

REGIMENTAL DOCUMENTS

Inc

NAME *AUGER EMILE*

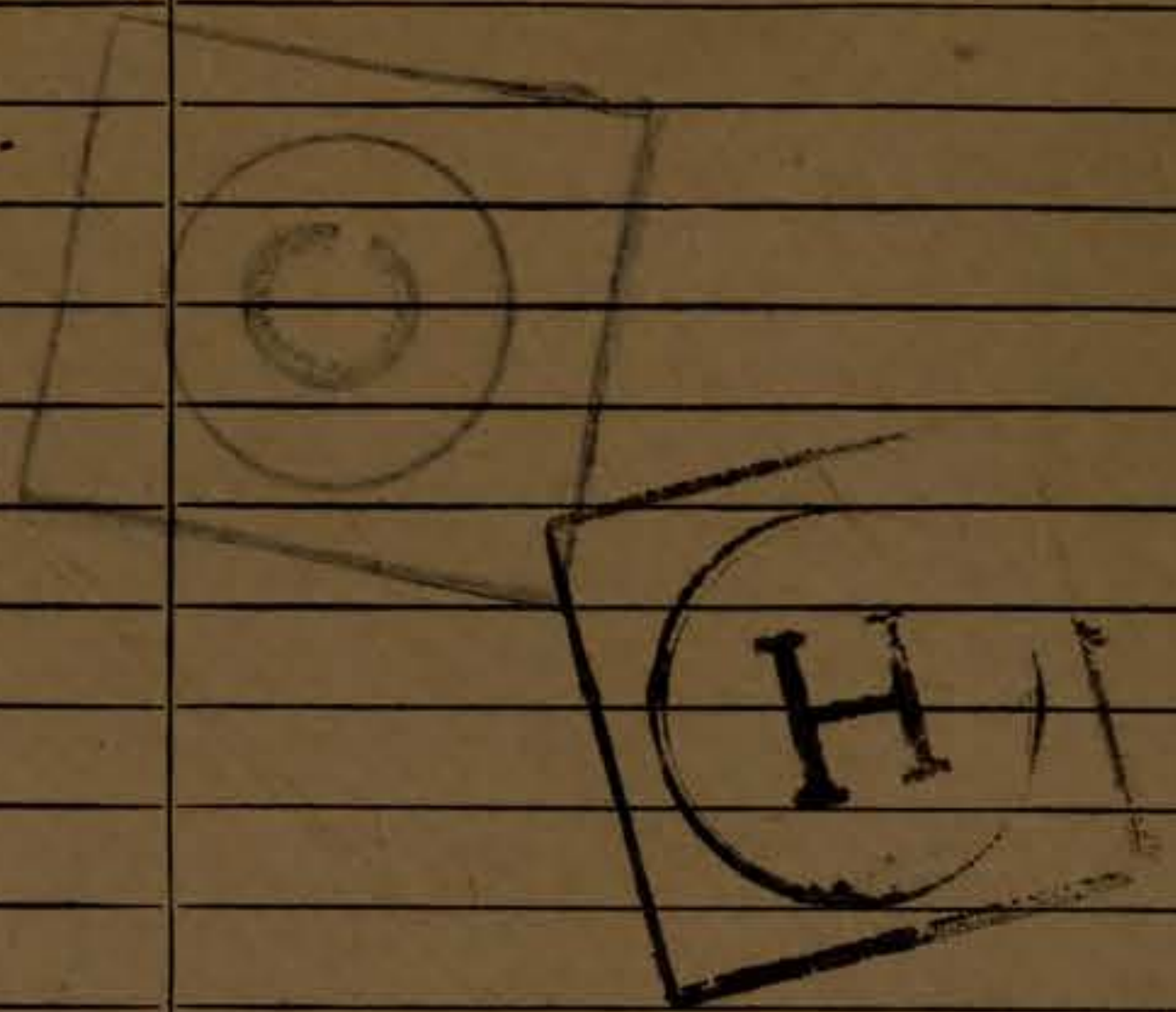
REGT. NO. *3321658*

UNIT

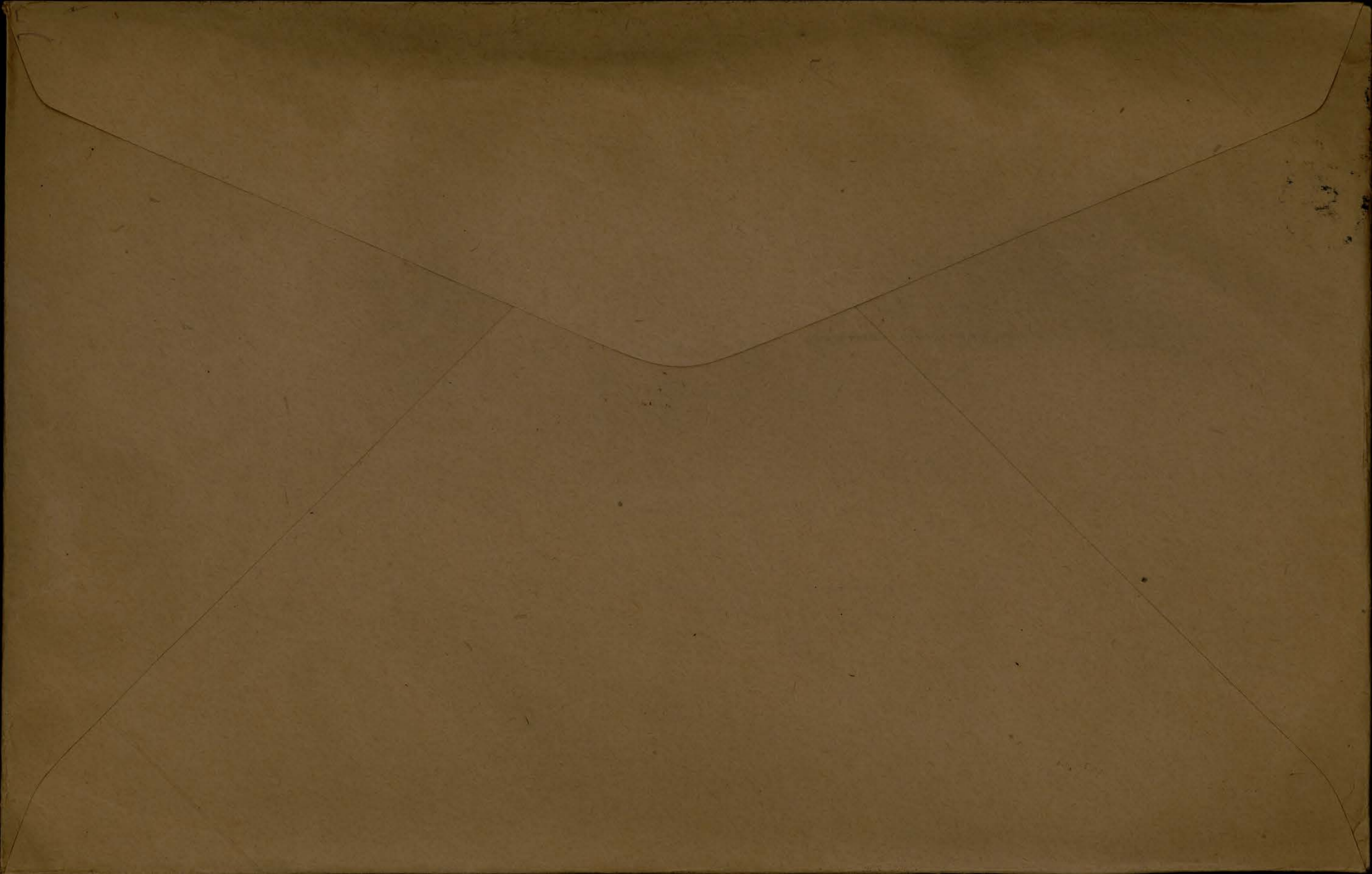
H. Q. FILE NO. *0 7211*



| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|--|---------------|-------------------|----------------|-------------------------|---------------------------------|
| / ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | | | | DEATH |
| / CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| / TRAINING HISTORY SHEET (M.F.W. 113) | | | | | <i>Died at Sea</i> |
| / FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| / REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| / COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| / MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| / DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| / MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| / MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| / TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| / PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| / DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| / LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| / PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| / PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| / COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| <i>1 Ring</i> | | | | | |
| <i>3 Pins</i> | | | | | |
| <i>1 Cap Band</i> | | | | | |
| <i>1 Watch</i> | | | | | |
| <i>1 Hatband</i> | | | | | |
| | | | | | <i>5-11 19-11 29-11</i> |



2/24/21



ORIGINAL

M. D.

2nd DEPOT BATTALION,
Eastern Ontario Regiment

Regiment

Regtl. No. 3321658

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

DUPLICATE

(Class 1)

G.B.
3/8/18

1. Surname..... Auger
2. Christian name..... Emile
3. Present address..... 65 Montcalm St., Hull, Que.
4. Military Service Act letter and number..... SC 254051
5. Date of birth..... Aug. 5th, 1895
6. Place of birth..... Plaisance, Que.
(town, township or county and country)
7. Married, widower or single..... Single.
8. Religion..... R. C.
9. Trade or calling..... Blacksmith.
10. Name of next-of-kin..... Mrs. Milina Auger.
11. Relationship of next-of-kin..... Mother.
12. Address of next-of-kin..... 65 Montcalm St., Hull, Que.
13. Whether at present a member of the Active Militia..... No.
14. Particulars of previous military or naval service, if any..... Nil.
15. Medical Examination under Military Service Act:—
(a) Place..... Hull, Que. (b) Date..... 11th Oct, 1917. (c) Category..... A-11

DECLARATION OF RECRUIT

I, Emile Auger, do solemnly declare that the above particulars refer to me, and are true.

Emile Auger (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22 yrs. 9 mths.
 Height..... 5 ft. 5 ins.
 Chest measurement } fully expanded..... 34 ins.
 } range of expansion..... 3 1/2 ins.
 Complexion..... Medium
 Eyes..... Brown
 Hair..... Black

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Nil

A. Dupuis Lt. Col.
O. C. O. C. 2nd. Depot Batt. E. O. R. Depot Btl.

Regt.

Place OTTAWA Date MAY 22 1918

DENTAL HISTORY SHEET

DATE: _____

TIME: _____

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP: _____
 OCCUPATION: _____
 ALLERGIES: _____
 MEDICATIONS: _____
 PREVIOUS DENTAL WORK: _____
 CURRENT DENTAL WORK: _____
 X-RAYS: _____
 OTHER: _____

SMOL DENTIST

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Auger Christian name Emile
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule SC 254051
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) 63 Montcalm, Hull

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of October 1917, by the undersigned medical board sitting at Hull, Que.

5. Age as stated 22 Years 9 Months. 6. Apparent age _____ Years _____ Months
7. Height 5 Feet 5 Inches. 8. Weight 136 Pounds.
9. Chest measurement { Minimum 30 1/2 Ins. 10. Complexion Medium { Eyes Brown
Maximum 34 Ins. Hair Black
11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks _____
13. Number of vaccination marks { Right arm none
Left arm none 14. When vaccinated last _____
15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 11 R. D. 40
L. D. 40

C. S. Aubry Member. W. H. Kuentz President.
W. J. Chapman Member.

| Date | Result | VACCINATIONS | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|---------------------|--------------|----------------|----------------------|---------------------------------|
| <u>23/8/18</u> | <u>W. H. Kuentz</u> | <u>M.O.</u> | <u>25-5-18</u> | <u>W. J. Chapman</u> | <u>M.O.</u> |
| | | <u>M.O.</u> | <u>4-9-18</u> | <u>W. J. Chapman</u> | <u>M.O.</u> |
| | | <u>M.O.</u> | <u>24-8-18</u> | <u>W. J. Chapman</u> | <u>M.O.</u> |

Joined 8th day of May 1918 at OTTAWA

| CORPS | REG'TL NUMBER | HABITS | DATE |
|-----------------------------|----------------|--------|---------------|
| <u>2nd Depot Bn. E.O.R.</u> | <u>3321658</u> | | <u>8-5-18</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|------------------------|----------------|---------|-----------------------------|
| <u>Rockcliffe Camp</u> | <u>17-8-18</u> | | <u>Det. A. J. [unclear]</u> |
| <u>"</u> | <u>24/9/18</u> | | <u>A. J. [unclear]</u> |

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man Emile Auger

1.7

FORM OF WILL.

I, Emile Auger (Name in full)

Regimental Number 3321658 serving in 2nd. DEPOT BATTALION,
Eastern Ontario Regiment.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Nil. } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Milina Auger, (Mother) } Name and Address
65 Montcalm St., Hull, Que. } of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
**THE SOLDIER
HIMSELF.**

this 22 day of Mar A. D. 1918

Emile Auger Signature of Soldier.

*N.B.—Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact~~ everything
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both present at the same time, who in his presence, at his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness M. M. Knechtel
Address of Witness 2nd. DEPOT BATTALION,
Eastern Ontario Regiment, OTTAWA

**THE TWO
WITNESSES
MUST
SIGN HERE**

Occupation of Witness Soldier, C. E. F.
Signature of Second Witness Rubenstein
Address of Witness 2nd. DEPOT BATTALION,
Eastern Ontario Regiment, OTTAWA

Occupation of Witness Soldier, C. E. F.

FORM OF WILL

I, the undersigned, do hereby declare that I am of legal age and sound mind, and that I have no legal impediment to the making of this will.

I have no legal obligation to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person.

I have no legal obligation to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person.

I have no legal obligation to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person.

I have no legal obligation to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person.

I have no legal obligation to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person, and I have no legal duty to provide for any person.

MILITIA AND DEFENCE.

No.....

H.M.T. "HUNTSEND", Oct. 7th 1918

To O.C. Troops

3321658 PTE AUGER, Emile
Draft 121

I have to report that the marginally noted man died at sea at 3. a.m., October 7th, 1918. This man first reported sick October 4th, 1918 and was receiving medical attention up to the time of his death.

I HEREBY CERTIFY that the cause of death was due to "Influenza".

D. Nathan

Capt.
C.A.M.C.

Rank Name AUGER. Emile

Reg'l No. 3321658. ✓

Unit ¹²¹ 212st Dft. 2nd Dep. Bn What Unit? }
E.O.R. to 6th Res. If in perm. Corps, }

Married or Single Single.

Place and Date of Enlistment Ottawa. May 22nd 1918

Place of Birth Plaisance. Que.

Name and Address, Next-of-Kin Mrs. Milina Auger.

65 Montcalm St. Hull. Que.

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 8312
File R.L. 25-A-5048.
Category *blind*

Discharge, Date and Place

Reason

Character

Report.

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date.

REMARKS
Taken from Official Documents

Date.

From whom received.

| | | | | | |
|-----------------|------------------------------|---------------------------|--------------------|----------------|-------------------|
| | | | | | |
| | <i>C.</i> | | | | |
| <i>28-10-18</i> | <i>6th Res Bn</i> | <i>T.O.S. from Canada</i> | <i>The Seaport</i> | <i>26-9-18</i> | <i>pt. 255</i> |
| <i>28-10-18</i> | <i>✓</i> | <i>"Died at Sea"</i> | <i>" "</i> | <i>4-10-18</i> | <i>255</i> |
| <i>8-11-18</i> | <i>E.O.R.</i> | <i>"Died at Sea"</i> | <i>" "</i> | <i>4-10-18</i> | <i>C.L.C. 356</i> |

*mx.
7/2/21 m.j.*

Register No. DA 442

WAR SERVICE GRATUITY

A.P. File No. 603-F-10

TO

DEPENDENTS OF DECEASED SOLDIERS

Emile

Regt'l No. 332165-8 Name Emile Auger
(Christian Name) (Surname)
 Unit 20-Res. Bn. Rank Pvt. Date of enlistment.....
 Date of casualty 12-10-18 B.P.C. File No. 85381
 Was service performed overseas? yes

DEPENDENT

Name Mrs. Eugenia Auger Relationship Mother
 Address 63 Beutcalm St.
Hall

Amount of Special Pension Bonus \$ nil Abstracted by Mrs. E. W. Ross
P.L.

Eligible for Gratuity \$.....
 Less amount of Special Pension Bonus paid..... \$.....
 Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$.....

Balance due \$.....

Cheque No..... Date issued.....

REMARKS : not eligible

Clerk [Signature]

Audited by
 Date

Noted by 17
18/8/20

M.F.W. 2652
25M-6-20.
H.Q. 1772-33-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Surname Christian Name

Regimental Number Rank Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53061—M. & D. 9721

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Overpayments to be Recovered | Total Amount Paid |
|--------------------------|-----------------|------|-------------------|-----------------|------|-------------------|-----------------|------|-------------------|---|-------------------------|
| | Cheque No. A | Date | Amount 30 days | Cheque No. B | Date | Amount 30 days | Cheque No. C | Date | Amount 31 days | | |
| | | | | | | | | | | | |

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

350m.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 7. Coy 2nd Depot Bn E. OR.
 Regimental No. 3321658 Rank plie Name Anger, Emile
 C. E. F.
 Enlisted (a) 21/5/18 Terms of Service (a) C. E. F. Service reckons from (a) 21/5/18.
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended Re-engaged Qualification (b) Blacksmith.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|--------------------|--------------------|---|---------------------|-----------------|---|
| Date | From whom received | | | | |
| 6-6-18 | | A. W. L. from 6-6-18 to 12-8-18. | | | B. O. 196-15-7-18 CERTIFIED CORRECT Transfer to No 121.... Draft, B. O. <i>J. Pearce</i> Major O. C. "D" Company. |
| 26/9/18. | | Embarked <u>H. Huntford</u> | <u>Hooker.</u> | <u>29/9/18.</u> | <u>Walden Lt. OC Draft 121.</u> |
| 7/10/18. 2.55am | | Dred on board <u>H.M. J. Huntford</u> | <u>On high seas</u> | <u>7/10/18.</u> | <u>Walden Lt. OC Draft 121</u> <u>2 1/8 Dept</u> |

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

H. Q. 345-4-9369.

✓ AUGER, Pte. ✓ Emile, #3321658, ✓

Res.
6th Bn.

Med & D

(Mother)

Mrs. Melina Auger,
63 Montcalm Street,
Hull, Que.

P & S

(Father)

Mr. Charles Auger,
Address as above.

(Ser #760287)

JUN 1

Scrou Desp.

Regn. No 245533

Mem Cross

(Mother)

Address as above.

Plague Desp.

Regn. No

P. 8711.

*Not elig. for star
" " " V.M.
" " " B.W.M.
m.f.*

NOV 20 1921

47498

died at sea

(Signature)

1074

M 45-268 FEB 15 1954

1074

1074

D ¹⁸/₁₀ ⁷/₁₈
auth table
R724. 10/1/18

Surname Auger.....

Christian names Le mile.....

Regtl. No. 3321658 Rank Pte.....

Unit East Ont Regt 2nd Dep Bn Reason Died at Sea......

H. Q. ✓

M. D. No. 3.....

T. O. S. May 8th 1918.....

D. O. Pt. II 128 of.....

S. O. S. Dis. 7-10-1918.....

Auth. D.O. 10 of 7-10-18 H.M. J.
J.G.S. 100 Husband

Next of kin Auger, Mrs Milina Relationship mother.....

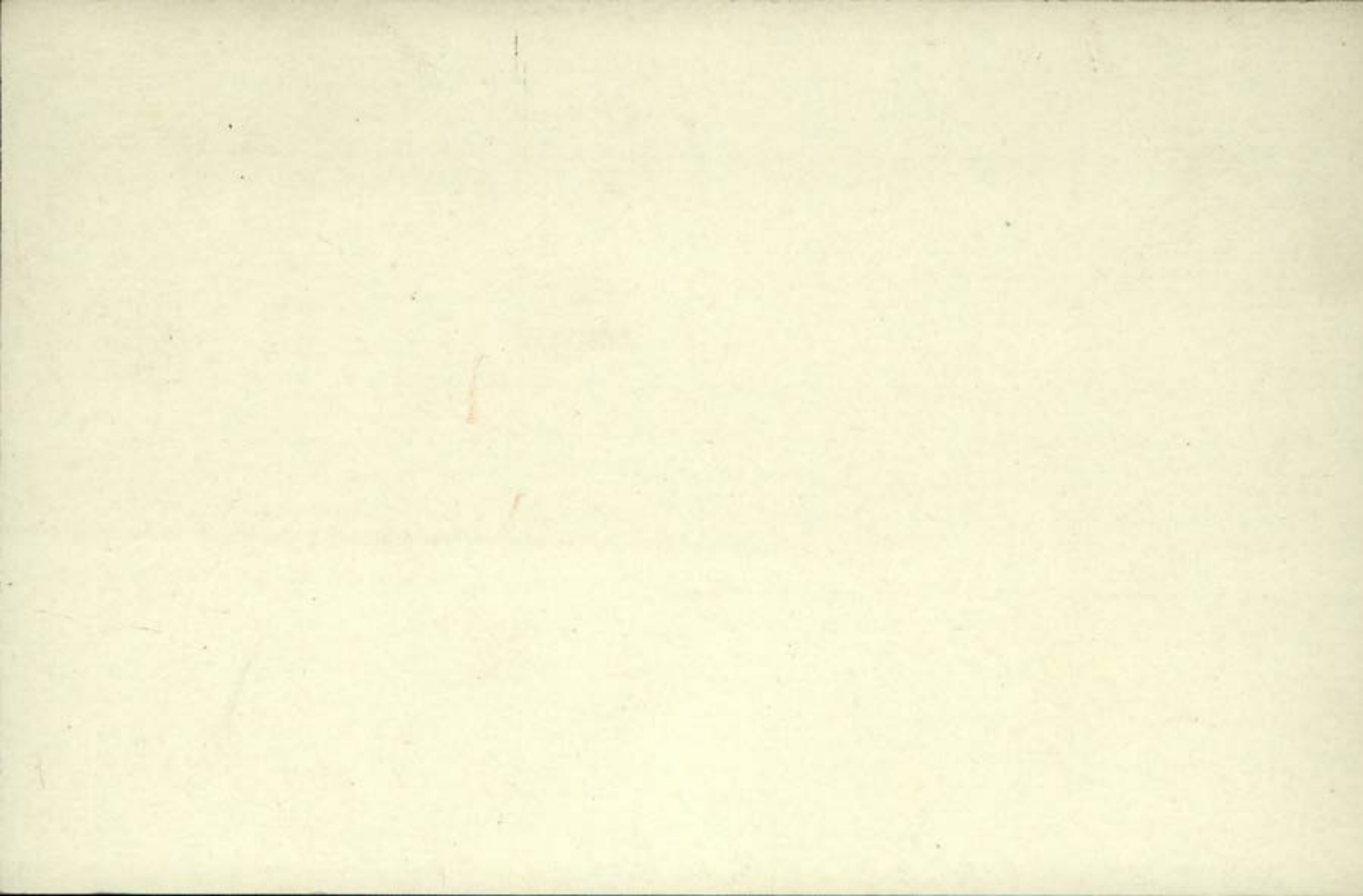
Address 65 Montcalm St
Hull P. Q......

Also notify:.....

BORN—Place Canada, Plaisance P. Q. Date Aug 5th 1895.....

ATTESTED—Place Ottawa Ont. Date May 22nd 1918.....

O/S 28-9-18. 1461 R/C.....



No. 3321658 RANK Pte

NAME Auger E. mile

T. O. S.

UNIT 2nd Depot Battalion C.O.R.

M. D. 3

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|----------------|------------------------|---------------------|---|-----------|
| | | | PARTICULARS | AUTHORITY |
| 1918 May 23 | 1918 May 31 June | n. n. | | |

EMILE ✓
U ANGER ✓

A.L. 95-Q. 2048 ✓

Rank PTE ✓
 Reg. No. 3321658 ✓

Unit 6th Res Bn.

Next of Kin Mrs. M. Anger (mother)
 65. Montcalm St. Hull, Que.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|-------------------------------------|-----------------------------|-------|--------------------|----------|-----------------|-----------|
| 12-10-18 | DIED AT SEA | | C356 Influenza. | 4395 | 3018 174 | |
| 7-10-18 | | | | | | |
| Born | 5 th August 1895 | | | | | |
| Relig: | R.C. | | | | | |
| N/K | Mother. | | | | | |
| Dis. all the way from Hull 15-10-18 | | | | | | |

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

0356

Died at sea

7-10-18

Influenza

REGT'L. No. 3321658
H. Q. FILE No. 649

NAME Auger Emil

RANK AND CORPS Pvt 20th Res Bn Tonn

FOLLOWS
NO. E O R 2nd Div
FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

| | | |
|-------------------------------|-----------------------------|---|
| NPA Mrs Melina Auger (Mother) | 65 Montcalm St Hull Que. | |
| H 395 | 249. 15-10-18 | Dl. at sea Oct 12 th / 18 ✓ |
| Q 724 | 10-11-18 | Re. my tele Oct 12 th H 395. date & Cause of death, Oct. 7 th / 18 Influenza |

Surname
AUGER

Christian Name or Names
E.

Reg. No.
3321658

Rank
Pte.

Unit
EO 6R.

Cas. List.

8-11-18C356

DIED AT SEA 7-10-18.
Influenza. *R.*

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

Date of Enlistment 8/5/18

MILITIA AND DEFENCE
Separation and Assigned Pay Branch
OVERSEAS CONTINGENTS

A 5834

Date of Assignment
Oct 1/18

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|--------------|--|--|--|
| <u>20.00</u> | | | |
|--------------|--|--|--|

mw

PARTICULARS OF SEPARATION ALLOWANCE

| | | | |
|--|----------|----------|-----------|
| No. | Promoted | Reverted | Discharge |
| Soldier's Name | | | |
| Eattalion <u>2nd Depot Batt E.C.R. D/A 121</u> | | | |
| Beneficiary | | | |
| Relationship | | | |
| Address | | | |

PARTICULARS OF ASSIGNMENT

| | | | |
|-------------------|---------------------------|----|-------|
| Name | | | |
| Address | | | |
| Change of Address | | | |
| 1 | MRS. MELINA AUGER, | | |
| 2 | 63 MONTCALM ST., | | |
| 3 | HULL, P.Q. | 20 | 20.00 |
| 4 | % 3321658 PTE EMILE AUGER | | |
| | TWENTY DOLLARS | | |

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|------|------------|------------|------------|-------|---------|
|------|------------|------------|------------|-------|---------|

| | | | | | |
|------------|-------------|--|-----------|-----------|--|
| <u>Oct</u> | <u>2601</u> | | <u>20</u> | <u>20</u> | |
|------------|-------------|--|-----------|-----------|--|

603 E-10 REMARKS 3321-6

9710 acc. Mailed 25-10-18

KILLED IN ACTION }
 DIED OF WOUNDS } DATE 12-10-18
at sea
 C. L. No. 336 DATE 19-10-18
 P. R. 20507 TO DESTROY RENDERED 29/10/18
 B. P. G. Form 1 & G. F. X. COMPLETED ON FILE
M. J. Lebo DATE 23/10/18

M. F. W. 128.
40000-6-17-1772 89-1141
L. L. 22229-M. & D. 1983.

AUTHORITY FOR NEW ACCT. }
MD 3 B 10
Jamison 23/10/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

CANCELLED

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
400A-17-1773-88-1141
L. L. 2220-M. & D. 1983

AUTHORITY
FOR
NEW ACCT.