D109483
PELLETIER
LOUIS GEORG

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ceived..... Checked..... Card..... Observations.....
Records JUN 5 1942
M. D. XI..... Observed

OCCUPATIONAL HISTORY FORM

Sept 1941

ORIGINAL
DUPLICATA
TRIPLICATA

M.F.M. 2 Fr.
A.F.B. 271
15M—5-40 (4970)
H.Q. 1772-39-1645

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.

Unité VICTORIA RIFLES OF CANADA AF. N° Matricule D-109483

ARMÉE ACTIVE DU CANADA

FORMULE D'ENRÔLEMENT

IDENTITY CARD
MADE SEPT. 1941
HANDED OUT OCT. 1941

1. Nom PELLETIER
2. Prénoms LOUIS GEORGES
3. Adresse actuelle 120 Sherbrooke West Apt. 11, Montreal, P. Que., Canada
4. Date de naissance 9 April 1905
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) Roman Catholic
7. Métier ou profession Hatmaker
8. Marié, veuf ou célibataire Single
9. Nom du plus proche parent ~~Mrs. Angelina Pelletier~~ MISS IRENE PELLETIER
10. Degré de parenté ~~Mother~~ SISTER
11. Adresse du plus proche parent ~~120 Sherbrooke West, Apt. 11, Montreal, P. Que.,~~ 3581 JEANNE MANCE ST. MONTREAL, QUE
12. Faites-vous partie de la Milice active du Canada ou y avez-vous déjà servi? NO.

(Si oui, spécifiez l'unité et les dates de service)

13. Avez-vous servi dans (*a*) l'armée active du Canada? NO. (Oui ou non)

(Si oui, spécifiez le numéro matricule et l'unité)

(*b*) Quelque autre armée de mer, de terre ou de l'air? NO. (Oui ou non)

(Si oui, spécifiez l'unité et la durée du service)

14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NO.

(Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT

Je, soussigné, LOUIS GEORGES PELLETIER, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 22 January 1941 J. G. Pelletier
(Signature de la recrue)

SERMENT PRETÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, LOUIS GEORGES PELLETIER, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

J. G. Pelletier
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Montreal, ce 22nd jour de January 19 41

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

NO. 4 DISTRICT DEPOT, C.A.S.F.
(Titre, grade et unité ou emploi)

N.B.—On désire signaler que quiconque répond inexactement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

État de service de PELLETIER (Nom) LOUIS GEORGES (Prénoms) N° matricule D-109483

APTITUDES

Militaires NO.

Professionnelles ou commerciales NO.

Civiles ou de métier ~~XXXXXXXX~~ HATMAKER

Techniques NO.

Langues FRENCH & ENGLISH Spoken

DEGRÉ D'INSTRUCTION

Académies NO. (années complétées) Graduation ou Immatriculation NO. (Spécifier)

*Collège NO.

*Université NO.

5 YRS. PUBLIC SCHOOLING

(*Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations ou les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
22-1-41	D.R.O.	Affecté lors de son enrôlement NO 4 DISTRICT DEPOT RF.		RFLMN 27-1-41	4 DD	Montreal	4DDPtIINo22	27 Jan41
7-4-41		POSTED TO HIS UNIT. NEWFOUNDLAND	"	8-4-41	"	"	" " 83	8-4-41
9 APR '41		T.O.S - VICTORIA RIFLES OF CANADA A.C.A.	Rtn.	9 APR '41	V.R.C.	St. John's	PT II DO 46	15-4-41
		Granted 14 days Furlough. TW.A.60540	—"—	1-9.41	—"—	AIRPORT, NFLD.	PT. II. DO 95	17.8.41
26-9-41		T.O.S. from Airport, Nfld.	"	21-9-41	"	Valcartier	PT II DAT O. 8	26-9-41
7:11:41		Proceeded from Valcartier	✓	17:10:41	✓	Valcartier	C.S.T. II DO127	7-11-41
7-11-41		arrived in Nanaimo	✓	22:10:41	✓	Nanaimo	C.S.T. II DO127	7-11-41
20-12-41		STOPPAGE 10% PAY, BARRACK DAMAGE,	"	20-12-41	"	"	PT. II. DO. 145	20-12-41
21-2-42	change of address Nfld	Change of next of kin to Miss Irene Pelletier (sister) 3581 Jeanne Mance St. Montreal	"	21-2-42	"	"	PT. II. DO 46	21-2-42

Pour les inscriptions supplémentaires, se servir de M.F.M. [illegible]2 (a) (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier PELLETIER LOUIS GEORGE S. Date Jan. 20th 1941

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 35 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme — no
b. Tuberculose — no
c. Bronchite ou asthme — no
d. Affection cardiaque — no
e. Maladie du rein ou de la vessie — no
f. Gastrite intestinale — no
g. Hernie — no
h. Varices — no
i. Pieds plats ou déformés — no
j. Affection nasale — no
k. Maladies des oreilles — no
l. Maladie des yeux — no
m. Épilepsie — no
n. Maladie nerveuse ou mentale — no
o. Syphilis — no
p. Gonorrhée — no
q. Avez-vous déjà porté des lunettes? — no
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité? Si oui, donnez des détails — no

J. G. Pelletier

Observations de l'examinateur sur ce qui précède

Color vision Ishihara (CM)
Ears & Reflexes normal A. DELAHAYE CAPT.

URINE N
JAN 21 1941
X-RAY 69216 N

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.

1. Signes particuliers ou cicatrices (si celles-ci sont opératoires, obtenir les détails)

1 vacc. left arm, Tattoo left arm, scar right side of head

2. Taille 5 pieds 6¾ pouces. 3. Poids 170 livres

4. Teint Medium Yeux Blue Cheveux Brown

5. Développement good (Bon / Passable / Médiocre)

6. Tour de poitrine—Circonférence, pleine expansion 39 pouces Degré d'expansion 2¼ pouces

7. Vue, œil droit 20-30 œil gauche 20-20 8. Ouïe, oreille droite C.V. 20 gauche C.V. 20

9. Etat de la bouche et des dents good

Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:

nil

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits", et il peut être classé dans la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

H. AUBRY MAJOR W. TREMBLAY LT. COL. W.H. SMYTH LT. COL.

H Aubry major W. Tremblay Lt Col W H Smyth Lt Col

(Président) (Membre) (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JAN 27 '41	TAB	27-5-41	re-examined, no change in category. A Semple Capt
25-2-41			
5-3-41	3	5-3-42	1/2 cc. TABT. D.R. Gordon Capt
JAN 27 '41	VACCINATION	21-9-42	1/2 cc TABT. D.R.G.
JAN 27 '41	TETANUS TOX Ice	30-1-43	Recat. "D" MEB 227A
5-3-41.	TETANUS TOX Ice	24-3-43	Recat "A" MEB 227
		21/4/43	RE-EXAMINED, Ears, Eyes and Reflexes normal. Cat. "A."

21-4-43 Sched-Pos.
27-4-43 Re-Exam. Cat

Pour les inscriptions supplémentaires, se servir de M.F.M. 2 (a) (Fr.)

(Over)

N° matricule D-109483 Grade RFLMN. Nom PELLETIER Prénoms LOUIS GEORGES

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
Sussex N.B		25	1	43	30	1	43	sprained rt ankle	5	Splint 7 days — 3 weeks sick furlough — Off duty in 30 days.	

Pour les inscriptions supplémentaires, se servir de M.F.M. 10 ~~one~~ (b) (Fr.)

Statement of the Service of No. D-109483 Rank Rfn Sheet No. 1

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name PELLETIER, Louis George

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
3-9-42		~~Left Macaulay Camp, B.C. 4-8-42~~ Arrived Dartmouth, N.S.	Rfn	9-8-42	VRC	Dartmouth	Pt.II. Do. 187	10-8-42
		Granted 14 days' furlough T/W A-199017	"	13-8-42	"	"	Pt.II. Do. 190	13-8-42
12-9-42		Proceeded from Dartmouth, N.S.	"	7-9-42	"	"	Pt.II. Do. 212	7-9-42
		Arrived Sussex, N.B.	"	8-9-42	"	Sussex	Pt.II. Do. 213	9-9-42
1-2-43		Admitted Sussex Military Hospital Discharged Sussex Military Hospital	"	25-1-43 30-1-43	" "	" "	32	1-2-43
		Recategorized "D" MFB 227A	"	30-1-43	"	"	35	1-2-43
		Granted 21 days' sick furlough and 21 days' subsistance allowance @ $1.25 per diem (Art 200-1 FR&I)	"	30-1-43	"	"	35	1-2-43
		Recategorized "A" MFB 227	"	24-3-43	"	"	91	1-4-43
		Granted 4 days' embarkation leave Issued with T/W A-403780	"	29-4-43	"	"	120	30-4-43
		SOS on posting to C.A.O.	"	12-5-43	"	"	132	12-5-43
		S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 13 May 43 [illegible] C.A.(A.F.) OVERSEAS ON [illegible]BARKEE ON 14 May 43 A. C. DISEMBARKED ON 22 May 43 [illegible] — 5 C.I.R.U.	Pte	23 May 43	5 CIRU	U.K.	D.O. # 79	26 May 43
C64		Attch Sqn to 1 Sub Depot CBOD	Pte	17 July 43	5 Cirtu	UK	119	17 July 43
		CTBH Sqn to 1 Sub Depot CBOD	Pte	2 Aug 43	5 Cirtu	UK	132	4 Aug 43
SoS		S.S to 1 CIRU	Pte	2 Sep 43	5 Cirtu	UK	156	3 Sept 43
	ToS	ToS from 5 Cirtu	Pte	3 Sep 43	1 Cirtu	UK	166	3 Sept 43

Statement of the Service of No. 2109483 Rank

Name Pelletier L.G

Sheet No. 2109483

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Trip 2.

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
SoS		SoS CA UK on Embarkation	Pte	12 Sept 43				
	ToS	ToS CA (M)	Pte	13 Sept 43		x Lisl		
		Disembarked	Pte	24 Sept 43		SHofC	NA 26A	8 Oct 43
SoS		SoS x 4 List 4 BN 16 SHofC	Pte	11 Dec 43		x List SHofC	NA 49A	18 Dec 43
	ToS	ToS from x 4 List SHofC	Pte	12 Dec 43		SHofC	NA 71	18 Dec 43
		Died of Wounds	Pte	9 & 7 Feb 44		SHofC	CmF CLA 398	18 Feb 44
				amended Any Cas List # 5444 22.2.45				

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 VICTORIA RIFLES OF CANADA A.F. Regimental Number D-109483

1. Surname PELLETIER
2. Christian Names Louis, Georges
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte/Gnr
   giving date 22nd JANY-1941

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Quebec, Canada
5. Date of birth as declared on attestation 9th April, 1905
   (A)
6. Date of enlistment 22nd January, 1941
7. Place of enlistment Montreal, Quebec, Canada
8. Residence at time of enlistment 120 Sherbrooke West, Apt. 11, Montreal, Que., Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date Single
13. Trade on enlistment Hatmaker
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: No 4 District Depot
VICTORIA RIFLES OF CANADA

Unit (Battn., etc): SEAFORTH of C.

(18) Medical

Category	Date	Authority
A	20-1-41	Medical Board
A	27-5-41	M.F.M.2 Page 3
B	30-1-43	MFB 227A
A	24-3-43	MFB 227
A	21-4-43	Re-exam
A	27-4-43	Re-exam

(19) Next of kin (entries to be made in pencil) (Sister)
Miss Irene Pelletier
3581 Jeanne Mance St.
Montreal, Que.

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

NOTES—

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
APR '41		V.A.C.	T.O.S - VICTORIA RIFLES OF CANADA A.C.A.	St. John's	APR '41	Rfn	PT. II D.846
26-9-41		-"-	T.O.S. from Aurfort Nfld	Chilcarten	21-9-41	-"-	Pt. II Det. O. #8
			SOS on posting to C.A.O.	Sussex	12-5-43	"	Pt. II D.O. 132
			Non Tradesman				
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 12 May 43.				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 14 May 43				
			AND DISEMBARKED ON 22 May 43				
			T.O.S. — 5 C.I.R.U.	U.K.	23 May 43	Pte	79 d/26 May 43
		5 CIRU	Attchd to 1 Repl Depot CBOD	U.K	19 July 43	Pte	119 19 July 43
		5 CIRU	C.T.B.A. Attchd to # 1 CBOD	U.K.	2 Aug 43	Pte.	132 4 Aug 43
		5.C.I.R.U.	S.O.S. to No 1 C.I.R.U.	U.K	2-9-43	Pte	156 3 Sept 43
		1 C.I.R.U.	T.O.S. from 5 C.I.R.U.	U.K	3-9-43	Pte.	166 3 Sept 43
	S.O.S	"	S.O.S. to Aurendale	"	2 Sep 43	Pte	173 11 Sept 43
			TOS (A) UK ON EMBARKATION AT ON		12 Sep 43	✓	
		M	TOS (A) ON TRANSFER ON 13 Sep 43 AND DISEMBARKED AT		24 Sep 43	✓	26A/43
	X4	S Hof C	TOS x4 (HD) on embarkation	Gd	13 Sep 43	✓	
	✓	✓	Posted from x4 (HD) to x4 (4 Bn)	✓	2 Nov 43	✓	36A/43
	✓	✓	SOS x4 (4 Bn) to S Hof C	M	11 Dec 43	✓	49A/43
	OC	✓	TOS S Hof C from 4 Bn	✓	12 Dec 43	✓	71/43
	✓	✓	Awd Vol Medal & Clasp	✓	10 Jan 44	✓	5/44
AFW3014	Sec 182	15 Feb 44	Wounded.	✓	8 Feb 44	✓	—
	OC	S Hof C	SOS to x3 hosp on adm hosp	✓	8 Feb 44	✓	13/44.
	X3	✓	TOS x3 from S Hof C	✓	9 Feb 44	✓	✓
	✓	✓	Adm 2 CFDS	✓	8 Feb 44	✓	✓
	X3	✓	S.O.S. — Died of Wounds	✓	9 Feb 44	✓	✓

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Angelina Pelletier (Mother)

ADDRESS: 3581 Jeanne Mance Street, Montreal, Que. Feb. 45

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Angelina PELLETIER, (FRENCH)

1901 (Est.23-3-45)

ADDRESS: 3581 Jeanne Mance St., MONTREAL, P.Q.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO 1700

(2)

(3)

DESP. APR 5 1945

REGN No. 17200

8-2-44
(O.C.L.-439)

AWARDS—CANADIAN ARMY (ACTIVE)

1901

FB

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-P-8598

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
PELLETIER, Louis George	D-109483	Sol.	Seaforth of C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal CVSM & Clasp	5964, 13-3-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No D.109483 Rank Private Name PELLETIER, Louis George

Unit Seaforth Highrs.of Can. Date of death 9th February, 1944.

Died at Italy

Cause Died of wounds received in action.

Death occurred on strength of Forces. HQ 405-P-8598 d 17-2-44

Mrs.
N/K ~~Miss~~ Irene Pelletier Dandurand Relationship Sister

Address 3581 Jeanne Mance Street, Montreal, P.Q.

Remains buried in S. Vito Cemetery Cemetery
MR 364106 San Vito, Italy.

Grave location CHK ✓

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. MAR 9 1945

RETURN TO BUR. OF STAT. NOV 24 1944

ROYAL MESSAGE DESP'D. MAR 31 1944.

CAN. MESSAGE DESP'D. 22-2-44.

H/ & CR Form Despd. JAN 3 1947

Photographs

Despatched

JUN 7 1947

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 4, row E, plot 10.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-109483 RANK Private SERVICE UNIT The Seaforth Highlanders of Canada (C.A.)

NAME PELLETIER, Louis George

DATE OF BIRTH
DAY 9th MONTH April YEAR 1905 Date Enlisted: 22-1-41

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister NAME Miss Irene Pelletier,

ADDRESS 3581 Jeanne Mance Street, Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. AFW 3014 Ser. 182/5 H.Q.405-P-8598

CASUALTY DETAILS Died of wounds DATE 9-2-44

AMENDMENT AS TO DATE OF CASUALTY

MEDITERRANEAN

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with #5 CIRU S/L2642

DATE 10-3-45

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Date of admission to C.C.S., M.C.S. or General or other Hos[illegible] designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

8 Feb 44 5th Cdn. F.A. 1915 hrs.

Admitted stretcher. Condition very poor. Only occasional pulse beat felt. B.P. not obtainable.

1935 - 500 cc. plasma.

1945 - 500 cc. plasma.

Patient roused & dispirited by.

1815 Cardiac arrest, barely audible. Radial pulse not felt but temporal pulse appearing.

Coramine 2 cc. intravenously

Plasma - 500 cc.

1840 Plasma 500 cc.

1915 pulse improved. fair good condition. sleepy.

Evac. to 2 F.D.S.

M. Reeler Capt

* 2 F.D.S. 8/2/44 20:30 Hrs

B.P. 80/70 P 110

600 cc Plasma

540 cc Blood.

540 cc Blood.

0140 hrs. B.P. 114/70 pulse 120 condition improved but patient very restless. Morphine gr ¼ and Tetanus Toxoid administered by mistake.

Dec. Card.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given— 1/2 1545	Dose and date given— 1cc.
Date of Wound or onset of illness } 1540 8/2/44.	Religion— R.C. AGE 36 3YRS

no Surg.

Disease*	Microscopic Diagnosis*			
Malaria	B.T	M.T.	Q.	Clin
Dysentry	B.Ex	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

R.A.P. Seaforth. 1545 8-2-44
multiple lac shallow fragments in back and legs. L. & R. fragment L humerus & fracture. Simple fract rt femur. — badly shocked. Shock multiple small penetrating chest and abdomen — Emer — Ellenborough

* Strike out where inapplicable.

8

Army Form W3118.
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

*No. D·109483 Rank PTE.
Name PELLETIER N.G.
Unit THE SEAFORTH HIGH. OFC.
* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. ~~Accidentally Wounded. "Sick"~~
(*Strike out description which does not apply.*)

Diagnosis of Unit M.O.— S.W. (MORTAR) L.T. ARM (AT) L.T. THIGH. RT. FEMUR. (FRACT.) BACK. BUTTOX
Date seen by him— 8/2/44 Ellenborough Maj
No. of Field Ambulance— 5 CCS FB.
Date of admission— 8 Feb 44
Field Ambulance diagnosis— E.A: multiple

S.W. (MORT.): MULTIPLE WNDS. ARM. LEGS BUTTOCK

C.C.S. or M.C.S. diagnosis (if altered from above)—
2 F.D.S. (1) penetrating W/s abdomen — perforate
(2) Bilateral Haemothorax
(3) Simple frac. Rt femur.

General or other Hospital diagnosis (alterations or additions)—

(4403) Wt.45953 560m (12) 2/42 Gp.697 C&SLtd.

Date of Admission to C. C. S., M. C. S. or General or other ... nd designation of medical unit to which admitted must be recorded hereunder immediately on admission ... nical notes should be added later, dated and signed by the M. O.

9 Feb. 44. 0120 hrs. Pt. was admitted 5 hours ago with the following findings.

1. Comatose - can be roused but does not talk. Responds to painful stimuli. No scalp lesion. Ear drums normal.

Pupils contracted, equal react sluggishly to light. Eyes move symmetrically from ~~side~~ to ~~side~~.

Respirations 32. Colour - pale. No evidence of intrathoracic lesion.

Pulse 110 - extrasystoles.

Abdomen - rapidity varying with respiratory phase - no distension - pt. resents pressure in any part of abdomen. Liver dulness present. No dulness in flanks.

Catheterized 250 cc clear urine.

Extremities - simple fracture Rt. femur diagnosed by unit M.O.

Left leg. penetrating wound medial aspect of calf - small. Bones left leg sound.

Left arm - T. M. wound with apparent lesion of brachial artery (No radial pulse).

Multiple small wounds of back.

Abdominal reflexes present. Plantar flexion left foot. Generalized hypertonicity.

Pt's condition improved considerably after 2 bottles of blood + 2 of plasma but the state of coma did not change.

The abdomen is doubtful. He has some cerebral lesion - possibly a fat embolus.

Rec. Continue observation.

H Rochelle Schulze
Major

1900 hrs 9/Feb/44
(Patient died) D. G. Young (Major)

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient. See Card 3

Additional Notes by Unit M.O. and Field Ambulance

Morphia —	A.T. Serum —
Dose. Time and date given —	Dose and date given —
Date of Wound or onset of illness	Religion —

NOTES

Army Form W.3118.
R.A.F. Form 3118.

FIELD MEDICAL CARD

No. D109483 Rank Pte.
Name PELLETIER. N.S.
Unit SEAFORTH Hgrs.

Battle Casualty. Accidentally Wounded. "Sick"
(Strike out description which does not apply)

Diagnosis of Unit M.O.— Cards.

Date seen by him —

No. of Field Ambulance —
Date of Admission —
Field Ambulance diagnosis —

C. C. S. or M. C. S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

849/GHQP/756,000/4-42.

Date of Admission to F.D.S., C.C.S., M.C.S., or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

---

10 Feb. 44. During 9 Feb. Pt. showed a gradual deterioration with No additional findings.

P.M. 1. Brain grossly normal. Not sectioned. Fixed for later examination.

2. Chest - 200cc blood in each pleural cavity - no penetrating wound. Lungs show no abnormality. No evidence of blast or fat embolus.

3. Abdomen. 2 penetrating wounds: (a) Rt. subcostal region penetrating Rt. lobe liver - passing anterior surface of 2nd part of duodenum and posterior surface of stomach - passing through spleen. F.B. found in left subdiaphragmatic area. No leakage of stomach or duodenal contents - no peritonitis here. Both stomach + duodenal contents leaked after handling.

(b) Small penetrating pelvic peritoneum lateral to rectum with a pelvic peritonitis. Rectum removed. No perforation found. Small gut large gut normal. Kidneys

(4) Simple fracture Rt. femur.

Cause of coma not established.

Diagnosis. (1) Penetrating wounds abdomen with haemoperitoneum + pelvic peritonitis.

(2) Bilateral haemothorax.

(3) Simple fracture Rt. femur.

H. Clarke Robertson Maj

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Army Form W3118
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

* No. ~~A109364~~ Rank ~~Gnr~~ . D109483 Plé
Name ~~SWEET. R.~~ PELLETIER. N.G.
Unit ~~R.C.H.A. 1 Fd Regt~~ SEAFORTHS.

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. Accidentally Wounded. Sick.
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Card (3)

Date seen by him—

No. of Field Ambulance—
Date of admission—
Field Ambulance diagnosis—

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Wt. 53183/1306. 1,000m. 4/43. D.P.W. 51-6600.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
Date of Wound or onset of illness	Religion—

Sulphanilamide. Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B. Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms.							
Quin. grs.							

NOTES.

* Strike out where inapplicable.

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank PELLETIER LOUIS GEORGES
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-109483 RFLMN.

(3) Unit VICTORIA RIFLES OF CANADA AF.

(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? NO.

(8) Have you any children? NO. Number of boys N/A. Girls N/A

Names and ages N/A

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

Give particulars of Guardians to whom Dependents' 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 for at least 2 years immediately prior to appointment or enlistment? NO.

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

(11) Is your father alive? NO.

If so, state name and address, occupation N/A

(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 appointment or enlistment 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? N/A

(14) Is your mother alive? YES?

If so, state name and address Mrs. Angelina Pelletier
120 Sherbrooke West, Apt. 11, Montreal, P. Que., Canada

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $ 31.00

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? Also 1 Sister Helping

(17) Are you contributing to the support of any dependents, other than those shown above? NO.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? YES?

If so, in what Company? Prudential Life Insurance Coy., (Give number of policy)

Have you made arrangements for payment of your Insurance Premium? YES.
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.

+ L. M. Pelletier
(Signature of officer or man)

Date 22 January 1941

A/C Commanding Officer

Date 22 January 1941

M.D. 4 DISTRICT DEPOT, C. A. S. F.

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

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

WILL

M.F.M. 10
100M-8-40 (6548)
H.Q. 1772-39-1656

(1) I, LOUIS GEORGES PELLETIER (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga, Province of Quebec, Hatmaker (Civil Occupation)

Regimental No. D-109483, Unit V.R.C. AF., 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. Angelina Pelletier, residing at 120 Sherbrooke Street West, Montreal, P. Que., all my real and personal property and my personal effects."

J. G. P.

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

J. G. P.

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 22 day of January 19 41

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.

J. G. Pelletier (Signature of soldier)

First witness sign here.

(5) Signature George Bryden Pte

Civil Address 5563 Sherbrooke St. Montreal Que

Civil Occupation Actor

Second witness sign here.

Signature Arthur Brickwood, Pte

Civil Address 2821 Hotel Cie. Poromount

Civil Occupation Driver

(Witnesses are not to be beneficiaries.)

[OVER]

2M-2-46 (8750)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Louis Georges (CHRISTIAN NAMES) PELLETIER (SURNAME)

REGISTER NO. D-23335
FILE NO. 405-P-8598
DATE 20-6-46

PAYEE: Mrs. Irene DANDURAND,
ADDRESS: For Mrs. Angelina PELLETIER,
3581 Jeanne Mance St.,
Montreal 18, Que.

SERVICE NO. D-109483
FINAL RANK OR RATING Pte
DATE OF TERMINATION OF OVERSEAS SERVICE 9-2-44
DATE OF DISCHARGE 9-2-44

		$	¢
A. TOTAL QUALIFYING SERVICE	1080 NO. OF DAYS 1109/30 EQUAL TO 36 COMPLETE PERIODS AT $7.50	270.00	
B. QUALIFYING OVERSEAS SERVICE	No. of Days 272 LESS 29 INELIGIBLE DAYS, EQUAL TO 243 DAYS @ 25c. PER DAY	60.75	
		330.75	

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 272/183		X $ 19.25	28.61
D. WAR SERVICE GRATUITY			359.36
E. DEDUCTIONS — OVERPAYMENT OF	PAY AND ALLOWANCES	$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS		$	
F. TOTAL AMOUNT PAYABLE			359.36

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
GJC	Kehoe

TREASURY
CHECKED BY RLOffer DATE JUN 22 1946

G I Tanguay Capt.
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY NE

Name: PELLETIER, Louis G. No.: B.109483
Surname Christian Names

Pte. CA O/S 6-2-44
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 143.48

Date: 14-Dec-44 Other Credits 36.92

Total 180.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Angelina Pelletier, 3561 Jeanne Mance St., Montreal, Que. (Sole beneficiary per will)	180.40 R

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 19/2/45 P4

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	180.40

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

31

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

CASUALTIES ONLY
For purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1834

File No. 405-P-8598

WAR SERVICE GRANTS ACT 1944

Ottawa 11th Feb. 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-109483

Name Louis George, Pelletier
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K. W. Rice

(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$ Nil
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.	Mrs. Irene (S) Dandurand 3581 Jeanne Mance Montreal P Q	2.000
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

Nil

18/2 1946

L Budreo

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $ _____

_____ 194_____

_____
for C.T.O.

File No 405-P-8598

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. H-109483 Name Pelletier Louis Georges

Rank on Discharge gte Date of Discharge 9-2-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	27-1-41	to 13-5-43	
	from		to	
United Kingdom	from	14-5-43	to 12-9-43	
	from		to	
Italy	from	13-9-43	to 9-2-44 D/W	
Northwest Europe	from		to	
---------	from		to	
-- ------	from		to	

Eligible for award of:

1939 - 45 Star Ok ✓

---------- ----------

Italy Star Ok ✓

France-Germany Star ----------

Defence Medal NE 1 1

War Medal 92 1

Canadian Volunteer Service Medal ----------

with clasp Ok 1 BP

M

NO RIBBON DESPATCH

Verified by D Foster

Date 1-8-46

AUG 1 1946

Carded ----------

HA 165

1766.

FORM No. 1

Register No. C.D 1834 Nominal Roll No. D-594

H.Q. File No. 405-P-8598

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D.109483	PTE.	PELLETIER	LOUIS GEORGES

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. 22 JAN 41	T.O.S.	T.O.S.
S.O.S. 9 FEB 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1109	Total Days	Total Days

Total Service ..... 1109 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	837	—	837
Overseas Service	272	—	272
Totals	1109	—	1109
Add Non-qualifying Service			—
Total Service			1109

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 9 FEB 44 2. Date S.O.S. Overseas .....

REMARKS:

DIED WHILST IN SERVICE

DIED of WOUNDS.

Computer's Signature Sheehan Pte.

Checker's Signature R Kennedy

Date Computed 2 MAY 45

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

for C. L. LAURIN, Colonel, DIRECTOR OF RECORDS.
T. Peardon Capt

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

DIED IN MARITIME SERVICE

Overseas: T.O.S. 14 MAY 43 T.O.S. T.O.S.

S.O.S. 9 FEB 44. S.O.S. S.O.S.

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 D-109483 Pte. Pelletier L.G. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon
L-17349 Pte. Bailey, N.S.

CHECKED BY H-37449 Pte. Cathcart, M.O. DATE 21 Mar 44

1	Shirt		
1	Money Belt		
1	Handkerchief		
1	Jock Strap		
	Snapshots		
1	Bag of Trinkets		
	Writing Material		

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

TRIPLICATE — with effects.

pte M.O. Cathcart
for OC 1 Cdn KSD

M.F.M. 510
40/P & S/254 (1-43)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl. No. D109483 Rank and Name Pelletier. L.C. Rfn.

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

(Transfer or Discharge) M on 8th Feb. 19 44.

Reason Death Authority : C.C.L."A" 398. d/18th Feb 44.

The following is a statement of the account of the above-named from 1st Feb. to 29th Feb. 19 44. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	120	98
First Monthly Payment			Regimental Pay 29 days at $ 1.50	43	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) .... days at ..... $		
Assigned Pay $20.00 $1.00	21	00			
Regimental Charges			Allowances (Give particulars) ..... days at ..... $		
Public Stoppages (Give particulars) :					
To Balance Cr. Free	143	48			
To Balance Cr. Deferred			By Balance Dr.		
Total	164	48	Total	164	48

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

Remarks :

Ass. Pay $20.00 (M) stopped eff March.1944.

" " $1.00 (WSC) " " March.44.

Compiled by C.Sanderson.

Checked by E Eldridge

Date 17th August 19 44.

Certified correct E E Wenbrook
for Chief Treasury Officer, Overseas.

FOR COMPLETION AND RETURN BY [redacted] P.

Form P. 64

Miss Irene Pelletier,
3581 Jeanne Mance St.,
MONTREAL, Quebec.

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

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

and the following number quoted:—

409-P-8598 FD 119

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

March 2 194 4

ESTATES BRANCH MAR 17 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

PELLETIER, Louis George Pte.

No. D.109483 (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.

P.S. Deis
(P.S. Deis) Capt.,
for (L.M. FIRTH) Lt.-Col.,
Administrator of Estates.

PSD:TL

9

M.F.W. 77
5M—1-44 (3371)
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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Alphonse Pelletier		décédé le 16 mars 1926
4	Mother of the Deceased.....	Angelina Pelletier	76	3581 Jeanne Mance
5	Brothers of the Deceased — Full Blood	André — —	50	141 Kingston Rd Toronto
		Honoré — —	48	5980 St André Montreal
	Half Blood	/		
6	Sisters of the Deceased — Full Blood	(Veuve) Irene Pelletier Dandurand	49	3581 Jeanne Mance
		Berthe Pelletier	37	3581 Jeanne Mance
		Caroline Duchaine	42	5055 Chamford
		Juliette Johnston	41	4980 Denman Vancouver B.C.
	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

Service Chanter a l'église
Notre Dame, Montreal.
le 28 Février 1944

Service $ 65.00
divers dépenses 6.89
$71.89

Irène Pelletier Vandurand

(Copie des reçus officiels)

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Louis Georges Pelletier
9	Date of his birth.	9 Avril
10	Place and date of his marriage.	Célibataire
11	Place and date of his parents' marriage.	le 7 Avril 1891 Eglise Notre Dame Montreal

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal (b) — (c) — (d) —
14	Nature of employment before enlistment.	Chapelier
15	State whether he owned the premises in which he lived, and, if so, where situated.	non
16	Name place where deceased stated he intended to make his permanent home.	montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	non
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?	—
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?	non
20	Amount of War Savings Certificates held by deceased. Indicate where located.	X 4 Et qui sont en ma possession
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	aucune
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	une The Prudential Ins 435.00 " Metropolitain Life Ins 173.00 que moi-même ai payé les primes depuis plus de 10 ans.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	une demie part dans un terrain evalué a 260.00 par la ville de montreal doit 130.00 pour sa part

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.	Je l'ai nourri + loger pendant ses congés, sans aucune charge.
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.	moi seule a payé les dépenses

(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

*.....Soeur.....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.

Irene Pelletier Dandurand } Signature of Informant

3581 Jeanne Mance, Montreal ..... Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief.....

See above. IRENE PELLETIER DANDURAND { Name of informant } is the SOEUR .....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 15 day of March 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Gerard Genereux Qualification Commissaire de la Cour Supérieure GERARD GENEREUX 0614 District de Montréal

Address 1012 Lafleur Montreal P.Q.

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

405-P-8398

FIELD SERVICE

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: SEAFORTH HIGHRS — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-109483 — Rank: Pte.

Surname: PELLETIER — Christian Names: L. G.

Died — Date: 9 Feb 44 — Place: Italy

Cause of Death*: Died of wounds

Nature and Date of Report: Telep. 2E234 not dated

By whom made: 1 Div 2Ech L.O.

* 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: San Vito MR364106 S.Vito Cemetary — Date: 10 Feb. 44

By whom reported:

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

(b) as a separate document: No

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: Italy, 28 Jun 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Jeanneau Lieut for Officer i/c

Cdn Sec. GHQ 2nd Echelon CMF

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD(ITALY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory

City | *Town* | *Village* | *Parish* | *Township*

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

	Years	Months	Days
(a) In hospital or institution			
(b) In municipality where death occurred			
(c) In Province			
(d) In Canada (if immigrant)			

3. NAME OF DECEASED

Surname: PELLETIER (*Block letters*)

Given names: Louis George

Do not write in this space

4. RESIDENCE

Street: Sherbrooke, West No. Apt. 11

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Single

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 9th (Day) 1905 (Year)

12. AGE OF DECEASED

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Labourer

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

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Pelletier, Louis	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

20. Date of burial....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 8th (Day) 19..44.. (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

and last saw h....alive on....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Died of Wounds received 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.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of....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....Date....19....

(State which)

Manner of injury....

(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

OVERSEAS CASUALTY CANADIAN ARMY

Signed....M.D.

Address....Date....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records. Dept. of National Defence.

NOV 24 1944

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY) OTTAWA 16 FEVRIER 1944

TO:- MLLE IRENE PELLETIER
3581 RUE JEANNE MANCE
MONTREAL QUE

5314 REGRETTONS PROFONDEMENT VOUS INFORMER SOLDAT LOUIS GEORGES PELLETIER D109483 OFFICIELLEMENT PORTE DECEDE HUIT FEVRIER 1944 A LA SUITE DE BLESSURES SUBIES AU COMBAT STOP PLUS AMPLES DETAILS SUIVRONT SUR RECEPTION

le directeur des archives militaires

DVSH

PREPAID

OFFICER I/C RECORDS

S

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

le 22 février 1944.

Mademoiselle,

C'est avec un profond regret que j'apprends le décès de votre frère, le soldat Louis Georges Pelletier, matricule D-109483, qui a donné sa vie au service de sa patrie sur le théâtre de guerre méditerranéen le 8 février 1944.

D'après les renseignements officiels que nous avons reçus, votre frère est décédé à la suite de blessures subies au combat contre l'ennemi. Vous pouvez compter que dès que nous recevrons des détails supplémentaires, nous vous en ferons part.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au soldat Pelletier pour son vaillant sacrifice.

Votre bien-dévoué,

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

FEB 19 1944

(H.F.G. Letson),
major-général.

Mlle Irène Pelletier,
3581, rue Jeanne Mance,
Montréal, Qué.

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