C58095
STEEN
EARL ABNER

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: Steen, Earl Albert Robert (b) Reg'l. No. C-59035
2. (a) Arm of service: Army (b) Unit: C.G.F.C. 1st Bat. A.P. (c) Rank: Guardsman
3. (a) Date of birth: 1 June 21 (b) Have you any dependents? No. (c) Place of residence at time of enlistment: Ottawa, Ontario.
4. (a) Place of enlistment: Ottawa, Ontario. (b) Date of enlistment: 17 July 40.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 yrs. (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.): Entrance
7. If you attended a university, give name of university and standing or degree secured: Victoria
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

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): WORKING (b) At time of enlistment of what trade union or professional society were you a member? No.

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

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: Government Address: Ottawa, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Files.
20. (a) Your specific occupation: Labourer (b) Number of years' experience at this occupation with any employer: 5 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? No.

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: No. (b) Where was it located? N.A.
23. (a) Number of years engaged in this business: N.A. (b) Have you made, or will you make plans to return to the same or a similar business on discharge? N.A.

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes. (b) Do you feel competent to operate a farm? Yes. (c) If so, in what kind of farming? Labourer.
25. (a) Were you born on a farm? No. (b) How many years' actual farming experience have you had? Yes. (c) In what provinces did you have experience? Ontario.

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.): No.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Labourer.

DATE: 7th May 194 1 SIGNATURE: E A R Steen

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Minnie Steen,
647 Somerset St. W.,
Ottawa, Ontario.

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-26,175 FD.180

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 25 1944

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

STEEN, Earl Abner Robert, Guardsman,

C.580095, (C.A.)

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.

ESTATES BRANCH SEP 29 H.Q. OTTAWA NATIONAL DEFENCE

Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
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.....		Not Married		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Wilfred E. Steen	48	647 Somerset St., West, Ottawa, Ont.
4	Mother of the Deceased.....		Minnie Beatrice Steen	44	647 Somerset St., West, Ottawa, Ont.
5	Brothers of the Deceased	Full Blood	Wilfred Steen	10	647 Somerset St., West, Ottawa, Ont.
			Donald Steen	7	647 Somerset St., West, Ottawa, Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Sandra Steen	20 mos.	647 Somerset St., West, Ottawa, Ont.
			Beatrice Mallette	25	Brockville, Ont.
		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
	None		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Earl Abner Robert Steen
9	Date of his birth.	1 June, 1922
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	Montreal, Que. 20 Nov., 1918

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ottawa, Ont. ½ year (b) Brockville, Ont. 8½ years (c) Montreal, Que. 9 years (d)
14	Nature of employment before enlistment.	Not Employed
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.	Ontario

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge unless in England
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?	Not Married
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?	Not in Canada
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Supposed to have subscribed for 2 Bonds probably $50. each, these to (continued on back)
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life--$1,000. Policy. Actual proceeds limited to repayment of premiums plus interest due to war clause--four years premiums paid. Beneficiary--Mother.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	Not to my knowledge.
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

*Father 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.

Wilfred, Earl Steen — Signature of Informant

647 Somerset St., West, Ottawa, Ont. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Wilfred E. Steen

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

Dated at Ottawa, Ont. this 29th day of September, 1944.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

L. F. Ellis Major — Qualification Commissioned Officer

Address Room 31, Truro Bldg., Albert St., Ottawa, 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

21. (Continued) - be forwarded to Mother. Not received to date. Not known whether Registered or Bearer. Location unknown.

Checked ✓ Card ✓ Observations

DUPLICATE

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit Governor-General's Foot Guards. Regimental Number C-35093

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

6/7/40

1. Surname STEEN
2. Christian Names EARL ABNER ~~NOR~~ ROBERT
3. Present address 63 Vaughan, St., Ottawa. Ont.
4. Date of birth June 1/1921
5. Place of birth Canada (Country) Que. (County or Province) Montreal (Town or Township)
6. Religion (state denomination) C. of E.
7. Trade or Calling Labourer
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Minnie Steen
10. Relationship Mother
11. Address of next of kin 63 Vaughan St., Ottawa. Ont. (See change)
12. Have you served in any Naval, Military or Air Force? NO
13. If previous war service, state arm, force and regimental particulars NO
14. Do you now belong to or have you served in the Active Militia of Canada? NO

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Earl Abner Robert Steen 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 17-7-40 Earl Steen
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Earl Abner Robert Steen do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Earl Steen (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 OTTAWA this 17th day of July 19 40

H. F. Lawson Major Lieut.-Col.
Lieutenant Colonel Commanding,
Governor General's Foot Guards. { Signature of Magistrate, Justice or Attesting Officer.

{ 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

AS 7-11-5-2

FINGERPRINTED—CAIB

Record of Service of STEEN (Surname) EARL ABNER ROBERT (Christian Names) Regimental Number C-38,095

Qualifications

Military N.A.

Business or Professional N.A.

Trade or Civil LABOURER

Technical N.A.

Languages ENGLISH

Educational Qualifications

High School or Collegiate N.A. (years completed)

Graduation or Matriculation N.A. (specify)

*College N.A.

*University N.A.

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

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
1121		Joined on appointment Governor-General's Foot Guards.	Gdsm	17.7.40	G.G.F.G.	OTTAWA	Part II D.O. No. 135	17.7.40
—		Furlough 10-12-40 to 23-12-40	"	10-12-40	"	CB.	257 (1)	9-12-40
—	address	Change of address of next of kin to 103						
—	N-of-K SEE CHANGE	Nelson St., Ottawa, Ont.	"	15 Jul. 41	"	Dartmouth	162 (5)	15 Jul. 41
—		AWL. 0100hrs 21 Sep to 3 Oct (0630hrs) 41						
—		Admonished Autol forfiets 13 days pay.	"	4 Oct 41	"	Sussex Camp	229(1)	4 Oct 41
		Neglecting to obey an order AWARD 168hrs						
		detention	"	28 Oct 41	"	"	248(1)	28 Oct 41
		Furlough(8 Dec to 21 Dec 41) and is issued						
		with Special Warrant #A-8197	"	8 Dec 41	"	"	282(10)	5 Dec 41
d/1 Jun 42	Div.R.O. #727	Qualified as Driver I.C. Cl. III (W)	"	27 May 42	21 Cdn Armd Regt	Debert	135(14)	3 Jun 42
		Granted leave of absence under CARO 699						

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... STEEN Earl Abner Robert ..... Date ..... 6-7-40 .....

Part 1. Information obtained from the recruit.

1. Age ..... 19 .....

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 .....

Earle Steen
(Signature of Recruit)

Examiner's remarks re above ..... No history of illness. Had been rejected 2 wks ago on account of a skin eruption. Pupils equal react to l. & Acc. .....

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

1. Identification marks or scars. (If operative obtain history.)
Scar ~~right leg~~ right leg above knee. Scar right wrist Scar over left upper eye brow.

2. Height ..... 5 ..... feet ..... 8½ ..... inches.

3. Weight ..... 190 ..... pounds.

4. Complexion ..... ~~Fair~~ Ruddy ..... Eyes ..... Blue .....
Hair ..... Brown .....

5. Development ..... Good ..... ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion ..... 42 ..... inches.
Range of expansion ..... 4 ..... inches.

7. Vision, right ..... 20/20 ..... left ..... 20/20 .....

8. Hearing, right ..... w.v. 20 ..... left ..... w.v. 20 .....

9. Condition of mouth and teeth ..... Good ..... Throat normal .....

10. The abnormalities (congenital and pathological) found on examination are as follows .....
Eyes, Ears, Urine, Reflexes normal.
Wart on palm of R. hand.
13-7-40 Skin eruption all healed. ..... B.P. 142/81.

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 ..... A .....

Special remarks when category lower than A .....

R W Cairns ..... Geo Gofton Lowe Maj ..... R Gagnon ..... Capt R Army
President ..... Member ..... Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
1 3 1940	X-ray of Chest - Neg. RWM	29Oct42	Jr. Inoc.
5-8-40	T.A.B.		
14-8-40	3		
19-8-40	VACC.		
5-8-40	TETANUS TOXOID 1cc		
5-8-40	TETANUS TOXOID 1cc		
9-9-40	TABT ½ cc		
24-6-41	Cat A confirmed by Board		
20/3/42	N.V.T. 25 pounds above average.		
17/8/42			

Regtl. No. C 58,095 Rank Gdsm. Surname STEEN Christian Name Earl Abner, Robert

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				
Ottawa M. Hosp		6	4	41	10	4	41	Ac. Tonsillitis	4	to Duty Cured	A E Conley

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

Gunner-operator Refresher Serial 13

Class 22

AFB 197 A

TRADE TRAINING REPORT FORM

Report on student (strike out two/ ~~(a) Entrance~~ ~~(b) Uncompleted Course~~ (c) End of Course

TRAINING ESTABLISHMENT Instructional Wing Wireless School

ADDRESS 3 CACRU

Students Reg. No. C-58095 Rank Gdsm Name Steen, E.

ORIGINAL UNIT 21 CAR (GGFG) COURSE (TRADE) GNR/OP/REF

TRANSFERRED TO

Duration of Course From 31 Mar 44 To 6 Apr 44

Strike out words not applicable in following table

Suitability for trade	conduct and Interest	Practical Ability	Theoretical Knowledge
~~Unsuitable~~	~~Poor~~	~~Poor~~	~~Poor~~
~~Doubtful~~	~~Fair~~	~~Fair~~	~~Fair~~
Suitable 73%	Good 75%	Good 80%	Good 80%
~~Very Suitable~~	~~Very Good~~	~~Very Good~~	~~Very Good~~

Summary:

Passed (1) Basic Trg Test
(2) Subsequent Training Test
(3) Complete Class ..C.. Test

In Army Trade of GUNNER - OPERATOR

N Recommended for classification after experience in unit in army Trade of .....

Failed in Army Trade of .....

N Not applicable to Basic Courses - Delete when Not applicable

(22782) Wt 33714/176 100.000 10/42

P.T.O.

REMARKS:

Sufficient progress made to reach trades test standard.

Q.I

J.P. Buchanan O.I/c. Wireless Wing,
Capt 3 C.A.C.U.

Date ....Head of Training Establishment

INSTRUCTIONS FOR COMPLETING A.F.B. 197 A

1. Army Form B 197A will be completed :-
   (a) Entrance. At the commencement of the course for unsuitable or fully qualified men.
   (b) Uncompleted Course. At any time when for any reason students are returned to Units prior to completion of the Course.
   (c) End of Course. At the end of (i) Basic Training course, (ii) Subsequent training Course, or (iii) the complete trade Course.

2. After completion, Army Form 197A in duplicate will be forwarded immediately to Officer Commanding, Technical Training Group concerned, or in case of Military Training Establishments to the O.C. Unit.

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
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. (SPECIAL RESERVE)

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. (Special Reserve.)

(*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 individual's new unit.

---

(1) Name of Officer or Other Rank STEEN Earle Abner Robert
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank Gdsm. C 55,093

(3) Unit Governor-General's Foot Guards.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife

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

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls

Also their names and ages

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

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

Name

Postal Address

[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 12 months immediately prior to enlistment? No

If so, state her full name and Postal Address

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Wilfrid STEEN

~~103 Nelson St~~ ~~63 Vaughan St.~~, Ottawa, Ont. Elevator Operator

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

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) N.A.

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Minnie STEEN

63 Vaughan St., Ottawa, Ont.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) N.A.

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?

(17) Are you contributing to the support of any dependents, other than those shown above? No

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? NO

(19) Are you insured? Yes

If so, in what Company? Unknown

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?

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.

Earle Steen

(Signature of officer or man)

Date 17-7-40

Officer Commanding Lieut.-Col. Lieutenant Colonel Commanding, Governor General's Foot Guards.

Date 17-7-40

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER: C58095 RANK: Guardsman SERVICE UNIT: 21st Armoured Regiment CAC (CA)

NAME: STEEN, Earl Abner Robert

DATE OF BIRTH: 1st June 1921 DATE OF ENLISTMENT: 17-7-40

MARITAL STATUS: Single RELIGION: C. of Eng.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP: Mother NAME: Mrs. Minnie Steen

ADDRESS: 647 Somerset St. W., Ottawa, Ont. D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED: ADDRESS:

PARENTS NAME:

ADDRESS (IF SOLDIER MARRIED OVERSEAS):

AUTHORITY CAS. SIG. NO.: 9380 H.Q. 405-8-26,175

CASUALTY DETAILS: Killed in action DATE 9-8-44

FRANCE

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

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

DATE 24-8-44

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

LF

6

COPY FOR DOCUMENT FILE

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
135	17-7-40	T.O.S. G.G.F.G. w.e.f. 17-7-40.	
251	9-12-40	Granted Furlough 10-12-40 to 23-12-40.	
226	1-10-41	A.W.L. as from 20-9-41.	
229	4-10-41	Aut. Forf. 13 days' pay for period A.W.L.	
248	28-10-41	Neglect to obey an order - Awarded 168 hours detention.	
282	5-12-41	Granted Furlough 8-12-41 to 21-12-41.	
216	7-9-42	Granted leave and Money Allce in lieu of rations from 7-9-42 to 11-9-42 CARO 699 (4)(a)	
1	10-10-42	SOS Cdn. Army (Canada) 23-9-42 - TOS Cdn. Army (Overseas) On trans. w.e.f. 24-9-42.	
6	5-12-42	Gr. Money Allce. for P.L. wef. 27-11 to 4-12-42.	
10	4-3-43	Gr. Money Allce. for P.L. wef. 22-2 to 3-3-43.	
14	29-3-43	Gr Regimental Rate of Pay of $1.50 wef 1-1-43.	
17	15-4-43	Qua. Dvr. I.C. (III)(W) wef. 2-4-43.	
25	4-6-43	Qua. Dr. I.C. Class III (Tk) wef 8-5-43.	
30	9-7-43	Gr Money Allce for P.L. 25 Jun to 2 Jul 43	

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1662

647 Somerset St. Ottawa Ontario.

*~~MARRIED~~-
*~~WIDOWER~~-
*SINGLE

NO. C 58,095 RANK Gdsm NAME STEEN Earle Abner Robert

PLACE OF ENLISTMENT Ottawa, Ontario. DATE 17-7-40.

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
135	17-7-40	Gdsm		A.S.	1.30	TOS	GGFG wef 17-7-40.
14	29-3-43	Gdsm.		A.S.	1.50	Incr.	Pay wef 1-1-43.
26	14-6-44	Gdsm.	"C"	A.S.	1.75	Tr.Pay	Gnr Opr"C" 1-6-44.

ASSIGNMENTS

Mrs ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Minnie STEEN	8-40	20.00	20.00
London Life Ass.	1-41	1.41	21.41
6 V.L. MAY-OCT		8.40	29.81

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
Mother			

OUTFIT OR CLOTHING ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.

OCCUPATIONAL FORM COMPLETED Yes

CONTINUATION CARD M.F.M. 14

Regimental No.....Name.....

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
37	27-8-43	Gr Money Allce for P.L. wef 6 to 15 August 43.
38	3-9-43	Adm to 12 Cdn Lt Fd Amb wef 23 August 43.
38	3-9-43	Rem'd to 12 Cdn Lt Fd Amb to 1 Cdn Spec Hosp 23-8
40	17-9-43	Disch from 1 Cdn Spec Hosp wef 6 Sept 43.
52	10-12-43	Gr 9 days P.L. with money allce wef 19 Nov 43.
5	29 Jan 44	Awarded Cdn V.S.M. and Clasp wef 15-1-44.
17	14-4-44	Gr 9 days PL with money allce wef 22-3-44
17	14-4-44.	Passed Tr. Test as Gnr. Op. "C" wef 6 Apr. 44.
26	14-6-44	Gr. Tr. Pay Gnr. Opr. "C" wef. 1 June, 1944.
		Killed in action on 9 Aug 44 and SOS. (Gnr Op "C")

M.F.M.—14A
40/P&S/67 (129)

(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
		21 CAR	S.O.S.(CA)(C) on Tmb.	Ship	23-9-42	Gdsm.	D.O.Pt.II 1(2)d/10 Oct 42.
		"	T.O.S.(CA)(O). Disemb. 7 Oct 42.	"	24-9-42	"	" " 1(2)d/10 Oct 42.
		"	7 days C.L. with money allee. ex Iceland				
			Stations 9-11-42	U.K.	27-11-42	"	#6, d/5-12-42
22-2-43	C.R.	"	21 days P.L. with R/A	Field	22 Feb 43	"	#10 d/4 Mar 43
24 Mar 43	CR	"	Daily rate of pay of $1.50 per diem	"	1 Jan 43	"	14 - 29 Mar 43
8-4-43	"	"	Qual Dr. I/C Sect III (W)	"	2 Apr 43	"	#17, d/15 Apr 43.
21-5-43	"	"	" " " " III (TK)	"	1 May 43	"	25-14 Jun 43
16-6-43	"	"	Change of addr. of W-of-K.	"	16 Jun 43	"	26-25 Jun 43
2-7-43	"	"	7 days P.L.	"	26 Jun 43	"	30-9 Jul 43
23-8-43	"	"	Actg 2 Cdr H.Q. Arty	"	26 Aug 43	"	38-3 Sep 43.
26-8-43	2 Ech	"	~~Death & Etc~~ Reml to 1 Cdn Spec Hosp	"	23 Aug 43	"	38-3 Sep 43.
9 Sep 43	"	"	Detach 1 Cdn Spec Hosp.	"	6 Sep 43	"	40-17 Sep 43
		"	Awarded Canadian Volunteer Service Medal and Clasp.	"	13 Jan 44	"	5-28 Jan 44
6-4-44	T.T.B.R.	"	Qual Gun Oper "C"	"	6 Apr 44	"	17-14 Apr 44
6-6-44	C.R.	"	Granted T.P. Gun Oper "C"	"	1 Jun 44	"	25-14 Jun 44
			Emb U.K. 20 JUL				
			Disemb France 22 JUL 44			"	37 Aug 44
11-8-44	"	"	SOS ~~Hm~~ deceased. Killed in action (Gun Oper "C"	"	9Aug44	"	43 - Sep 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: Governor General's Foot Guards Regimental Number: C-58,095

1. Surname: Steen
2. Christian Names: Earle, Abner, Robert
3. *Substantive Rank and Appointment: Edsm
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal, Quebec
5. Date of birth as declared on attestation: 1-6-21
   (A) ~~1-6-21~~
6. Date of enlistment: 17-7-40
7. Place of enlistment: Ottawa, Ont.
8. Residence at time of enlistment: 63 Vaughan St Ottawa,
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion: C. of E.
12. If married, state date
13. Trade on enlistment: Labour
14. Corps, trade and grade
15. (D) Qualifications: D.r. I.C. cl. III (W) & (W) (Br. Test)
16. (E) Miscellaneous entries: " " " III (TK) (Br. Test)
    Gun Oper "C"

(17) Regiment or Corps	Unit (Battn., etc)
21 Canadian Armoured Regiment (GGFG) (CA)	
Governor General's Foot Guards	

(18) Medical

Category	Date	Authority
"A"	6-7-40	M.F.M. 2
"A"	10 Mar 42	M.F.M. 2

(19) Next of kin (entries to be made in pencil)
Mrs. Minnie Steen (Mother)
646 Somerset St., (W) Ottawa, 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.

No. 658095 Name Steen Earl. Sqn., Battery, or Company } Corps C A C Date of enlistment } 17 Jul 40 G.C. Badges } Service or Proficiency Pay } N.A.

M.F.M. 6 (A.F.B. 122) 56M—11-36 (9360) H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet } N.A. No. and date of last drunk } N.A. Period not reckoning towards freedom from extra fine } N.A. Sheet No. 1 Signature O.C. Company, etc. McAvoley Maj. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Sheet destroyed 17-Jan-41 - No Entries on previous sheet					Not
Sussex	21 Sep 41	Gdsm	Nil	AA15-1 - Ave L. from 0600 hs 21 Sep 41 to 0630 hs 3 Oct 41	Cpl Branchaud Gdm Pilon " Tremblay	Admonished	24 Oct 41	Col Wurtele	Not pay
Sussex	26 Oct 41	"	"	AA11 - Neglecting to obey an order	Cpl Branchaud Gdm Bouchard	168 hs. detn.	28 Oct 41	Maj. Lisle	Not
Field	24 Oct 43	"	"	AA40 - Conduct to the prejudice of good order etc. lost one hat badge	Sgt Dennis, H.	7 days extra fatigue for 1 hour	25 Oct 43	Maj. R.H. Laidlaw	

(P.T.O.)

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. G.58095 Rank Gdsm. Surname Steers Christian Name Earl A. R.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
21st Armd Regt	1 spec.	23	8	43	6	9	43	14	N.S.I.		C 1138
											C 1126
										Cancelled by	A 477
									~~Killed 9-8-44~~		~~A 480~~
									Killed 9-8-44		A. 479

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

Statement of the Service of No. C-58,095 Rank Gdsm. Sheet No. 2.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name S T E E N, E.A.R.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		(4)(a) & money allce, in lieu of rations,						
		to 11 Sep 42. Warrant No. A-196889.	Gdsm.	7 Sep42	21 Cdn Armd Regt (GCEC)CA	DEBERT	216(8)	7 Sep 42.
		S.O.S. C.A.(C), on Emb.	"	23 Sep 42	"	U.K.	1(2)	10 Oct 42.
		T.O.S. C.A.(O). Disemb. 7 Oct 42.	"	24 Sep 42	"	"	1(2)	10 Oct 42.
		Granted 7 Days P.L.with money allowance.	"	27 Nov 42	"	"	6(7)(a)	5 Dec 42.

Statement of the Service of No. C58095 Rank Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name STEEN. E A R.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		✓ Embarked at U.K. on 20 Jul 44						
	C57	✓ Disembarked at FRANCE on 22 Jul 44	Gdsm.	—	21 Armd R.	21 A/S	37	10 Aug 44
		Killed	Gdsm.	9 Aug 44	21 Armd R.	AEF	✗-480	
						AEF	✗-479	19 Aug 44
C57		SOS. Killed in Action (Gun Shot "C")	Gdsm.	9 Aug 44	21 Armd R.	21 A/S	43	5 Sept 44

Statement of the Service of No. C-58,095 Rank Gdsm. Sheet No. 2.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name S T E E N, E.A.R.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		(4)(a) & money allce, in lieu of rations,						
		to 11 Sep 42. Warrant No. A-196889.	Gdsm.	7 Sep42	21 Cdn Armd Regt (GGFG)CA	DEBERT	216(8)	7 Sep 42.
		S.O.S. C.A.(C), on Emb.	"	23 Sep 42	"	U.K.	1(2)	10 Oct 42.
		T.O.S. C.A.(O). Disemb. 7 Oct 42.	"	24 Sep 42	"	"	1(2)	10 Oct 42.
		Priv Leave with M.A. to 4 Dec 42	"	27 Nov 42	"	"	6	5 Dec 42
		Priv Leave to 1 Mar 43 with M.A	Gdsm	22 Feb 43	21 Cad.	uk	10	4 Mar 43
		Increase to $15 O.D.	Gdsm	1 Jan 43	21 Cak	uk	14	29 Mar 43
		Qual Dur I.C. Class III	Gdsm	2 Apr 43	21 Armd R	uk	17	15 Apr 43
		Qual Dur. I.C. (Tk) Class III	Gdsm	8 May 43	21 Armd R	uk	25	4 June 43
Change of Address N. of K. to:-		Mrs. Minnie Steen (mother) 647 Somerset St., West, Ottawa, Ont., Canada.			21 Armd R.		28 8	12 Feb 44 25 June 43.
		Adm to 12 Lt. Fd. Amb	Gdsm.	23 Aug 43.	21 Arm. R.	UK.	38.	3 Sep. 43.
		Rem'd to 1 Cdn Spec Hosp.	Gdsm.	23 Aug 43	21 Amd R	UK	38	3 Sept 43.
		Disch from 1 Spec Hosp	Gdsm.	6 Sept 43	21 Amd R	UK	40	17 Sept 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
	C104.	Qual Gnr Op-C.	Gdsm.	6 Apr 44	21 ARGT	UK.	17.	14 Apr 44
	28	Qual. Q 1 on gnr Opr Refuse	Gdsm	6 Apr 44	3 CACRU	UK	90	19 Apr 44
C57.		Gnan Ltd T. Rej. pay Gnr Op. 'C'	Gdsm.	1 Jun 44	21 Armd R	UK.	26.	14 June 44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Minnie Steen - Mother

~~647 Somerset St., West,~~ ~~RR#1~~

~~OTTAWA,~~ 285 GLOUCESTER ST. ~~BIRINGS BRIDGE~~ ~~ONT.~~

ADDRESS: Ont. OTTAWA, ONT. 5-4-50

11/12/51

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Minnie Steen, (ENGLISH)

(1695)

ADDRESS: 647 Somerset St. W., OTTAWA, Ont.

(3)

DESP. NOV 6 1944
REGN No. 5468

MEMORIAL BAR

DATE DESP

REGN. NO 1086

19-8-44

AWARDS—CANADIAN ARMY (ACTIVE) (1695)

M

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-26175

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
STEEN, Earl Abner Robert	C.58095	Tpr.	C.A.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal C.V.S.M. & Clasp	MEDALS RET'D UNDELIVERED AND RET'D TO STOCK CANCELLED 27.10.49 2110 5-4-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. SEP 5 1945

ROYAL MESSAGE DESP'D. SEP 6 1944

CAN. MESSAGE DESP'D. 2-9-44.

Temp BR sent to N.K. & Mad.

No C.58095 Rank Guardsman Name STEEN, Earl Abner Robert

Unit R.C.A.C. 2/ARM'D REGT. Date of death 9th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-S-26175

N/K Mrs. Minnie Steen, Relationship Mother

Address R.R.No.1, Billings Bridge, Ont. ~~647 Somerset Street W., Ottawa, Ontario.~~

Remains buried in Normandy (Near Bretteville la Rabet Cemetery

102509

Grave location

CHK

BAYEUX MEMORIAL

MFM
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. C.58095 Rank and Name STEEN. E.A.R. PTE.

of (Unit).....on.....

(~~Transfer or~~ Discharge) ~~to~~ on 9th August 1944

Reason Death Authority : C.C.L."A"479 d/19th Aug/44

The following is a statement of the account of the above-named from 1st Aug: to 31st Aug: 1944 the inclusive date of transfer or discharge.

Dr				Cr		
Particulars	Amount			Particulars	Amount	
Balance Dr from last account				Balance Cr from last account	58	40
First Monthly Payment				Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments				Technical Pay 31 days at $ 25¢	7	75
Payments on Transfer or Discharge				Additional Pay (Give particulars) ..... days at $		
Assigned Pay	20	00				
Regimental Charges				Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :						
				Def: Pay Interest		03
To Balance Cr Free	84	68				
To Balance Cr Deferred	8	00		By Balance Dr		
Total	112	68		Total	112	68

BALANCE GIVEN IS SUBJECT TO ANY CHARGES
AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks :

Assigned Pay of $20.00 (M) stopped eff: Sep/44.

Assigned Pay of $1.41 (London Life Ass: COy) stopped eff: Aug/44.

Assigned Pay of $8.40 (6th V.Loan) cancelled eff: May/44.

The amount re-credited is included in the balance brought forward at the the 1st Aug/44.

Compiled by W.Blackburn

Checked by E.V. Collins

Date 16th February 1945

Certified correct D. Bowley
for Chief Treasury Officer, Overseas

DS.

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 .....C-58095 Cdsm. Steen E. A. R. (Deceased).....

RECEIVED FROM .....Cdn Sec GHQ 2nd Echelon 21 Army Group.....
C-5591 Pte. Patterson L.K.

CHECKED BY .....R-126252 Cpl. Sislofsky A..... DATE ..22 Nov 44.....

1	Leather Wallet Snapshots		
1	Receipt 6th Victory Loan $50.00 to Officer i/c Estates		
1	Red Identification Disc		

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

TRIPLICATE — with effects.

.....A Sislofsky Sgt.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
27 NOV 1944
BRANCH
HEADQUARTERS

DISTRIBUTION OF SERVICE ESTATES

JC

Estates Form "P. 4"

ARMY

Name: STEEN (Surname) Earl A.R. (Christian Names) No.: C-58095

Gdsn. (Rank) C.A. O/S (Unit) 9-8-44 (Date of Death)

AMOUNT W.S.C. 597.41
L.P.C. ..... $ 92.68

Date: 8 Aug 45

Other Credits .....

Total 690.09

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Minnie Steen, 647 Somerset St. W., Ottawa, Ontario. (Sole beneficiary under will)	690.09

P4. TO TREAS. 17-8-45 QW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	690.09

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

C 58095
STEEN
Earle
Abner
Robert

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
6 Apr-44	✓		17.	Lohcake Capt-

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. C 58095

Surname (in capitals) STEEN

Christian Names (in full) Earl Abner Robert

Date of Birth June 1. 1921

Place of Birth Montreal Que. Canada.

Trade on Enlistment Labourer

Nationality of Father at birth British

Nationality of Mother at birth British

Religion C. of E.

Enlisted at Ottawa Ont. Can.

Date 17 July 1940

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier x E A R Steen

Signature of Officer J. H. T. Duguid Lt.

Place Sussex N.B. Date 19 Jan. 42

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Steen Wilfred Earl	
	Mother	Steen Minnie	
3rd	*Brothers and Sisters	Steen Wilfred Earl Steen Donald Steen Beatrice	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Latest known Address in full
646 Somerset St, West,
103 Nelson St. Ottawa Ontario Can.
103 Nelson St Ottawa Ontario Can.
103 Nelson St Ottawa
36 Church St Brockville Ont.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
17-7-40	Gnr		135 (11)	E. Duguid Lt

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Dr. 1/c III (TK)		G. Duguid Lt
Aut. Dir. RO 7270116	42	
Regtl gunnery	5-5-42	G. Duguid Lt
	4-1-43	
Bde Gunnery	6-2-43	G. Duguid Lt
Dr. 1/c Class III (W)	2-4-43	H.V. Pritchard Lt
Dr. 1/c C/III (TK)	8/5/43	A.E. Wood Capt
Regt Mine Laying + Clearing 2 day	29-12-43	[illegible]
~~Gun~~ Certified Gunner		
Class I Br Test	6-1-44	[illegible] Capt
Qual Gun. Oper. C		
W.C.F. 6 apr. 44 do. 18	2/14/4/44	E. Venus Lt

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
July 42	Pistol	II	G. Duguid Lt
" "	Brown 30 yds	Q	G. Duguid Lt.
" "	" TKs	I	G. Duguid Lt.
" "	" "	II	G. Duguid Lt.
" "	" "	I	G. Duguid Lt.
" "	Six Pdr	I	G. Duguid Lt.
Aug "	" "	I	G. Duguid Lt.
" "	Brown TKs	I	G. Duguid Lt.
" "	" "	I	G. Duguid Lt
" "	Six Pdr	I	G. Duguid Lt
Sept 42	Brown TKs	II	G. Duguid Lt
Aug 43	" "	I	[illegible] Lt
May 43	A.F.V. Range	Pres 3, 4, 5 A. 6, 7, 8, 9	A.E. Wood Capt.
— " —	Rifle	2nd class	A.E. Wood Capt.
10-1-44	Sten	II	[illegible] Capt

C 55095

STEN Earle Ebner Robert

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Grade VIII	Brockville	1938	E. Duguid Lt

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

C 55095

STEIN Ewald Robert

(IX) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
Oct 42	Feb 43	Gunner	G.H.Q. Draft Lt.
Mar 43		Gen. Mec	G.H.Q. Draft Lt.

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
17-2-40	A	M.F.M.2	
10-3-42	A	M.F.M.2	

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.	5-8-40	J B Mandel
" " "	14-8-40	J B Mandel
" " "	19-8-40	J B Mandel
T.T.	5-8-40	J B Mandel
" "	9-9-40	J B Mandel
T.A.B.T ½ cc	24-6-41	J B Mandel
" " " " ½ cc	29-10-42	J B Mandel
T.A.B.T ½ cc	12-11-43	J B Mandel Capt
Typhus ¼ cc	13-1-44	J B Mandel Capt.
TYPHUS ½ cc	21/1-44	J B Mandel
Typhus 1 cc	26-1-44	J B Mandel
Typhus 1 cc	24-4-44	J B Mandel

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
5-8-40	J B Mandel
I 9-2-44	J B Mandel

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-Ray (Neg.)	13-8-40	G. Duguid Lt
Furlough 10-12 to	23-12-40	G. Duguid Lt.
" 8-12 "	21-12-41	G. Duguid Lt.
N.V.T. 25 Above Average	17-8-42	G. Duguid Lt.
"M" Test (Rev.) Complete "Q" Complete	17-11-42	G. Duguid Lt.
1st 7 day P.L.	27-11-42	G. Duguid Lt.
2nd 7 " "	22-2-43	G. Duguid Lt
3rd 7 days P. leave	25/6/43	L D Thomas Lt.
FINGERPRINTED—CAIB		
Received Indentity Card	5/8/43	[illegible] Lt
D.M. Gas Chamber	9/9/43	C.S.O. Smith Capt
9 days P.L.	19-11-43	R.J. Clarke Lt
Mustard Gas	10/1/44	C.S.O. Smith Capt
Awarded C.V.S.M. and Clasp	15-1-44	[illegible] Capt.
7 days P.L.	22/3/44	E.G. Venus Lt

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

SIXTH VICTORY LOAN BONDS

Certified that C-58095 (Regimental No.) Gdsm. (Rank) STEEN EARLE ABNER ROBERT. (Name)

has subscribed for $ 50.00 SIXTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for $..... has been received.

(b) By monthly assignments of pay $ 8.40

Bonds to be delivered to: MRS. MINNIE STEEN, 647 SOMERSET ST. OTTAWA. ONT. CANADA.

Date: 24/4/44

NOTE: This stub to be torn off and handed to subscriber.

E W Alexander Capt.
(Unit Representative)

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, Earl Abner Robert Steen. (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Ottawa, in the County ~~District~~ of Carleton,

Province of Ontario., Labourer (Civil Occupation)

Regimental No. C-58095, Unit 21 Cdn. Armd. Regt (GGFG) CA., 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 My mother.

Mrs. Minnie Steen.
103 Nelson St.
Ottawa, Ontario.

All my estate both real and personal of which I may die possessed.

E.A.R.S.

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

E.A.R.S.

(4) I appoint Mrs Minnie Stee. 103 Nelson St. Ottawa, Ontario. (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of February 1942.

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.

E.A.R. Steen (Signature of soldier)

First witness sign here.

(5) Signature H.A.A. Venne

Civil Address 108 Murray Street, Apt 6, Ottawa, Ontario.

Civil Occupation R.C.M. Police.

Second witness sign here.

Signature P.E. Lamoureux

Civil Address 109 York St Apt 2, Ottawa, Ont.

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number

For use of Registrar General only.

1. PLACE OF DEATH
City, Town or Village of ...IN THE FIELD/(FRANCE)... Street ... SEP 5 1945
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of ... County or District of ...

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED ...ATTEW... (Surname or last name) ...Earl Abner Robert... (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of ...Ottawa... Street ...3 Vaughan Street...
Township of ... County or District of ... Province of ...Ontario...

5. SEX	**6.** CITIZENSHIP (See marginal note)	**7.** RACIAL ORIGIN (See marginal note)	**8.** Single, Married, Widowed or Divorced (Write the word)	**9.** BIRTHPLACE (Province or Country)
M			Single	Quebec

10. Date of Birth ...June... (Month by name) ...1st... (Day) ...1921... (Year)

11. AGE — Years: 23 | Months: | Days: | If less than one day: ...hrs. or ...min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. ...Labourer...
(b) Kind of industry or business, as paper mill, lumber, bank, etc. ...
(If "Labourer" specify kind of work above)

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

14. Total years spent in this occupation ...

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased ...

16. Name of father ... (Surname or last name) (Given or Christian names)

17. Maiden name of mother ... (Surname or last name) (Given or Christian names)

18. Birthplace:
Father ... (Province or Country) Mother ... (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at ...Ottawa, Ontario..., this ...1st... day of ...September... 19...45

Signature of informant ...[signature]... Relationship to deceased ...

Address ...Director of Records, Dept. of National Defence...

20. Burial, Cremation or Removal ...France... Date ... (Month by name) (Day) 19... (Year)

Place of Burial ... (Municipality) Cemetery ...

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

21. Funeral Director:
Name ... Address ...

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH ...August... (Month by name) ...9th... (Day) 19...44... (Year)

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

CAUSE OF DEATH

		DURATION Yrs.	Mos.	Dys.
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....			
	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.	...			
	...			

OVERSEAS CASUALTY
CANADIAN ARMY

25. If a woman, was the death associated with pregnancy? ...Duration ... weeks. Was there a delivery? ...

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

27. 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 ...

31

Signed by ... **Designation** ... M.D., Coroner, etc.
Address ... **Date** ... 19...

Division Registrar's Record No. ...
Date of Registration ... 19... (*For use of Division Registrar only*) ... (*Signature of Division Registrar*)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

405-S-26,175

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME STEEN, Earl Abner

RANK Gdsm

UNIT 21 Armd Regt.

PLACE & DATE OF BIRTH MONTREAL, Quebec 1 Jun 1921

REGIMENTAL NO. C-58095

NEXT OF KIN & ADDRESS Mother:
Minnie STEEN, 647 Somerset St.,W.,
OTTAWA, Ontario.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 9 Aug 44

PLACE OF DEATH France

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL 11 Aug 44

CEMETERY Normandy, (near Bretteville la Rabet 102509)

PLOT NO ROW GRAVE

DEATH CERT.NO

RELIGION Church of England.

DATE 15 Oct 45

for (M.Bluteau) Capt.
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

405- S- 26175

FIELD SERVICE MBR

Army Form B. 2090A.

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: 21 C.AR. (GGFG) — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: G 58095 — Rank: Gdsm

Surname: Steen — Christian Names: E.A.

Died — Date: 9 Aug 44 — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W. 3014/ 96 28 Aug 44

By whom made: Can Sec GHQ 2nd 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: Normandy (near Bretteville la Rabet 102509) — Date: 11 Aug 44

By whom reported: C.F.

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: France 8 Sept 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Wynne Lewis for Officer i/c Can Sec GHQ 2nd Ech 21 A Gp

29

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

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: Earl Abner Robert (CHRISTIAN NAMES) STEEN (SURNAME)

REGISTER NO. D-1239

PAYEE Director of Estates

FILE NO. 405-8-26175

ADDRESS

DATE 12-7-45

SERVICE NO. C-58095

FINAL RANK OR RATING Gdsm.

DATE OF TERMINATION OF OVERSEAS SERVICE 9-8-44

DATE OF DISCHARGE 9-8-44

		$	¢
A. TOTAL QUALIFYING SERVICE 1440 — NO. OF DAYS 1465/30 EQUAL TO 48 COMPLETE PERIODS AT $7.50		360.00	
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 686 LESS 25 INELIGIBLE DAYS, EQUAL TO 661 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		165.25	
		525.25	
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 $	$		
TOTAL $2.75 X7 = $ 19.25			
NO. OF DAYS 686/183 X $ 19.25		72.16	
D. WAR SERVICE GRATUITY		597.41	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		597.41	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUL 16 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
PJ	

TREASURY

CHECKED BY	DATE
F. L. Poulin	26.7.45

SERVICE REPRESENTATIVE

28

FORM No. 1

Register No..... Nominal Roll No.....

To: P.M.G. H.Q. File No. 405-S-26,125

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
C 58095	GDSM	STEEN	EARL ABNER ROBERT

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Deceased ..... CARO.....( )

2nd Enlistment..... CARO.....( )

3rd Enlistment..... CARO.....( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 17 July 40	T.O.S.	T.O.S.
S.O.S. 9 Aug 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1485	Total Days	Total Days

Total Service 1485 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	799	20	779
Overseas Service	686	Nil	686
Totals	1485	20	1465
Add Non-qualifying Service			20
Total Service			1485

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 9 Aug 44 2. Date S.O.S. Overseas 26

REMARKS:

Computer's Signature Peter Mary (Lt)

Checker's Signature .....

Date Computed 4 July 45

KILLED IN ACTION 9 Aug 44

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

W O Leng, Capt.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	21 Oct 41	3 Oct 41			13
AWOL			28 Oct 41		7

405-S-26175
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. C.58095, Trooper Earl Abner Robert STEEN, of the Canadian Armoured Corps, Canadian Army, was killed in action on the 9th of August, 1944.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada,
September 23rd, 1944.

15

7th September, 1944

Mrs. Minnie Steen,
647 Somerset Street West,
Ottawa, Ontario.

Dear Mrs. Steen:

It was with deep regret that I learned of the death of your son, C58095 Guardsman Earl Abner Robert Steen, who gave his life in the Service of his Country in France on the 9th day of August, 1944.

From official information we have received, your son 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,

H.F.G. LETSON
Major - General
Adjutant - General

AUG 30 1944

(H.F.G. Letson),
Major-General,
Adjutant-General.

/EMA