

ORIGINAL

5th., M. D. FIRST Depot Battalion SECOND QUEBEC Regiment
Regtl. No. 3281298 D. No. 17-D-825

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917



(Class ONE)

1. Surname..... De Ernsted,
 2. Christian name..... Henri,
 3. Present address..... 28 D'Aiguillon Str. Quebec. P.Q. Canada.
 4. Military Service Act letter and number..... 230802
 5. Date of birth..... November 9 1895
 6. Place of birth..... Quebec, P.Q. Canada,
 (town, township or county and country)
 7. Married, widower or single..... Single,
 8. Religion..... Roman Catholic,
 9. Trade or calling..... Book Keeper
 10. Name of next-of-kin..... Wilfrid Antoine Jean De Ernsted,
 11. Relationship of next-of-kin..... Father,
 12. Address of next-of-kin..... 28 D'Aiguillon Str, Quebec, P.Q. Canada.
 13. Whether at present a member of the Active Militia..... No.,
 14. Particulars of previous military or naval service, if any..... No.,
 15. Medical Examination under Military Service Act:—
 (a) Place..... Quebec (b) Date..... 28-5-18 (c) Category..... A 2

DECLARATION OF RECRUIT

I, Henri De Ernsted, do solemnly declare that the above particulars refer to me, and are true.

Henri De Ernsted (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22	yrs..... 6	mths.....	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height..... 5	ft..... 9½	ins.....	
Chest measurement } fully expanded..... 35½	ins.....		
	range of expansion..... 3	ins.....	
Complexion..... Fair			
Eyes..... Blue,			
Hair..... Fair,			

99-5

W. C. O. C.
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
O. C. Depot Btln.

SECOND QUEBEC Regt.

Place..... 28-5-18 Quebec Date..... 28-5-18

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

<p>1. Surname</p> <p>2. Christian name</p> <p>3. Present address</p> <p>4. Military service, or rank and number</p> <p>5. Date of birth</p> <p>6. Place of birth</p> <p>7. Marital and civil status</p> <p>8. Religion</p> <p>9. Trade or calling</p> <p>10. Name of employer</p> <p>11. Relationship of next of kin</p> <p>12. Address of next of kin</p> <p>13. Whether in the armed forces of the British Empire</p> <p>14. Particulars of previous military or naval service</p> <p>15. Medical examination under Military Service Act</p>	<p>16. Name of next of kin</p> <p>17. Relationship of next of kin</p> <p>18. Address of next of kin</p> <p>19. Whether in the armed forces of the British Empire</p> <p>20. Particulars of previous military or naval service</p> <p>21. Medical examination under Military Service Act</p>
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DECLARATION OF RECRUIT

I, *[Signature]*, do hereby declare that the above particulars are true and correct.

Signature of Recruit

DESCRIPTION ON CALLING UP

Height	5 ft 6 in	Weight	140 lb	Build	Medium	Complexion	Fair	Hair	Brown	Eyes	Blue	Distinguive marks and marks appearing on general appearance or previous disease
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Signature of Recruiting Officer

Date

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Docs 8.10 — /

MSB 465 — /

ASB 122 — /

MSW 113 — /

M. F. W. 62.

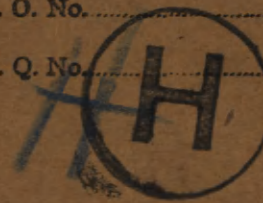
50M.-9-16.

H. Q. 1772-39-035.

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



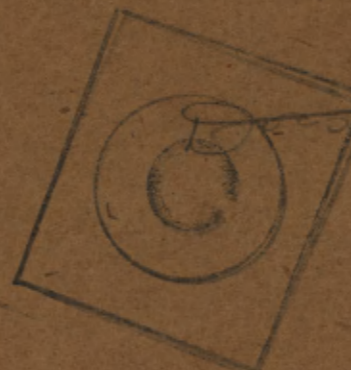
Name DeERNSTED HENRI

Regt. No. 3281298 Rank Pte

Corps 1st Depot Bn 2nd Q. R.

Deceased 8-10-18

09012

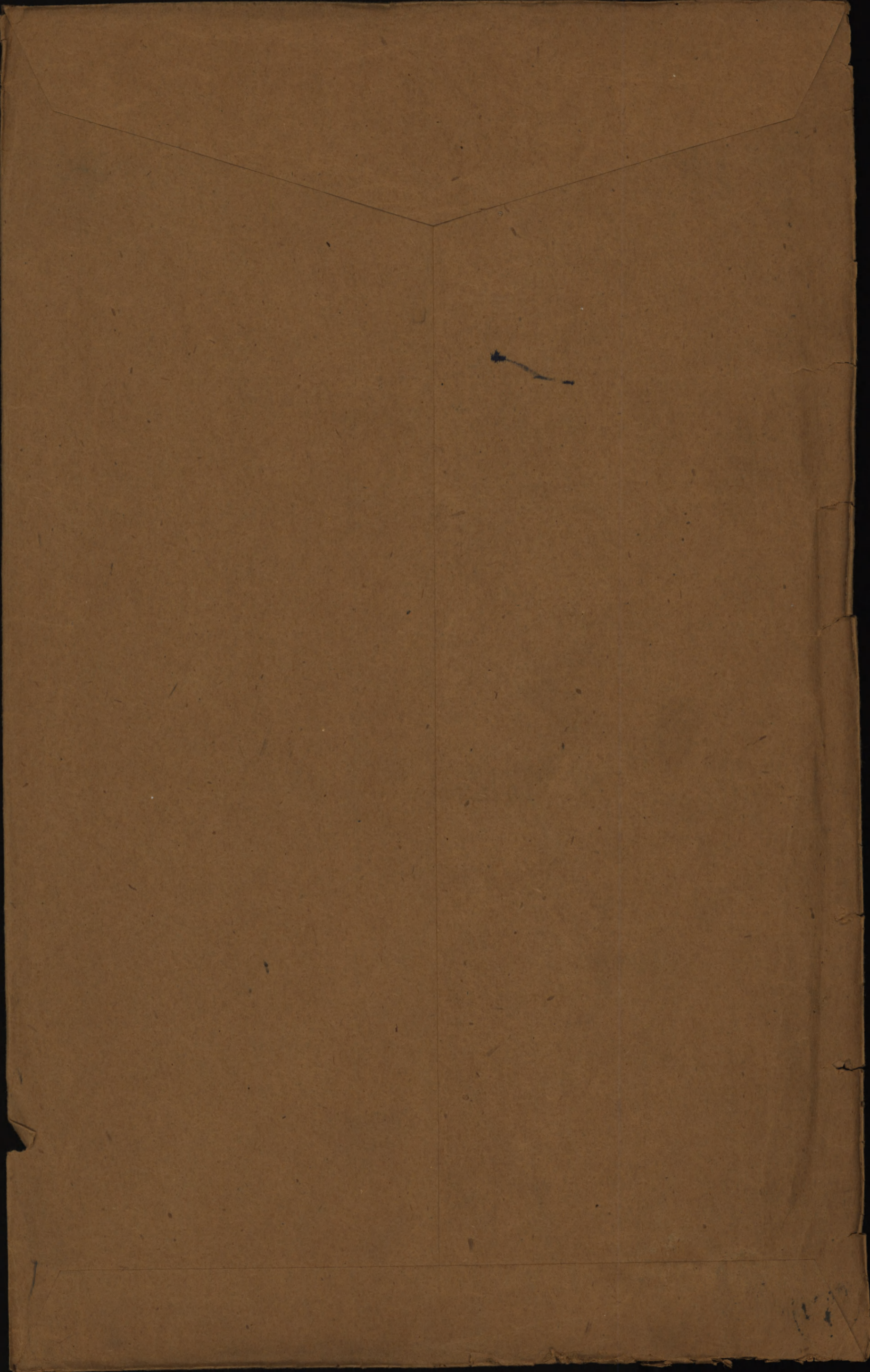


Ret 15.12.18

1-4

1-4



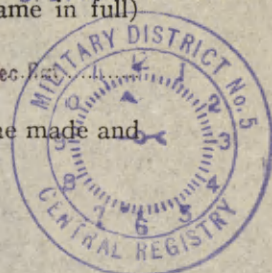


FORM OF WILL

I, Henri De Ernsted, (Name in full)

Regimental Number 3281298 serving in 1st Depot Bt. 2nd. Quebec P.Q.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.



OCT 9 1918

I devise all my real estate unto

"Father" Wilfr'd Antoine Jean De Ernsted

28 D'Aiguillon Str.,
Quebec. P.Q. Canada.

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

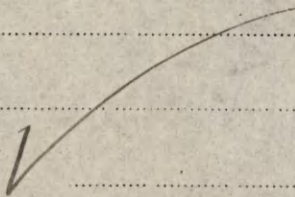
absolutely, and my personal estate I bequeath to

Wilfr'd Antoine Jean De Ernsted, "Father"
28 D'Aiguillon, Street,
Quebec. P.Q. Canada.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.



IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 28th day of May A.D. 1918

Henri De Ernsted 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 P. J. Fontaine

Address of Witness Drill Hall Quebec.

THE TWO
WITNESSES

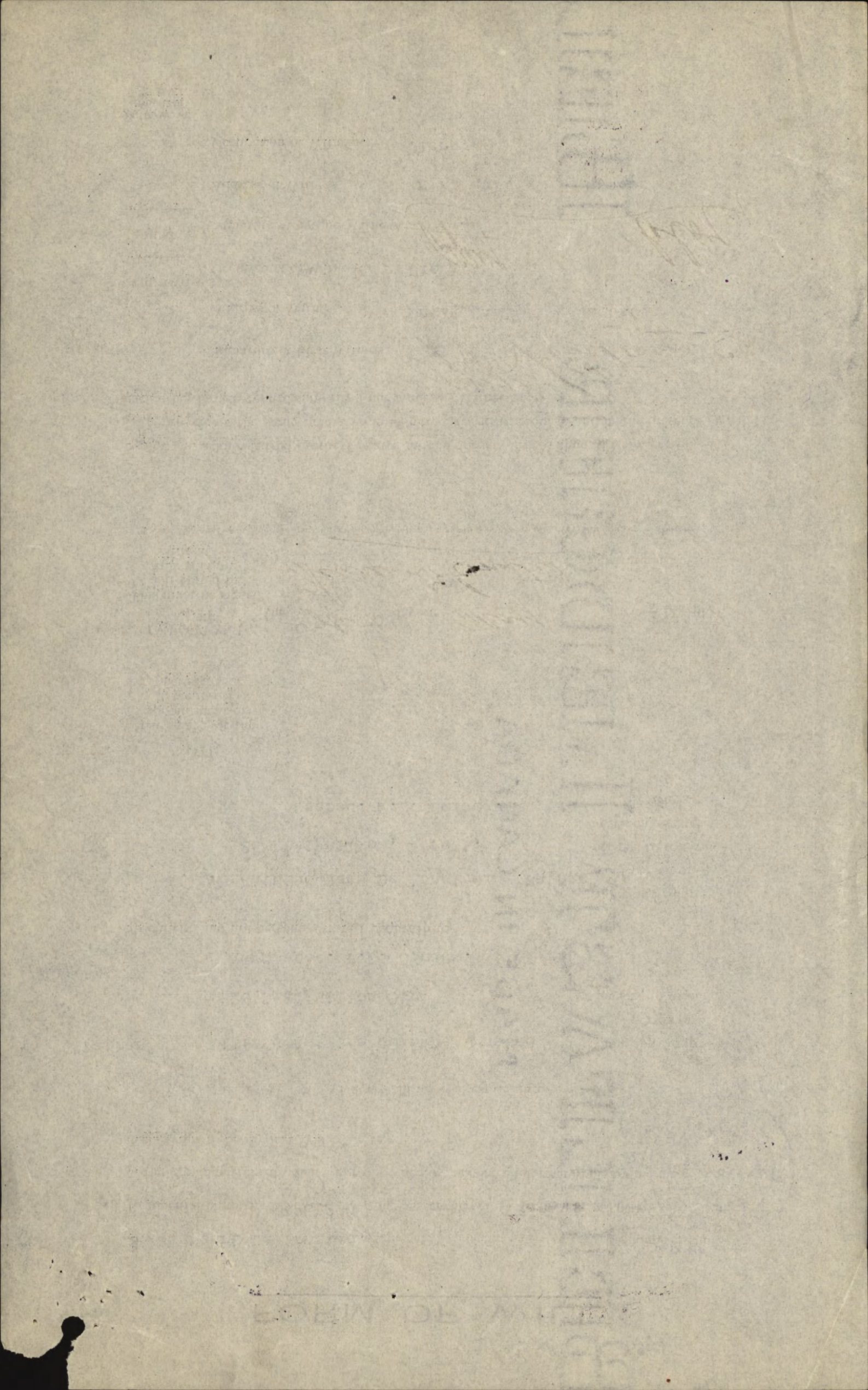
Occupation of Witness Clerk,

MUST
SIGN HERE

Signature of Second Witness P. J. Fontaine

Address of Witness Drill Hall Quebec.

Occupation of Witness Clerk,



DU SERVICE MILITAIRE
FEUILLE MÉDICALE

3281298
3281298
A copy



IMPORTANT.—Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informerait qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

- 1. Nom de famille *De Ernest* Nom de baptême *Henri*
- 2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste. *230802*
- 3. Numéro consécutif de la liste des déclarations (s'il y apparaît).....
- 4. Adresse (y compris la rue et le numéro s'il en existe)..... *Daiguillon St. Luc*

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le *28* jour de *May* 191*8*, par le bureau médical soussigné siégeant à *Went Hall St. Luc*

- 5. Âge affirmé. *22* ans. *6* mois.
- 6. Âge apparent. *22* ans. *-* mois.
- 7. Hauteur. *5* Pieds. *9 1/2* pouces.
- 8. Poids. *139* livres.
- 9. Mesure de poitrine { Minimum *32 1/2* pouces
Maximum *30 1/2* pouces
- 10. Couleur. *fair* { Yeux *blue*
Cheveux *fair*
- 11. Développement physique. *good* { Bon
Moyen
Pauvre
- 12. Marques de vérole. *-*
- 13. Nombre de vaccinations { Bras droit. *-*
Bras gauche. *1*
- 14. Dernière vaccination. *childhood*
- 15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure. *nil*

Signature de l'homme *J. De Ernest*

16. Défauts légers insuffisants pour l'exemption. *nil*

Le sujet nie avoir souffert de { Rhumatisme
Tuberculose
Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme
Tuberculose
Syphilis }

(Rayez la maladie admise ou soupçonnée.)

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie *A2*

*vision R. P-20 L. D 20
Hearing R. O.K L. O.K*

J. De Ernest Membre *Went Hall Capt* Membre
op Farrell Capt Président

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.

Enrôlé le *29* jour de *May* 191*8* à *Quebec*

CORPS	No. dans le régiment	HABITUDES	DATE
	<i>3281298</i>		<i>28/5/18</i>

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.

QUARTIER	DATE	MALADIE	RESULTAT

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

No. 3281298 RANK *Pvt*NAME *Deersted Lewis*T. O. S. *28-5-18*
no. 149 of 5-18

UNIT

*1st Depot Battalion, 2nd Quebec Regt*M. D. *5*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

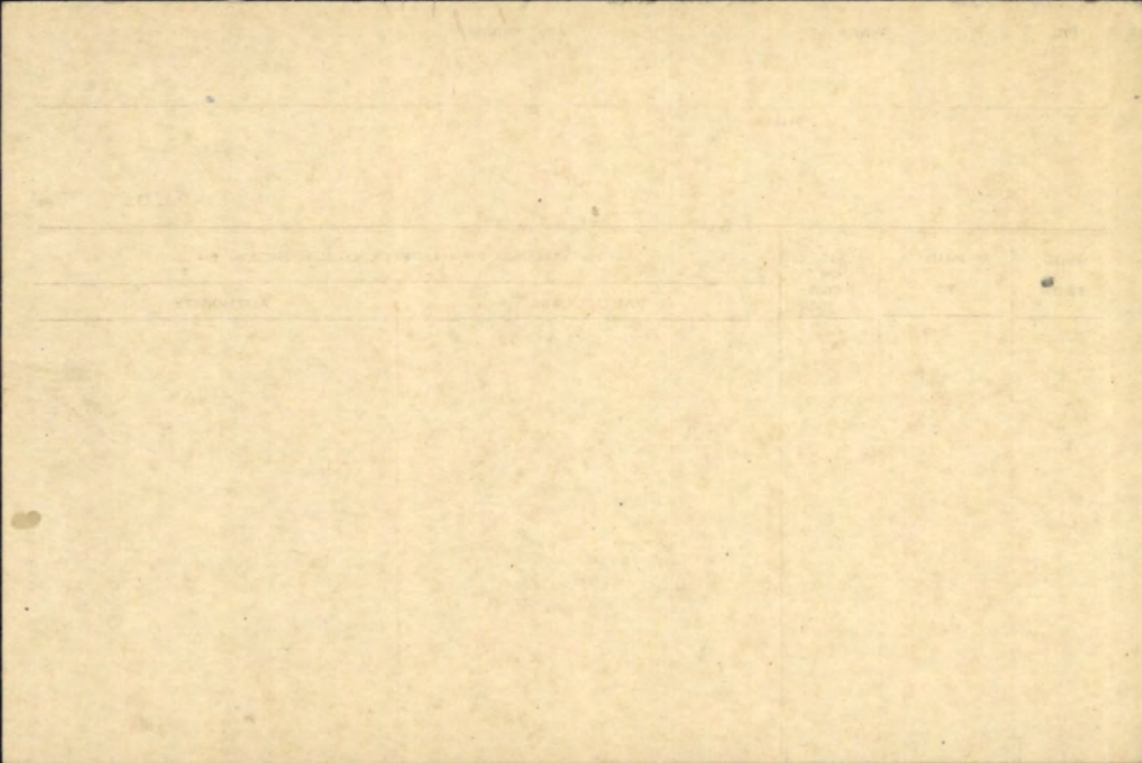
PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1918	1918
<i>May 28</i>	<i>May 31</i>
<i>June</i>	

ms
*w**From 76 Coy*



649-D-15306.

DeErnsted H. Cpl. #3281298-C.E.F. *1/2nd. Que. Regt.*

Medals
& Dec. (father)

W.A.J. DeErnsted, Esq.,
10 Julia St.,
Quebec, P.Q.

P.&S. (father)

ditto

Rev # 806941

Mem. C. (father)

ditto

Mother died subsequently.

OCT 13 1921
Serial Disp. *2 53285*

JAN 24 1922
Plague Disp. *Re 5253 no doc.*

Canada only

M
A

50319

MAY 28 1921

872

LEDGER NO.

4192.244

SERIAL NO.

REG. NUMBER

3281298

NAME

De Ernsted

RANK

Pvt

CORPS

-10 98

AGE

SERVICE

NAME OF HOSPITAL

Drill Hall,

PLACE

Quebec.

DATE OF ADMISSION

DISEASE

Influenza

TRANSFERRED TO OTHER HOSPITALS

Deid. 7-10-18

OPERATION

DISCHARGED TO

IN CATEGORY

M. F. W. 2553.

50m.—6-18.

1772-39-1332.

P. T. O.

REMARKS:.....

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CHANGE / OF / ADDRESS

No. 3281298 Rank Cpl. Surname De Erusted Christian Names H

Address Prof. Father Mr. W.A.J. De Erusted

10 Julia St

Quebec

A+6

Section

12.5

no docs

860000

CHURCH OF ENGLAND

CHURCH OF ENGLAND

CHURCH OF ENGLAND

CHURCH OF ENGLAND

Original not available
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot 2nd Que

Regimental No. 3281298

Rank V Lt

Name De Enated, Henri

C. B. F.

Enlisted (a) 28-5-18

Terms of Service (a) By

Service reckons from (a) 28-5-18

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)

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				
10-10-18	1/2nd Que	Deceased	Quebec	8-10-18	24. II D.O. 283
12-10-18	..	is amended to 6 10/18 instead of 5 10/18	" "	6.10.18	24. II D.O. 285

J. C. Augman
 Capt for S/S

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

