF HOLDER IN BLOCK LATIN CAPITALS SCHILL, JOSEF

II MEDICAL CERTIFICATE

DISTINGUISHING MARKS _____

DISABILITY, WITH DESCRIPTION _____

MEDICAL CATEGORY _____

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE PARTICULARS RELATING TO THE HOLDER ARE TRUE, AND THAT HE IS NOT VERMINOUS OR SUFFERING FROM ANY INFECTIOUS OR CONTAGIOUS DISEASE.

SIGNATURE OF MEDICAL OFFICER E. K. ...
 NAME AND RANK OF MEDICAL OFFICER
 IN BLOCK LATIN CAPITALS _____

III

THE PERSON TO WHOM THE ABOVE PARTICULARS REFER WAS DISCHARGED ON 17. May 45
 (DATE OF DISCHARGE)

FROM THE X Army



RIGHT THUMBPRINT

OFFICIAL IMPRESSED SEAL

CERTIFIED BY Maj E.L. Booch
 NAME, RANK AND APPOINTMENT OF ALLIED DISCHARGING OFFICER Major CMP
Provost Marshal

Ø DELETE THAT WHICH IS INAPPLICABLE
 * INSERT "ARMY" "NAVY" "AIR FORCE" "VOLKSSTURM", OR PARA MILITARY ORGANIZATION, e.g. "RAD", "SPK", etc.

IN BLOCK LATIN CAPITALS

(WHEN PRINTED THIS FORM WILL BE IN ENGLISH AND GERMAN)