ST. ONGE
RICHARD
B24345

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: Richard ST. ONGE (b) Reg'l. No. B24345
2. (a) Arm of service: Army (b) Unit: A 10 I.(A) T.C. (c) Rank: Pte
3. (a) Date of birth: 6 Feb 13 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Espanola, Ont.
4. (a) Place of enlistment: Sudbury, Ont. (b) Date of enlistment: 26 Jan 41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 14 years (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 6 years. Public School
7. If you attended a university, give name of university and standing or degree secured: N/A
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? (b) What languages do you read well?

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Not Working (b) At time of enlistment of what trade union or professional society were you a member? None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: Carpenter's Asst. (b) State how long you had worked at this trade or occupation: 10 years.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified:
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: from June 40 to Nov 40
15. Give details of last employer, if any: Name: Ontario Government Address:
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Construction
17. (a) If your last employment was in a business of your own, state nature and address of business: (b) Date of discontinuing it:

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Address:
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.):
20. (a) Your specific occupation: (b) Number of years' experience at this occupation with any employer:
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice: (b) Where was it located?
23. (a) Number of years engaged in this business: (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? N/A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): None
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Electrical Work

DATE: 1st May 41 194..... SIGNATURE: R. St Onge

Full O.K. WC CHECKED. 21-3-46

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

A-10 / I.(A).T.C. RCE
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Personnel Selection Record

SAPPER ~~Bance-Corporal~~ N.T.
Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
B-24345.	L/Cpl.	ST ONGE, Richard.	A.	29	B-1.

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
English.	French.	A-10 I.(A).T.C.	Jan. 1943.

II. Revised Examination "M"

CAMP BORDEN, Ont. — Place Tested; 15 Jan 43. — Date Tested; A.M.B. — By Whom

118. Total; 1V. Group; Subtests 17 (1) 14 (2) 15 (3) 22 (4) 19 (5) 7 (6) 5 (7) 19 (8); Subtotals 46 (1–3) 41 (4–5) 31 (6–8); English. English or French

Other Tests

None.

28 Oct.43.

Y.O.B.	P	U	L	H	E	M	S
13	1	1	3	1	1	1	1

III. Educational Background

Y.O.B.	P	U	L	H	E	M	S
13	1	1	1	1	1	1	1

Completed Grade 111 in rural school
Attended school until 14. Doesn't remember age when he started.
Missed considerable time on account of illness.

IV. Occupational Background

Labourer - Varied jobs - 13 years.

MER

V. Military Background

Enlisted January 1941. At A-10 ever since.
Has done no infantry Training.
Present position is fire-man on jacket heaters. M.F.M. 6 shows no entries.

VI. Other Personal History and Appraisal

Age: 30 Height: 5' 6½". Weight: 130 lbs. Med. Cat: B-1.

This junior N.C.O. is an intelligent French Canadian of good appearance and co-operative manner who never had a chance to complete his schooling properly. He is married and has four children. Family life seems happy.

St. Onge likes to read detective fiction. Softball is his only team game. He has no strong hobbies or interests although he plays several musical instruments by ear. He is a moderate smoker; drinks hardly at all. Social interests are normal. Sub-total one of "M" Test indicates native ability well above average. His manner is pleasant and co-operative He seems keen, alert, and business-like. Stability is sound.

VII. Recommendations

Remain on H.W.E.

(Signed) H.O. Barrett
Army Examiner
(H.O. Barrett) Lieut.

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

26 Jan. 44.

3 under the L for varicose veins. No Basic Training. Electrician in civilian life. Co-operative and alert and anxious to proceed overseas if possible.

Recommendation: Transfer to A 5 C.E.T.C. Pettawawa.

L E Browning Lt.
(L.E.Browning) A.E.
A-10 C.I.T.C.

(A5) C.E.T.C.

H.W.E. withdrawal from A.10 C.I.T.C. L-3 in Pulhems. Education limited but may be able to manage trade training as he has bolstered his education, by reading.

R.C.E. Stoker (Stat1 Eng) T.T.

Pwa.Mil.Camp, Ont.
15 Feb 44

A H Smith Capt
(A.H. Smith) Capt. A.E. (A5)
Personnel Selection Staff.

(A5) C.E.T.C.

No quota at trade school for Stokers(Stat.Eng). To be reallocated or made available with present qualifications. Auth: H.Q. 54-27-35-309 (Org A3C) Ottawa, dated 14 Jun 44. Make available in present qualifications.

R.C.E. Sapper N.T.

Pwa.Mil.Camp, Ont.
30 Jun 44

A H Smith Capt
(A.H. Smith) Capt. A.E. (A5)
Personnel Selection Staff.

(A5) C.E.T.C.

SUITABLE FOR OVERSEAS R.C.E. (Operational) Sapper N.T.

Pwa.Mil.Camp, Ont.
26 Jul 44

A H Smith Capt
(A.H. Smith) Capt. A.E. (A5)
Personnel Selection Staff.

1 CERU: O/S 11 Aug 44. 13-211111 (28.7.44) Non-tradesman, L of C.

12 Aug 44.

A. Ryan Capt.
(A. Ryan) SPO.

13 CIB Remustered to CIC Aug 44. Completed conversion trg. with Wpg. Gren. SOS to X4 list 28 Sept 44.

W G Meneilley
(W.G.Meneilley) Major
SPO 13 CIB

SOS to X-4 List as Infantry Reinforcement

P, a P
both in 2's

Mrs. Lyda St. Onge,
88 Second Street,
Espanola, Ont.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-S-28,227 FD 293

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

Jan 2 1945

ESTATES BRANCH JAN 8 1945 H.Q. OTTAWA. NATIONAL DEFENCE

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

ST ONGE Richard Pte.

B.24345 Canadian Army

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

G E Baird Capt
Director of Estates.

/MR

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Leda St. Ange	32	Espanola, Ontario.
2	Children of the Deceased and dates of their Births.....		Edward Richard St. Ang	9	Espanola, Ontario
			Samuel Camille St. Ange	7	" "
			Leo St. Ange	5	" "
			Henry Rene St. Ange	2	" "
3	Father of the Deceased.....		Stanislas St. Ange	71	Espanola, Ontario
4	Mother of the Deceased.....		Cecilia St. Ange	deceased. - 1918, July 8.	
5	Brothers of the Deceased	Full Blood	Adrien St. Ange	39	Espanola, Ontario.
			Charles St. Ange	41	Montreal, Quebec.
			Armand St. Ange	34	13 George St. Sault Ste Marie, Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Solmie Hicken	27	Montreal, Quebec.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Richard St. Ange
9	Date of his birth.	March 31, 1913
10	Place and date of his marriage.	Espanola, Ontario, July 31, 1933
11	Place and date of his parents' marriage.	Valleyfield, Que. date unknown

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Valleyfield, Quebec.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Valleyfield Quebec - 5 years (b) Espanola, Ontario, 23 years. (c) (d)
14	Nature of employment before enlistment.	labourer
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Sault Ste Marie, Ontario.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	not that I know of.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	nil.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	October 7/44 purchased war bond overseas.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Confederation Life Ins. Co Toronto, Ont. - $1300.00 - Mrs. Leda St Ange.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	nil.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Leda St. Onge — Signature of Informant

Espanola, Ontario — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief

See above. Leda St. Onge {Name of informant} is the widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Espanola this 4th day of January 1945.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. A C Buckley — Qualification Justice of the Peace

Address Espanola Ont.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

The Insurance policy mentioned on page 3 was not valid while he was overseas. After his death I collected 83. 26 —. $78.00 was the amount paid by him and the interest amounted to 5. 26.

Received..... Checked..... Card..... Observations..... WILL FORM M.F.M. - 10 COMPLETED.

FINGERPRINTED

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.D. 2 NOM. ROLL AUG/SEP 1942

M.F.M. 2
A.F.B. 271
200M—10-40 (7370)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit No. 1 Can Inf (R) Trg. Centre Regimental Number B-24345

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname ST. ONGE
2. Christian Names Richard
3. Present address Espanola, Ontario.
4. Date of birth 6 February, 1913
5. Place of birth Canada (Country) Quebec (County or Province) Valleyfield (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling electrician's helper
8. Married, Widower or Single Married
9. Name of next of kin Leda St. Onge
10. Relationship Wife
11. Address of next of kin ~~Espanola, Ont.~~ ~~Water Street Penetang~~ Ont. See change
(Pr. II SD. 0225 18-9-41)
12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force? No (Yes or No) (b) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, Give Regimental No. and Unit) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Richard St. Onge do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 26-1-41 Witness L. Cpl. Smith A. Richard St. Onge (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Richard St. Onge do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Richard St. Onge (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Sudbury this 26 day of January 19 41

Signature of Magistrate, Justice or Attesting Officer.

Captain — Office or Rank and Unit or Appointment.

N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Occupational History Form Completed

Capt.
Lavallier, Capt.

B-24345

Record of Service of St ONGE (Surname) Richard (Christian Names) Regimental Number

Qualifications

Military: None

Business or Professional: None

Trade or Civil: Inside Electric Work

Technical: None

Languages: French & English

Educational Qualifications

High School or Collegiate: None (years completed)

Graduation or Matriculation: None (specify)

*College: None

*University: None

Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

3000
9
11 Aug 44
1111 19

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment						
		TOS on Attestation	Pte	26-1-41	1 ITC	Borden	Pt 11 D.O. 30	3-2-41
		SOS on transfer to ESSEX SCOT DEPOT	"	24-2-41	"	"	" " 48	24-2-41
		Att for all purposes from ESSEX S. DEPOT	"	24-2-41	"	"	" " 48	24-2-41
		Posted from RE of ESR to PE	"	24-2-41	"	"	" " 48	24-2-41
		Furlough granted from 1-9-41 to 14-9-41	"	1-9-41	"	"	" " 203	25-9-41
		To be A/L/Cpl without pay	A/L/Cpl	2-10-41	"	"	" " 237	2-10-41
		To be L/Cpl with pay whilst employed as L/Cpl of the Boiler Detail	L/Cpl	16-1-42	"	"	" " 14	17-1-42
		Address of next of kin changed to Espanola, Ont.	"	26-5-42	"	"	" " 123	26-5-42
		Furlough granted from 31-8-42 to 13-9-42 also ration allowance of $7.00	"	31-8-42	"	"	" " 202	25-8-42
		Reverts to the permanent grade of private	Pte	28-1-43	do	do	do do do 23	28-1-43
		DO PT II NO 24 is hereby amended to read reverts to permanent grade and to draw $1.30 perdiem	do	6-2-43	do	do	do do do 31	6-2-43
		to drawpay at the rate of $1.50 per diem	do	1-1-43	do	do	do do do 45	23-2-43

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Richard St. Onge

Place ..... Sudbury ..... Date ..... Jan. 21/41

Part 1. Information obtained from the recruit.

1. Age ..... ~~28~~ 27 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism ..... No
b. Tuberculosis ..... No
c. Bronchitis or asthma ..... No
d. Heart disease ..... No
e. Kidney or bladder disease ..... No
f. Gastro-intestinal ..... No
g. Rupture ..... No
h. Varicose veins ..... No
i. Flat or deformed feet ..... No
j. Nasal trouble ..... No

k. Ear disease ..... No
l. Eye disease ..... No
m. Epilepsy ..... No
n. Nervous or mental disease ..... No
o. Syphilis ..... No
p. Gonorrhoea ..... No
q. Have you ever worn glasses? ..... No
r Are you now or have you in the past received disability pension or compensation? If so, give details .....

Richard St Onge
Signature of Applicant

Pneumonia ..... No

Pleurisy ..... No

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history).

Scar below left knee

2. Height ..... 5 ..... feet ..... 6½ ..... inches.
3. Weight ..... 131 ..... pounds.
4. Complexion ..... Fair ..... Eyes ..... Brown. Hair ..... Brown
5. Development ..... Good ..... Good / Fair / Poor
6. Chest measurement—Girth on full expansion ..... 35½ ..... inches.
   Range of expansion ..... 2½ ..... inches.
7. Vision, right ..... 20/20 ..... left 20/20
8. Hearing, right ..... 18' ..... left ..... 18'
9. Condition of mouth and teeth ..... Good
10. The abnormalities (congenital and pathological) found on examination are as follows .....

Drums Intact
Urine Neg. Alb. & Sugar
Reflexes Normal

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category ..... "B1"

Special remarks when category lower than A ..... Varicose Veins. Mild.

Rm Mitchell Capt RCAMC — President
S C Webster — Member
T S Crawford — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
21/1/41	T.A.B.	OCT 7 1942	RE-EXAMINED CAT: B, CONFIRMED J.D. Galloway
5/4/41	3 TETANUS TOXOID	OCT 8 - 1942	TABT 1 cc
	VACC. SUCCESSFUL	OCT 28 1943	Y.O.B. P U L H E M S 13 1 1 3 1 1 1 1
23.4.41	Re Emm Rebound L.H. Cotterill	FEB 26 '44	ANNUAL TYPHUS VAC. I } OP
1-10-41	TABT ½ J.D. Galloway Lt	FEB 26 '44	TYPHUS VAC. II
May 20.44	SICK LIST POS. N.R.A.	MAR 18 '44	TYPHUS VAC. III } OP
July 29/44	ABT II + Typhus III alykos	APR 8 - '44	Y.O.B. P U L H E M S
		APR 27 '44	13 1 1 1 1 1 1 1
		JUL 28 '44	PULHEMS CONFIRMED E. Grenier, Capt.

Regtl. No. B-24345 Rank Private Surname St. Onge Christian Name Richard

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

Regimental No. B-24345 Rank Pte. Sheet No. 2.

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name ST. ONGE, R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Birth of a dependent child reported at Espanola, Ontario.	Private	27-12-42	A10 CITC	C. Borden	72	26-3-43
DO PT II NO 45, dated 23-2-43 is hereby cancelled	"	19-4-43	"	"	92	19-4-43
To draw pay at the rate of $1.50 per diem	"	22-4-43	"	"	95	22-4-43
Granted furlough from 14 June 43 to 27 June 43 and allowance $7.00	"	14-6-43	"	"	137	10-6-43
S.O.S. on transfer to A.5 C.E.T.C. Petawawa, Ontario.	"	7-2-44	"	"	31	7-2-44
T.O.S. A5 CETC. f.a.p. on transfer from A-10 CITC.Camp Borden,Ont.	Spr.	8-2-44	E.T.C.	PETAWAWA	38	15-2-44
Qualified award CVSMunder CARO 3929 is entitled to wear the ribbon	S r.	26-7-42	E.T.C.	"	108	5-5-44
Granted 14 dys furl fr 9-6-44 to 22-6-44 with 50¢ diem TW#A724516	"	9-6-44	"	"	141	10-6-44
Granted embar lve fr 7 Jul 44 to 11 Jul 44 (5 dys) with 50¢ diem TW#A769317	Spr.	7 Jul 44	E.T.C.	Petawawa	164	7 Jul 44
S.O.S. Overseas	Spr.	1 Aug 44	E.T.C.	PETAWAWA	186	2 Aug 44
Awarded 10 days pay, forfeits 10 days pay under F.R.&I. total forfeiture of 20 days pay	Spr.	31 Jul44	E.T.C.	PETAWAWA	186	2 Aug 44
S.O.S. CA (CANADA) ON 4 August						
T.O.S. CA (OVERSEAS) ON TRANSFER ON 5 August AND DISEMBARKED 10 August						
TOS 1 CERU	Spr	11 Aug44	ERU	UK	192A	14 Aug44
Gx. Failed to qual as Sherman	Spr	15 Augm	1 EMr.	Km.	200	23 Augm
Chg SOS SOS to Lopg Sqn on trans to CIC	Lpr	25 Augm	1 EMr	"	207	25 Augm
Chg TOS T.O.S (on trans) from 1 CEMr.	Pte	26 Augm	Lopg Sqn	Km	42	2 Sept
194 SOS SOS to x 4 hrs CIC.	Pte	28 Sep44	W/Reg Grens.	UK	54	29 Sep44
TOS						
Embarked at England on 28 Sep44						
Disembarked at France on 29 Sep44	Pte	—	x Lst by Fin Mail	R.A.F.	39	12 Oct44
Missing	Pte.	13 Oct44		AEF	A514	
Killed	Pte	13 Oct44	R.H.of C.	AEF	A506	27 Oct44

SM140
SM39

Regimental No..... Rank..... Sheet No.....

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q.-4772-39-1646

Name.....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
m137 SOS SOS x.4 (13 Bn) to RHC	pte.	7 Oct 44	x2 Inf. Bn	21 A Gp.	47	21 Oct 44
m137 TOS TOS from x4 Lit ~~RHC~~ CIC Gen Unalloc. 8/11 Nov 44	pte.	8 Oct 44	Black watch	21 A Gp.	63	22 Oct 44
SOS Deceased. Killed in action.	Pte.	13 Oct 44	R H R.	21 A Gp.	72.	11 Nov 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit No 1 Can. Inf. (Rifle) Training Centre Regimental Number B-24345

1. Surname St ONGE
2. Christian Names Richard
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Valleyfield, Quebec, Canada.
5. Date of birth as declared on attestation 6 FEB 1913
   (A)
6. Date of enlistment 26 JAN 41
7. Place of enlistment Sudbury, Ontario
8. Residence at time of enlistment Espanola, Ontario
9. (B) Special conditions (if any) of enlistment or rate of pay Pul Conf 28-7-44 MFM2
   $1.50 w.e.f. 1-1-43
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date
13. Trade on enlistment Electricians Helper
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category								Date	Authority
Y.O.B.	P	U	L	H	E	M	S		
13	1	1	1	1	1	1	1	27-4-44	M 7 M. 2.

(19) Next of kin (entries to be made in pencil) Wife
Leda St Onge
Espanola Ont. Canada

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		E.T.C.	S.O.S. Overseas	Petawawa	1 Aug 44	Spr.	DO#186 d/2 Aug 44
			C V S M	Canada	26 Jul 44	"	108 – 5 May 44
			I.O.S. C.A. (CANADA) ON 4 Aug 44				
			I.O.S. C.A. (OVERSEAS) ON TRANSFER ON 5 Aug 44		AND DISEMBARKED		10 Aug 44
		ERU	T.T. ELECT. "FAILED"	"	15 Aug 44	Spr.	200 23 Aug 44
			TOS 1CERU	UK	11 Aug 44	Spr	192A – 14 Aug 44
		ERU	S.O.S. on Trans to CIC Gen List & Posted to Wpg Grenad	"	25 Aug 44	"	202 – 25 Aug 44
		Wpg Gren	TOS on transfer from 1 CERU	–	26 Aug 44	Pte	DO 42 d/2 Sep 44
		Wpg Gren	SOS to X4 list CIC	UK	28 Sep 44	Pte	DO 57 d/27 Sep 44
			Embarked 28 Sep 44 Disembarked France 29 Sep 44				39 OCT 1944
			and TOS X4 " " " (16 Bn) wef		29 Sep 44	"	
X4	CIC	13 Bn	SOS to BL Wetch	–	3 Oct 44	–	47 OCT 1944
	oc	RHC.	TOS from X4 list RHC	–	8 Oct 44	Pte	63 Oct 44
			~~SOS to X6 list RHC missing~~		~~13 Oct 44~~	~~Pte~~	~~72 70044~~
	oc	RHC.	SOS deemed Killed in action	✓	13 Oct 44	Pte	72 70044

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

---

(1) Name of Officer of Other Rank ST. ONGE, Richard,
(Surname first—Christian names in full—Block capitals)
Private

(2) Regimental or Air Force Number and Rank B24345

(3) Unit No.1 Can. Infantry (R) Training Centre

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Lyda St. Onge,

(*b*) Present postal address of wife Espanola, Ont.

(6) If married, have you been regularly supporting your wife? If not—state reasons Yes

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys 3 Girls Nil

Names and ages Richard Edward 5, Joseph Charles, 3,
Armand Leo, 1 yr. 9 mos.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them Yes

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name NA

Postal Address NA

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

If so, state her full name and Postal Address.....No.....

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....Stanley St. Onge, Labourer, Espanola, Ont.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NA.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....NA.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....NA.....

(14) Is your mother alive?.....No.....

If so, state name and address.....NA.....

(15) If your mother is a widow, are you her sole or partial support?.....NA.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....NA.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....NA.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....NA.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....NA.....

Full Name.....NA.....

Postal Address.....NA.....

Amount contributed monthly during the past six months.....NA.....

(18) Are you insured?.....No.....

If so, in what Company?.....NA.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....NA.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

R. St Onge
(Signature of officer or man)

Date.....February 24, 1941,

D. C. BENNETT — CAPT.
Adjutant, No. 4 Canadian Infantry (Rifle)
Training Centre M. D. 2
Officer Commanding.....

Date.....February 24, 1941,

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

WILL FORM M.F.M.-10 COMPLETED.

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, ST. ONGE, RICHARDS (Name in Full), of the TOWN (City, Town, Village, Township)

Address in civil life.

of ESPANOLA, in the ~~County~~ District of NIPISSING

Province of ONTARIO, ELECTRICIAN LABOURER (Civil Occupation)

Regimental No. B 24345, Unit R.C.E., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto MY WIFE

LYDA ST. ONGE, ESPANOLA, ONT.

(4) I appoint LYDA ST. ONGE (Name) ESPANOLA, ONT (Address)

HOUSEWIFE (Civil Occupation), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 14 day of FEB. 1944

Signed and acknowledged by the Testator, in the presence of us 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.

R. St Onge (Signature of soldier)

First witness sign here.

(5) Signature L. H. MacDougall

Civil Address Ellerslie P.E.I.

Civil Occupation Civil Engineer.

Second witness sign here.

Signature [illegible]

Civil Address Apt No 4, 233 Hyman St Ottawa Ont

Civil Occupation Estate Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

WILL RECEIVED IN
DOCUMENT SECTION
APR 8 1944
RECORD OFFICE
NAT. DEF. H. Q.

Receipt is Acknowledged

APR 6 1944

(G. L. LAURIN) Colonel
Director of Records,
for Adjutant-General

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME B-24345 Pte ST. Onge R. (Deceased)

RECEIVED FROM 2nd Echelon 21 Army Group

CHECKED BY C-52743 Pte McDonald S.J.
C-5591 Pte Patterson L.K. DATE 8 Jan 45

1	Wallet		
1	Legion Card		
	Snaps		
1	Red "I" Disc		
1	Charm Chain		
1	Rosary		
1	Pen Knife (Broken)		
1	7th V.L. Receipt ($50) To O I/C Estates		
2	Coins (Souvenir)		
1	Rel'g Book		
1	Red Cross Card		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.
TRIPLICATE — with effects.

L K Patterson Pte
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
10 JAN 1945
BRANCH
HEADQUARTERS

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Richard (CHRISTIAN NAMES) ST. ONGE (SURNAME)

REGISTER NO. D-10243
FILE NO. 405-S-28227
DATE 8-8-45
SERVICE NO. B-24345
FINAL RANK OR RATING Pte
DATE OF DISCHARGE 13-10-44

PAYEE: Mrs. Lyda ST.ONGE
ADDRESS: 13 George Street, Sault Ste Marie, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE 13-10-44

		$ ¢
A. TOTAL QUALIFYING SERVICE		
1320 NO. OF DAYS 1337/30 EQUAL TO 44 COMPLETE PERIODS AT $7.50		330.00
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 70 LESS 17 INELIGIBLE DAYS, EQUAL TO 53 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		13.25
		343.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$1.25	
ADDITIONAL PAY.	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 81.12	$2.70	
	$	
TOTAL	$5.45 X7 = $ 38.15	
NO. OF DAYS 70/183	X$ 38.15	14.59
D. WAR SERVICE GRATUITY		357.84
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		357.84

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
SS	

TREASURY	
CHECKED BY	DATE
Grace	16-8-45

Ruth Lee L.O.
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME RICHARD ST. ONGE (Christian Names) (Surname) — Register No. D-10243

PAYEE'S NAME MRS LYDA ST. ONGE, (Christian Names) (Surname) — File No. 405-S-28227

Date 3-8-45

ADDRESS 13 GEORGE ST., SAULT ST. MARIE, ONT. — Service No. B-24345

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 13-10-44 — Date of Discharge 13-10-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 1331/30 = 44 (17) Periods @ $7.50	330	00
B. QUALIFYING OVERSEAS SERVICE No. of days 70 less 17 Ineligible days, equal 53 Days @ 25c per day	13	25✓
C. SUPPLEMENT FOR OVERSEAS SERVICE	343	25✓
Daily Rate of Pay $ 6.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ 8.17 $ 2.70 TOTAL $ 5.45 × 7 = $ 38.15 No. of Days 70/183 × $ 38.15	14	59✓
D. WAR SERVICE GRATUITY Computed By Mooney	357	84✓
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By My		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 357.84 each)	357	84

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. B-24345 Rank Pte Surname St Onge Christian Name Richard

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
R.H. of Can									Missing 13-10-44		"A" 504
"									Killed 13-10-44		A.506

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-24345 RANK Private SERVICE UNIT The Black Watch (RHR) of Canada(CA)

NAME ST.ONGE, Richard

DATE OF BIRTH
DAY 6th MONTH February YEAR 1913 Date Enlisted: 26-1-41

MARITAL STATUS Married Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Lyda St. Onge,

ADDRESS 88 Second Street, Espanola, Ont. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 2692A H.Q. 405-S-28,227

CASUALTY DETAILS Killed in action DATE 13-10-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MM YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 10-11-44

O/S WITH 1 C.E.R.U.
S/L 4300 R.C.E.

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

16th November, 1944.

Mrs. Lyda St.Onge,
88 Second Street,
Espanola, Ontario.

Dear Mrs. St.Onge:

It was with deep regret that I learned of the death of your husband, B24345 Private Richard St.Onge, who gave his life in the Service of his Country in the Western European Theatre of War, on the 13th day of October, 1944.

From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

Major-General
Adjutant-General

NOV 11 1944

(A.E. Walford),
Major-General,
Adjutant-General.

MFH

Mem. Cross Citation
Taken under
24.11.44 DW

10

405-S-28227

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: RHC — Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) / Soldier's Army No.: B-24345 — Rank: Pte

Surname: St Onge — Christian Names: R.H.

Died — Date: 13 Oct 44 — Place: Holland

Cause of Death*: K/A

Nature and Date of Report: A.F.W. 3014/149 27 Oct 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: Cdn Cemetery Oossendrecht — Date: 15 Oct 44

By whom reported: B.W. Kerry C.F. 5 Cdn Inf Bde

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not received

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Belgium 28 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: [signature]

for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

22

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of IN THE FIELD (HOLLAND) Township of .....
If in City, Town or Village ..... (Name) Street ..... House No. .....
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....

3. PRINT FULL NAME OF DECEASED ST. ONGE (Family name) Richard (Given name or names in usual order)

RESIDENCE No. ..... Street ..... City, Town, Village or Township Espanola Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M			Married

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH February (Month) 6 (Day) 1912 (Year)

10. AGE in

Years	Months	Days	If less than one day old
31			hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Electricians Helper

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

13. Date deceased last worked at this occupation .....

14. Total years spent in this occupation .....

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME ST. ONGE Stanley

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Person giving information sign here Gunn
Address Director of Records, 6.5
Relationship to deceased Dept. of National Defence

21. Place of Burial, Cremation or Removal Holland
Date of burial or removal .....

22. Burial Permit was issued by .....
Address .....

23. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH October (Month) 13 (Day) 19 44 (Year)

25. I HEREBY CERTIFY that I attended deceased from:
..... 19 ..... to ..... 19 .....
and last saw h. ..... alive on ..... 19 .....

CAUSE OF DEATH

		PHYSICIAN
I. Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Killed in action	Underline the cause to which death should be charged statistically
	due to	
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)	
	due to	
	(c)	
II. Other morbid conditions (if important) contributing to death but **not** causally related to immediate cause.	.....	
	.....	

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance ..... 19 .....
(b) Duration of disease ..... days

27. If a woman, was the death associated with pregnancy? .....

28. Was there a surgical operation? ..... Date of operation ..... 19 .....
State findings ..... Was there an autopsy? .....

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ..... (State which) Date of injury ..... 19 .....
Manner of injury ..... (How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home,** or in **public place** .....

Signed by ..... **M.D.**
Address ..... **Date** ..... 19 .....

30. Division Registrar's Record No. .....

31. Filed ..... 19 ..... (Division Registrar)

OVERSEAS CASUALTY CANADIAN ARMY

APR 16 1945

No B.24345 Rank Private Name ST.ONGE, Richard

Unit Black Watch (RHR) Date of death 13th Oct., 1944.

Died at ~~FRANCE~~ Holland

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-S-28227

N/K Mrs. Lyda St.Onge Relationship Wife

Address 13 George Street, Sault Ste. Marie, ~~88-Second-Street,-Espanola,~~ Ont.

Remains buried in Cemetery

Ossendrecht, Holland

CAK

Grave location

OVER-

REBURIAL

Bergen-op-Zoom Cdn. Military Cemetery,
4 miles N.E. of Bergen-op-Zoom,Holland.

Grave 10, row B, plot 3.

HI & CR Form Despd. JAN 20 1947

Photograph
Despatched
NOV 24 1947

BURIAL REPORT TO N.K. FEB 28 1946

RETURN TO BUR. OF STAT. APR 16 1945

ROYAL MESSAGE DESP'D. NOV 22 1944

CAN. MESSAGE DESP'D. DEC 15 1944

5M-10-44 (M-4414)

13.10.44

AWARDS—CANADIAN ARMY (ACTIVE)

1822

M

D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-28,227

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ST.ONGE,	Richard	B.24345	Pte.	The Black Watch of C.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Lyda St. Onge Widow

ADDRESS: 22 George St., SAULT STE MARIE, Ont.
~~88 Second St., Espanola, Ont.~~

(1) 12-5-49

(2) MEMORIAL CROSS

WIDOW Mrs. Lyda St. Onge (ENGLISH)

1822

ADDRESS: 88 Second St., Espanola, Ont.

(2) DESP. FEB 9 1945
REGN No. 13384.

(3) MEMORIAL CROSS

MOTHER Deceased (M.F.M.5)

ADDRESS:

(3) MEMORIAL BAR
DATE DESP.
REGN. NO. 1239

B4

RICHARD ST.ONGE, B-24345

MRS.LYDA ST.ONGE, 521,531

22 GEORGE ST.,
SAULT STE.MARIE,ONT.

H.Q. 405-S-28227
(D.R. 2(C))

28th February, 1946.

Mrs. Lyda St. Onge,
13 George Street,
Sault Ste. Marie, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your husband, B24345 Private Richard St. Onge, have been carefully exhumed from the original place of interment and reverently reburied in grave 10, row B, plot 3, of Bergen-op-Zoom Canadian Military Cemetery, four miles North-East of Bergen-op-Zoom, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

K.J.D.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EMA

H.Q. 405-S-38227
D.R. 2 (C)

18th March, 1946.

Mr. Stanislar St. Onge,
Espanola, Ontario.

B.24345, Private Richard ST.ONGE

Dear Mr. St. Onge:

Forwarded herewith for your retention is a photostat copy of an expression of appreciation and thanks from the citizens of Ossendrecht, Holland, in respect of your late son, the marginally named, who gave his life in the service of his country.

These are being sent to the next of kin of those members of the Canadian Forces who became fatal casualties in the Ossendrecht area.

Also enclosed is a copy of the English translation.

Yours faithfully,

F. B. Radine

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

Encl.

FBR/PIL

MUNICIPALITY OF OSSENDRECHT

OSSENDRECHT, December 10, 1945.

IN MEMORIAM

We have the honour to inform you that the Council of the Municipality of OSSENDRECHT:

considering that its re-installation was due to the restoration of democracy:
whereas this restoration was due to the victory over dictatorship:
whereas this victory was due to the sacrifices of the Allied armies:
whereas the sacrifice of life is considered to be the supreme one:
whereas this supreme sacrifice has been more specifically made by the ones who fell here in the municipality of Ossendrecht:

has decided in its council meeting of the 30th November, 1945, to extend sincere thanks to the wives and children, or to the parents and guardians of the 142 Canadian heroes, who fell and were buried in the vicinity of Ossendrecht, for the sacrifice of their beloved ones, sending to them their message of sympathy in their sad loss and to inform them that in due time a war memorial shall be erected in perpetual remembrance, honour and thanks.

Mayor and Controllers of Ossendrecht,

The Mayor,

(F. Vos de Waal)

Controller,

(C. Mattheeussens).

TO:
The wife and children or
The parents and Guardians of