

CERTIFICATE OF DISCHARGE

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

PERSONAL PARTICULARS

SURNAME OF HOLDER VINNENBERG DATE OF BIRTH 8.6.01
DAY, MONTH, YEAR
CHRISTIAN NAME WALTER PLACE OF BIRTH LIPPSTADT
CIVIL OCCUPATION GEISTLICHER
STUDIENASSESSOR FAMILY STATUS - SINGLE ☒
DR. PHIL. MARKER
HOME ADDRESS TELGTE WOLFGANG
WOLFGANG
NUMBER OF CHILDREN WHO ARE MINORS KEINE

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

SIGNATURE OF HOLDER.....

Walter Vinnenberg

NAME OF HOLDER IN
BLOCK LATIN CAPITALS

VINNENBERG WALTERII
MEDICAL CERTIFICATEDISTINGUISHING MARKS NARBE RECHTES KNIEDISABILITY, WITH DESCRIPTION KEINEMEDICAL CATEGORY GESUND ENTLASSUNGSFÄHIG

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


NAME AND RANK OF MEDICAL OFFICER
IN BLOCK LATIN CAPITALS

John M. Carnello
JOHN M. CARNELLO
CAPT. MC.

III

THE PERSON TO WHOM THE ABOVE PARTICULARS
REFER WAS DISCHARGED ON 13.6.1945

(DATE OF DISCHARGE)

FROM THE XARMY

RIGHT
THUMBPRINT

OFFICIAL
IMPRESSED
ELEVENTH ARMD DIV.

CERTIFIED BY A. T. Harris
NAME, RANK AND 1st Lt. F. A.
APPOINTMENT OF ALLIED
DISCHARGING OFFICER

A. T. HARRIS 1ST LT. F. A.

IN BLOCK LATIN CAPITALS

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

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

Mit Lebensmittelkarten versorgt
vom 24.6. mit 28.6.45
g Seifenspulver u.
Raucherkontrollausweis für
Wochen abgegeben.
Landshut, den 28.6.45
Ernährungs- u. Wirtschaftsamt
L.A.

Selmu

29. 30. 6. 45

Versorgt

Körperpflegt v. 1. - 3. 7. 45.

Körperpflegt v. 5/7. 45 Fa



PK

OK