

C96116
AUBIN
ETIENNE JOSEP

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17-9-41

(O.C.L.-63A)



AWARDS C.A.S.F.

M

1342 M

50M-5-40 (5079)
H. 1778

AUBIN, Etienne Joseph		C.96116	Sgt.	FILE NO. 405-A-136
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
C.M.S.C.				

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal C.V.S.M. & Clasp	
Defence Medal (Awards Board - d/14-1-48)	
	942

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

~~MEMORIALS~~ AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Marie G. F. AUBIN (WIDOW)

ADDRESS: ~~140 Redempteur St.~~ 47 Rue Frontenac
HULL, P.Q.

(1)
3-5-49

(2) MEMORIAL CROSS

WIDOW Mrs. Marie G.F. Aubin,

ADDRESS: 140 Redempteur St. Hull, P.Q.

(2)

DESP. OCT 31 1941
REGN No. 740

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Louise Aubin,

ADDRESS: 184 St. Andrew St., Ottawa, Ont.

(3)

DESP. OCT 31 1941
REGN No. 741

*Replacement MX ER II
on loan to Mrs Marie G.F. Aubin (widow)
10-11-71*

(To be returned for grading & re-insurance)

MEMORIAL BAR

DATE DESP.....

REGN. NO. 4174

ORIGINAL
DUPLICATE
TRIPPLICATE

M.F.M. 2
A.F.B. 271
450M-5-40 (5237)
H.Q. 1772-39-1645

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

Unit.....CORPS OF MILITARY STAFF CLERKS..... Regimental Number.....C. 96116.....

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1. Surname.....AUBIN.....
2. Christian Names.....Etienne Joseph.....
3. Present address.....184 St. Andrew Street, Ottawa, Ontario.....
4. Date of birth.....November 3rd, 1916.....
5. Place of birth.....CANADA.....QUEBEC.....AMQUI.....
(Country) (County or Province) (Town or Township)
6. Religion (state denomination).....R. C.....
7. Trade or Calling.....Clerk.....
8. Married, Widower or Single.....Single..... Married.....
9. Name of next of kin.....Mrs Mary Louise AUBIN - Mrs Marie G. F. Aubin.....
10. Relationship.....Mother..... Wife.....
11. Address of next of kin.....140 St. Redemptor St., Hull, P. Q. DO. 11
~~184 St. Andrew Street, Ottawa, Ontario.~~ d/15-4-4
12. Do you belong to, or have you served in the Active Militia of Canada?.....
..... G. G. F. G., 1½ yrs. (If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force?..... YES. G. G. F. G., N. P. A. M. (Yes or No)
..... (b) Any other Naval, Military, or Air Force?.....
(If Yes, Give Regimental No. and Unit)
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, Etienne Joseph AUBIN 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.

WITNESS: H. W. Barrow.

Date..... 5th December, 1939..... E. J. Aubin. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Etienne Joseph AUBIN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

..... E. J. Aubin. (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, Ontario..... this..... FIFTH..... day of..... DECEMBER, 1939..... 19.....

..... A. P. Sprange, Major..... {Signature of Magistrate, Justice or Attesting Officer.
..... Officer Administering, C. M. S. C. {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

Record of Service of **AUBIN** (Surname) **ETIENNE JOSEPH** (Christian Names) Regimental Number **C 96116**

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... **NIL** High School }
 Business or Professional..... **NIL** or } **St. Alexander College** Graduation }
 Trade or Civil..... **Clerk** Collegiate } (years completed) } **Ironside, Que.** OR }
 Technical..... **NIL** *College..... Matriculation } (specify)
 Languages..... **English & French** *University.....
 *(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	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.	Dated
		Joined on appointment						
		T.O.S. and posted to Section "A" C.M.S.C.	Pte.	5-12-39	#9 Det. CMSG	Ottawa	D.O. #16	5-12-39
		Granted permission to marry	"	29-1-40	"	"	" #29	29-1-40
		Married at Hull, Quebec	"	15-2-40	"	"	" #47	16-2-40
		Reposted to #4 Det., C.M.S.C.	"	4-3-40	"	"	" #64	4-3-40
		T.O.S. #4 Det. C.M.S.C.	"	5-3-40	#4 Det. CMSG	Montreal	" #66	6-3-40
		Appointed L/Cpl.	L/Cpl.	5-3-40	"	"	" #69	13-3-40
		Sick in quarters from 12-5-40 to 13-5-40	"	12-5-40	"	"	" #85	14-5-40
		Admitted to St. John's Military Hospital	"	16-5-40	"	"	" #87	17-5-40
		Granted Tradesmen's rates of pay (Group "C") (Amended by DO #111 d/5-9-40)	"	8-1-40	"	"	" #88	18-5-40
		Discharged from St. John's Military Hospital at 1600 Hrs.	"	24-5-40	"	"	" #90	28-5-40
		To be Corporal	Cpl.	5-6-40	"	"	" #93	7-6-40

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

Name i
 1. Age
 a. Rh
 b. Tu
 c. Bre
 d. He
 e. Kid
 f. Gas
 g. Ru
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 2. He
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 6. Ch
 7. Vis
 9. Co
 10. Th
 P₂
 and In
 Special
 W.A.
 Date
 5-12-

Regtl. No. *C.96116* Rank *Sgt* Surname *Aubin* Christian Name *Etienne Joseph*

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>6 M.S.C. #4 Det</i>							<i>missing at sea (E/O) E/S M 48-2/75 May 1st 1941 - Trans. 156 boats</i>		<i>PRESUMED DIED AT SEA.</i>	<i>O.C.L. No. M-63A j7/9/41</i>	

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

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

Section A—GENERAL INFORMATION

- PLEASE LEAVE BLANK
- (a) Print name in full..... AUBIN ETIENNE JOSEPH..... (b) Reg'l. No. C 96116
 - (a) Arm of service..... ARMY..... (b) Unit..... No 4 Det C.M.S.C...... (c) Rank..... SERGEANT
 - (a) Date of birth..... Nov 3 1915..... (b) Have you any dependents?..... YES..... (c) Place of residence at time of enlistment..... OTTAWA ONT
 - (a) Place of enlistment..... OTTAWA ONT..... (b) Date of enlistment..... Dec 5 1939

Section B—EDUCATION AND TRAINING

- (a) State age on finally leaving school..... 21..... (b) Were you attending school or college up to the time of enlistment?..... No
- 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 4 years HIGH SCHOOL
- If you attended a university, give name of university and standing or degree secured..... UNIVERSITY of OTTAWA DEGREE: B.C.
- (a) Did you ever enter upon a trade apprenticeship?..... No..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
- (a) What languages do you speak fluently?..... FRENCH-ENGLISH..... (b) What languages do you read well?..... FRENCH-ENGLISH SPANISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- (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?.....

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)

- Had you ever been employed fairly regularly since leaving school?.....
- (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
- If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
- If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
- Give details of last employer, if any: Name..... Address.....
- Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
- (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

- Name of employer..... CANADIAN GOVT CIVIL SERVICE..... Address..... OTTAWA
- Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... GOVERNMENT SERVICE
- (a) Your specific occupation..... INDIAN AGENT..... (b) Number of years' experience at this occupation with any employer..... 2 YEARS
- (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

- (a) State nature of business, or professional practice..... (b) Where was it located?.....
- (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

- (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?.....
- (a) Were you born on a farm?..... No..... (b) How many years' actual farming experience have you had?..... NIL..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

- Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... No
- 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.).....
- State any employment preference or ambition you may have, other than indicated elsewhere in this form..... To remain in P.F. Canadian Army
- 29 Not Discharged

DATE..... MAR 21 1941..... SIGNATURE..... E. J. Aubin

Statement of the Service of No. C 96116 Rank Cpl.

Page. 1
Sheet No. 1

Name AUBIN, Etienne Joseph

M.F.M. 1 & 2 (a)
700 M-8-39 (1637)
H.Q. 1772-45-18

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Pt. D.O. #88 is amended by D.O. #111 to read: effective date 8-1-40 (Auth. H.Q. 405-A-136 (CMSC))						
		M. 8-1-2 - 330. M 1-A-32 d/2-9-40	Cpl.	8-1-40	#4 Det. C.M.S.C.	Montreal	D.O. #111	5-9-40
		Promoted to rank of Sgt.	Sgt.	5-9-40	"	"	" #112	12-9-40
		Sick in quarters from 3-12-40 to 8-12-40	"	3-12-40	"	"	" #124	10-12-40
		Sick in quarters from 16-12-40 to 19-12-40 (both incl.)	"	16-12-40	"	"	" #125	31-12-40
		Sick in quarters from 8-1-41 to 12-1-41 (both incl.)	"	8-1-41	"	"	" #1	16-1-41
		S.O.S. on reposting to C.M.S.C. Corps H.A. for duty with an Active Service Formation.	"	19-4-41	"	"	" #12	21-4-41
		<p>EMBARKEED CANADA - SAILING LIST No. <u>650-20-4-41</u> <i>S. J. Neison</i></p> <p><i>missing at sea (e/a) e/2. M 48-d/7 5/41.</i></p> <p><i>May 1st 1941 - Trans. 156 Cable</i></p> <p>PRESUMED DIED AT SEA. O.C.L. No. M-63A j7/9/41</p>						

DEPENDENTS' ALLOWANCE BOARD
OTTAWA, CANADA

File No. WC 96116

SUPPLEMENTARY STATEMENT REQUIRED IN SUPPORT OF APPLICATION
FOR DEPENDENT'S ALLOWANCE M. F. M. 16A

Applicant AUBIN, Etienne J. Official No. WC96116 Rank Private Unit Corps Military
Surname Christian Name Staff Clerks

Name of Dependent M.L. Aubin Relationship to Applicant Mother

Address of Dependent 184 St. Andrew St., Ottawa, Ontario Age 55

1. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment. Working at odd jobs for the past six months, earned \$125.00

2. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor if any. Has been suffering with a heart ailment for some time, Dr. R. Law attending physician. However is able to provide some support for herself.

3. With whom did the dependent reside in the 6 months period immediately preceding your enlistment? Two daughters Yvette and Gelberte Aubin, 184 St. Andrews St. Ottawa, Ontario.
State name, address and relationship to dependent

4. With whom will the dependent make his or her home hereafter? State relationship Son (Applicant)

5. Is dependent being maintained in a public institution at the public's expense? No.
Yes or No
If yes, give name and location of institution.

6. From what date have you been contributing to this dependent's support? Summer of 1937.

7. Give nature and amount of financial assistance (this may include board and room) given by you to the dependent in each of the 6 months prior to enlistment and total of same for the said 6 months. June \$10.00, July \$10.00, Aug. \$10.00, Sept. \$10.00, Oct. \$10.00, Nov. \$10.00, Total \$60.00.

Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Provided own board and lodgings.

8. If such dependent became dependent upon you within the 6 months preceding enlistment, what change in the dependent's financial circumstances during that time has made him or her so dependent upon you? N.A.

9. If dependent is your mother, is your father living? Dead (Disappeared 19 Years ago).
Yes or No

If father is living does he contribute to your mother's support? No.
Yes or No

.....
 If yes, give particulars. If your father does not completely support mother explain why not.

10. If dependent is father or mother, brother or sister, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Yvette Aubin	184 St. Andrews St. Ottawa, Ontario.	20	Unemployed	Single.
Gelberte Aubin	184 St. Andrews St. Ottawa, Ontario.	22	Unemployed	Single.

11. If any of the above relatives contributed to such dependent's support state name and nature and amount of contributions in the 6 months preceding your enlistment. If not, explain.

Not working, unable to contribute.

12. In any such instance did the relative contributing receive board and lodgings in return therefor? If yes, please give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief, under the following headings.

Average Monthly Income from:	Average Monthly Allowances from:
Personal earnings.....\$ <u>35.00</u>	Workmen's Compensation Award\$ <u>Nil.</u>
Contributions and allowances from other members of family\$ <u>Nil.</u>	Widow's Pension.....\$ <u>Nil.</u>
Insurance Annuity.....\$ <u>Nil.</u>	Other Government or Municipal Allowances and state nature of allowance and name of Public Authority contributing\$ <u>Nil.</u>
Dividends from shares, bonds, etc.\$ <u>Nil.</u>\$.....
Interest on loans or mortgages \$ <u>Nil.</u>\$.....
Rentals\$ <u>Nil.</u>\$.....
Other Income.....\$ <u>Nil.</u>\$.....
Total.....\$ <u>35.00</u>	Total.....\$ <u>Nil.</u>

Date 12th January, 1940.

E. J. Aubin
 Applicant

Al Sprange
 Rank MAJOR,
 Interviewer O.A., C.M.S.C.

FOR COMPLETION BY INTERVIEWER

From your knowledge of the circumstances of this case and to the best of your judgment do you consider this a bona fide case for an award of a dependent's allowance ~~or do you recommend that~~ Yes. further inquiry be made by the Dependents' Allowance Board?

Al Sprange
 MAJOR,
 Interviewer O.A., C.M.S.C.

NOTE.—Dependents' Allowances may not be awarded to more than three dependents of any officer or man.



Department of National Defence

QUOTE NO. H.Q. 405-A-136
(D.R.)

E.T.

- A R M Y - Ottawa, Canada,

May 5th, 1941.

Mrs. Marie G.F. Aubin,
140 Redempteur Street,
Hull, Quebec.

Dear Mrs. Aubin:

I deeply regret to inform you it is feared that your husband, C96116 Sergeant Etienne Joseph Aubin is Missing at Sea. Definite information is delayed pending complete check by the Admiralty, and you can be sure that further information will be immediately sent to you as soon as received here. In the meantime, at the request of the Admiralty you are asked to treat the information as confidential, and for family use only.

Yours sincerely,

(W.E.L. Coleman), Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

S.L. Militia Service

May 20th, 1941.

Chief Clerk,
Central Registry,
D. A. & A. P. Branch,
Records Building,
Experimental Farm,
Ottawa, Ontario.

The following extract from a Cable received from the Record Office, C.M.H.Q., C.A.S.F., London, England, is forwarded for your information.

Reg. No.....**C.96116**..... Rank...**Sgt.**.....
Name.....**AUBIN**.....**Etienne Joseph**...
(Surname) (Christian Names)
Unit.....**#4 Det. C.M.S.C.**.....
Nature and date of Casualty...**Missing, Believed Lost at**
.....**Sea... May 1st, 1941**.....
Next of Kin.....**Mrs. Marie G.E. Aubin**.....
(Name)
Relationship.....**Wife**.....
Address.....**140 Redempteur St.,**
.....**Hull, Que.**.....
.....

Officer i/c Records,
for Adjutant-General.



RP

Department of National Defence

- ARMY -

Ottawa, Canada.

QUOTE NO. 405-A-136 (D.R.)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. C.96116, Sergeant Etienne Joseph AUBIN, of the Corps of Military Staff Clerks, Canadian Army, who was previously reported "missing at sea", is now for official purposes presumed to have died at sea on the 1st of May, 1941,-- enemy action.

for W.E.L. Coleman, Lieut.-Col.,
Officer in Charge of Records,
for Adjutant-General.

JBR.

Department of National Defence,
Ottawa, Ontario.
August 15th, 1941.

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 At sea en route to United Kingdom. Township of
 { If in City, Town or Village..... Street..... House No.....
 (Name) (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 AUBIN Etienne Joseph
 (Family name) (Given name or names in usual order)

RESIDENCE No. 184 Street St. Andrew St. City, Town, Village or Township Ottawa, Province Ontario.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Province of Quebec
 (Province or Country)

9. DATE OF BIRTH November 3rd 1916
 (Month) (Day) (Year)

10. AGE in { Years 24 Months 5 Days 29 If less than one day old hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk etc. Clerk
 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 Marie G. P. Aubin

FATHER 16. NAME..... (dec'd)
 17. BIRTHPLACE..... (Province or Country)

MOTHER 18. MAIDEN NAME.....
 19. BIRTHPLACE..... (Province or Country)

20. Person giving information sign here J. B. Kading for Lt. Col.,
 Address Officer in Charge of Records
 Relationship to deceased Dept. of National Defence.

21. Place of Burial, Cremation or Removal.....
 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 May 1st 1941
 (Month) (Day) (Year)

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

CAUSE OF DEATH Presumed to have
 I. Immediate cause (a) Died at sea as a result of enemy action.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. 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 woman, was the death associated with pregnancy?.....

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

28. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury..... 19.....
 (State which) 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.....

29. Division Registrar's Record No.....

30. Filed..... 19..... (Division Registrar)

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

OVERSEAS CASUALTY
 CANADIAN ARMY

MÉ MORANDUM POUR

P. 64

Prière d'adresser toute communication subséquente à ce sujet à

Madame Marie G.F. Aubin,
140 rue Rédempteur,
Hull, Québec

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO
AUX SOINS DE L'ADMINISTRATEUR DES
SUCCESSIONS

et de citer le numéro suivant:

Q.G. 405-A-136 FD.272

MINISTÈRE DE LA DÉFENSE NATIONALE
OTTAWA, ONT.

le 15 août 1941

Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

AUBIN, Etienne Joseph, Sgt.

No. C.96116, No. 4 Det. C.M.S.C.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre ou magistrat de la localité, que l'on priera de compléter et signer le certificat.

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.

(L.M. Firth) Major,
L'administrateur des successions.



ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler	TÉMOIGNAGE DU DÉCLARANT		
		NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé
1	Veuve du défunt.....	Mme E. J. Rubin	25	140 rue St. Redempteur Hull, C.D.
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non.....	Louise Rubin	9 mois	9 November
3	Père du défunt.....	Joseph Rubin		✓
4	Mère du défunt.....	Mme M. L. Rubin	56	132 St. Patrick Ottawa
5	Frères du défunt	Frères germains	Antoine Rubin 37 J. Pasasio Rubin 36	243 Le Pastore Ottawa 27 September 20 March 218 Ducharme Ottawa
		Demi-frères		
6	Sœurs du défunt	Sœurs germaines	Anne Marie Le Brun Gilberte Bureau Yvette Rubin	27 ans 38 rue St. Germain Rimouski 171 Clarence, Ottawa 132 St. Patrick, Ottawa
		Demi-sœurs		
	Noms des frères ou sœurs (germains ou non) du défunt qui sont décédés et date de décès de chacun d'eux	Noms et âges de leurs enfants, le cas échéant	Adresse de leurs enfants	
7	<p>Clair Rubin novembre 1917</p> <p>Jeanne Rubin } Georges Rubin } Died as infants</p>			

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÊTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

	NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt.....		
9	Oncles et tantes directs du défunt (non pas les oncles et tantes par alliance).....		

spécifiés

DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	Etienne Joseph Desire Aubin
11	Indiquez le mois et l'année de sa naissance.	November 3rd 1916
12	Où et quand ses parents s'étaient-ils mariés?	Marionne P. Desi. 6 octobre 1903
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	Oui, 15 February 1940 Hull. P. Desi. no contract
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	no
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	✓

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	Angus P. Desi.
17	Dans quel province, pays ou état a-t-il demeuré et demeurerait-il en dernier lieu?	Ontario + Quebec
18	Combien de temps dans chacun d'eux?	17 Months P. Quebec 17 years Ontario
19	Quelle était la nature de son emploi?	Commercial Works C. M. S. Co. Sunlife Belg. Mill
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	5835 3 ^{ème} Ave. Montreal Rosemount. non propriétaire
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	Ottawa, Ont., ✓
22	Indiquez <u>votre</u> adresse postale au long.	140 rue St Redempteur Hull. P. Desi.

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	Oui. Wife + mother "Church Service only!" mortem mer.
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	✓

REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:

1. Nom et adresse du créancier.
2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée.
3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer.

(VOIR AU VERSO)

NG
en regard de
de tout

Redempteur
P. Desi.

mbler

Tricks Ottawa

Ottawa

mbler

ch.

mbler Ottawa

me St. Germain

Rimouski

Ottawa

St. Germain, Ottawa

ats

AS DE

G

DÉCLARATION

Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la

..... du défunt.

N.B.—À être signée au long en présence d'un pasteur, prêtre ou magistrat de la localité.

Mme E. J. Aubin

{ Signature du déclarant }

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, *Georgette Jaquon* { Nom du déclarant } est le/la *l'épouse* du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à *Hull* ce *19ème* jour de *août* 194*1*

Signature du pasteur, } *A. Rollin* Titre *P^{re} curé*
prêtre ou magistrat. }

Adresse *Eglise Ste Bernadette, Hull, Que.*

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

ORIGINAL

To be made out in duplicate.

M.F.M. 5

400M-8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF
THE CANADIAN FIELD FORCE

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

-
- (1) Name of Officer or Soldier..... **AUBIN ETIENNE JOSEPH**
(Surname first—Christian names in full—Block capitals)
.....
- (2) Regimental Number..... **C.96116**
- (3) Unit..... **No.9 Det. C.M.S.C. C.A.S.F.**
- (4) Are you married?..... **No**
- (5) If married, state,
(a) Full name of your wife..... **N.A.**
.....
(b) Present postal address of wife..... **N.A.**
- (6) If married, have you been regularly supporting your wife? If not—state reasons..... **N.A.**
- (7) Are you a widower?..... **N.A.**
- (8) Have you any children?..... **N.A.**
If so, give number of boys and girls..... **N.A.**
Also their names and ages..... **N.A.**
- (9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them..... **N.A.**
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
Name..... **N.A.**
Postal Address..... **N.A.**

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?..... **N.A.**

If so, state her full name and Postal Address..... **N.A.**

(11) Is your father alive?..... **NO**

If so, state name and address..... **N.A.**

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F..... **N.A.**

Also state reason he has no other means of support..... **N.A.**

(14) Is your mother alive?..... **Yes**

If so, state name and address..... **Mrs. Mary Louise AUBIN.**
184 St. Andrew St. OTTAWA. Ontario. Canada.

(15) If your mother is a widow, are you her sole support?..... **Yes**

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. **\$20.00 per month**

Also state reason why she has no other means of support..... **Due to ill-health**

(17) Are you insured?..... **Yes**

If so, in what Company?.....

Have you made arrangements for payment of your Insurance Premium?..... **Policy paid up**

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.

E. Thompson Aubin
(Signature of officer or man)

Date **5th December, 1939**

A. Sprange
Major
Officer Commanding O.A., C.M.S.C.

Date **5th December, 1939**

A. P. Sprange

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Etienne Joseph AUBIN
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-10196
FILE NO. 405-A-136
DATE 21-5-45
SERVICE NO. C-96116
FINAL RANK OR RATING Sgt.
DATE OF DISCHARGE 1-5-41

PAYEE Mrs. Marie G.T. AUBIN,
ADDRESS 140 St. Redempteur St.,
Hull, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 1-5-41

DATE OF DISCHARGE 1-5-41

A. TOTAL QUALIFYING SERVICE

570 NO. OF DAYS 514 EQUAL TO 17 COMPLETE PERIODS AT \$7.50
30

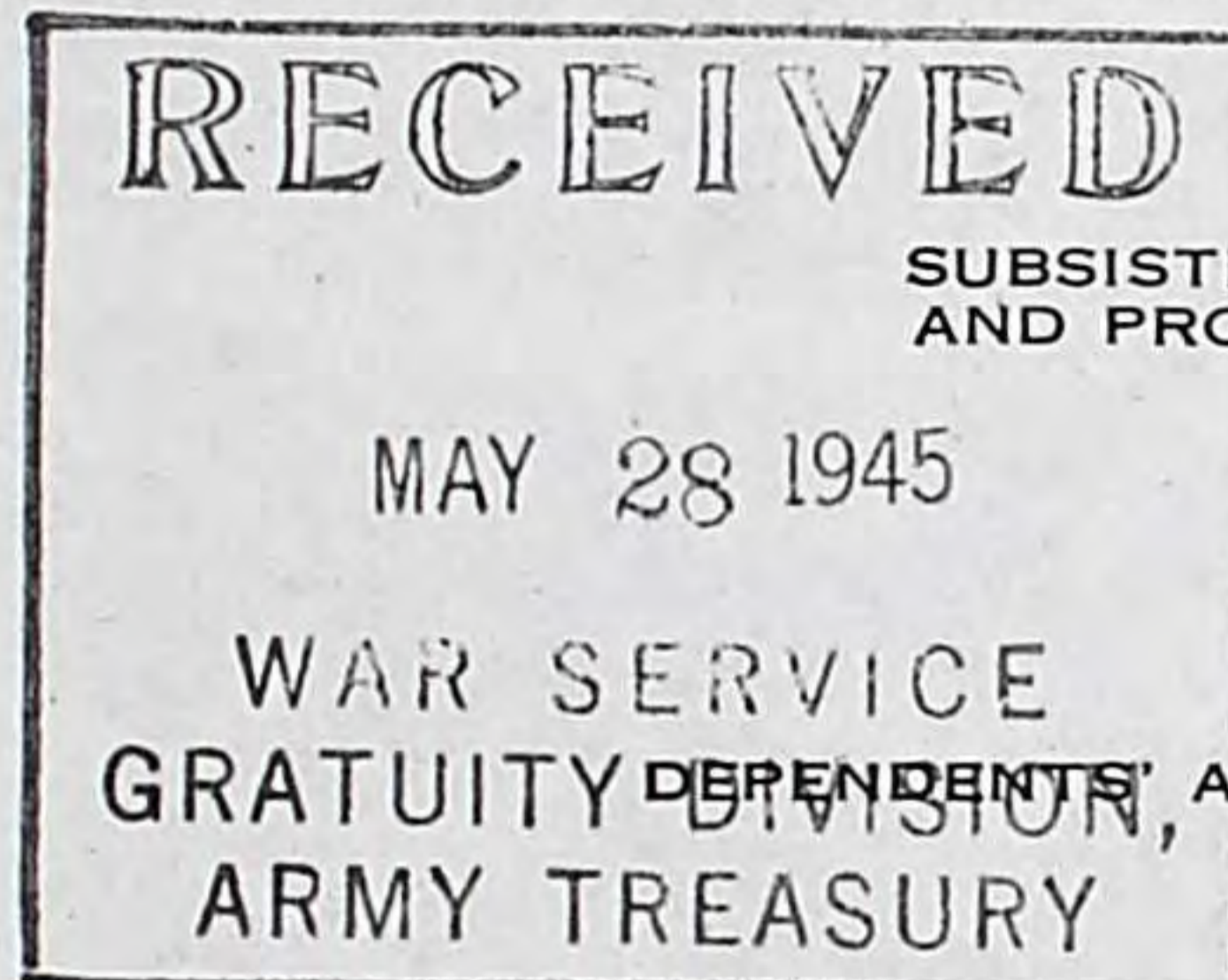
\$
127.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 11 LESS 4 INELIGIBLE DAYS, EQUAL TO 7 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

1.75

C. SUPPLEMENT FOR OVERSEAS SERVICE



DAILY RATES AT DISCHARGE

PAY \$ 2.20
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$.85
ADDITIONAL PAY \$.25
\$
\$
DEPENDENTS' ALLOWANCE 1/30 OF \$ 47.00 \$ 1.57
TOTAL \$ 4.87 X7 = \$ 34.09
NO. OF DAYS 11 X \$ 34.09
183

129.25

2.05

D. WAR SERVICE GRATUITY

131.30

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

131.30

G. YOUR PORTION OF GRATUITY IS—

100%

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

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 KRM CHECKED BY [Signature]

TREASURY
CHECKED BY [Signature] DATE 1.6.45

[Signature]
SERVICE REPRESENTATIVE