D132332
ASPLER
GERALD BASIL

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8-8-44

MJA

AWARDS—CANADIAN ARMY (ACTIVE) M1711

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-A-9068

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ASPLER, Gerald Basil	D.132332	Pte.	Nth.S.Regt,

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 CVSM & Clasp	2727 12-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Florence ASPLER (MOTHER)

ADDRESS: 3007 St. Catherine St. W., Apt. 3, MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Florence ASPLER, (ENGLISH)

1711 ADDRESS: 3007 St. Catherine St. W., Apt. #3, MONTREAL, P.Q.

MEMORIAL B R
(1)
DATE DESP
REGN. NO 123

(2)

(3)

DESP. NOV 30 1914
REGN No. 8570

No D.132332 Rank Private Name ASPLER, Gerald Basil,

Unit North Shore(N.B.)Regt. Date of death 8th August, 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-A-9068

N/K Mrs. Florence Aspler, Relationship Mother.

Address 3007 St. Catherine Street W., Apt. #3, Montreal, RQ.

Remains buried in Cemetery

MR.087672 Mondeville, France.

Grave location CWK ✓

OVER-

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.
Bretteville-sur-Laize, France.

Grave 11, row B, plot 10

HI & CR Form Despd. OCT 5 1946

Photographs
Despatched
AUG 8 1947

BURIAL REPORT TO N.K. MAR 1 1946

RETURN TO BUR. OF STAT. FEB 23 1945

ROYAL MESSAGE DESP'D SEP 6 1944

CAN. MESSAGE DESP'D. 26-8-44

No. D-132332 RANK GNR NAME ASPLER Gerald Basil

X Married X
* Widower
* Single

Place of { * Appointment / * Enlistment } Montreal South Que

Date of { * Appointment / * Enlistment } 15 Oct 42

RATE OF PAY NR 385

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					1.30		
64	17-3-43 Gnr.				1.40		15-2-43
36	23-9-43	"		A.S.	1.50		1-9-43.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Mrs. Florence Aspler		~~20.00~~
3007 St. Catherine St. W. Apt 3		
Montreal Que.	1-10-43	23.00
	~~15-9-42~~	
Total.....		

DEPENDENTS' ALLCES. No. Deps. 1

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
17-10-42	Mother	~~Allotment~~	
		25 00	1.1.43

* Outfit / * Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

* Delete words which are inapplicable.

SD

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed..... Yes

Part II D.O. No.	Date	
250	16-10-42	TOS DD4 & posted to "B" Wing wef 15-10-42
262	30-10-42	SOS on trans to #41 Huntingdon wef 30-10-42
217A	2.11.42	TOS T.C. 41 wef 31.10.42
264S	30.12.42	Granted New Yrs lve and .50 per day for 5 dys
33A	9.2.43	SOS on trans to A-1 Petawawa wef 9.2.43
34	10-feb-43	TOS A/1, C.A.T.C. Eff. FEB 10 1943
43	20-2-43	Adm.P.M.H.-eff. 18-2-43.
48	26-2-43	Disch.P.M.H.-eff.-24-2-43.
61	13-3-43	R. A. 12-3-43 to 15-3-43 incl.
85	10 April 43	Furl. & R.A. 12 April 43 to 25 April 43 Incl.
102	30 APR 43	Abs / Pt Notice 2200 HRS 25 APR 43 - returned 2000 hrs Apr 26/43 - Admons and forfeits 1 days pay.
127	29 MAY 43	SOS A1 CATC ON TRANS TO 8TH ANTI TANK SUSSEX NB. EFF 29 MAY 43
87	5-6-43	T.O.S 8 A/TK REGT R.C.A. eff. 30-5-43.
110	12-7-43	SOS " " " " 11-7-43
1	13-7-43	TOS " " " " 12-7-43.
26	7-9-43	AWL. 2200 HRS 4-9-43 till 0700 HRS 5-9-43 FORF. 1 DAYS PAY. eff 6-9-43.
47	14-10-43	SOS to A-4, CATC, Ef f. 14-10-43

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1662

CARD SEQUENCE NO. 2

NO. D.132332 RANK Gunner NAME ASPLER, Gerald Basil

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
247	16-10-43.	TOS A-4 C.A.T.C., Brandon, Man., eff. 15 October 43.	
262	3-11-43	SOS A-4 CATC Brandon, Man trans #1 Fld Trg Bde RCA Debert N.S. eff 2 Nov 43.	
5	8-11-43	TOS #1 Trg Fld Regt RCA 3-11-43.	
		SOS NO. 1 TRG. FIELD REGT. RCA	
30	7-12	R.A. 3.00 DEC.	
36	14-12	SOS O/S EFF. 14.12.43	
318	28/12/43	TOS 2 C A R U. from Can. wef 15/12/43.	
10	13/1/44	SOS TO 5A/TK EFF 13 JAN 44	
3	21-1-44	TOS 5 A Tk Regt from 2 CARU eff 14 Jan 44	
CR	27-2-44	SOS 5 A Tk Regt to "X"List on adm. to 13 Cdn Gen Hosp eff 23 Feb 44	
6	29/2/44	TOS X3 List wef 24 Feb 44 on adm to 13 Cdn Gen Hosp	
9	21/3/44	SOS to 2 C.A.R.U. wef 7/3/44 on disch from 13 Cdn Gen Hosp.	
51	9 Mar 44	T.O.S. fr 5 A/TK X-3 List (A fr hosp) wef 8 Mar 44	
70	28-3-44	SOS 2 CARU & 1 CARU wef 27-3-44	
81	[illegible]-4-44	TOS #1 CARU from #2 CARU wef 28 Mar 44	
		S.O.S. Died of Wounds 8 Aug 44	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
83.	7 Apl 44	SOS. 1 CARU to 3 CIRU Wef 6 Apl 44	
82	8 Apr	TOS at 3 CIRU from 1 CARU wef 7 Apr 44	
95.	25 Apr.	AWL from 2200 hrs 22 Apr 44	
100.	1 May 44	at fap to AD-Hoc depot F wef 27 Apr (Held in close arrest)	
100.	1 May.	Appl from AWL at 1530 hrs 25 Apr 44.	
110.	12 May.	Ctba fap to AD-Hoc depot wef 27 Apr on going AWL at 1600 hrs 27 Apr 44.	
112.	18 May.	AWL from 2200 hrs 22 Apr to 1530 hrs 28 Apr (abs 2 days 17 hrs) (In open arrest) Awarded 21 days F. P. on 11 May 44, Forfeits 3 days pay. Forfs 21 days pay. Total forf 24 days pay. Place under stoppage of pay for. 5 1-11-8 for cost of appl.	
127.	8 June.	SOS to X-4 list from 3 CIRU wef 1 June 44	
		TOS 11 Bn X-4 list fr 3 CIRU wef 2-6-44	
		Posted fr 11 Bn to 10 Bn wef 11-6-44	
		Posted to 10 BX from 9 BX wef 21-6-44	
CR.	27-6-44	SOS. X-4 LIST NSR (10 CBRDN) to NSR wef 27-6-44.	
43	5 July 44	T.O.S N Shore R wef 28 Jun 44	

LOWE-MARTIN CO. LIMITED D85951

K.C.

D132332 — Regimental Number | ASPLER — Last Name (Block letters) | GERALD — First Name | BASIL. — Middle Names

CARDS PUNCHED

Soldiers Qualification Card

CONFIDENTIAL

CODED

Unit: No 2 C.A.R.U.

1 Corps: RCA-(A/TK) — 23—

2 Nationality: CANADIAN — 08 | By Birth: ✓ | By Naturalization: | Country of Birth: CANADA.

3 Father Racial Origin: ROUMANIA - JEWISH. — 3
Mother: ENGLISH

4 Language spoken in home: French ..... English ✓
Other: /

5 Age: 19.2. (12 OCT. 24) — 6 Height: 5 ft. 10½ in. — 7 Weight: 140 — 8 Silhouette: 1 2 3 4
Eyes: / — 9 Colour of: Blue. — 10 Acuity: 1 2 3 — 10 Glasses: No — 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: 1 2 3 — 13 Speech Defects: P-1 "A"

14 Handedness: R ✓ L A — 15 Med. Category:

Cause:

Attitude to own health: Normal. — To Medical attention: Normal.

Health History: No trouble except flu at Petawawa and sprained ankle at Debert.

16 Education Level: Illiterate ..... El. 7 (16.) Sec. ..... ( ) Grade completed)

Conduct during school life:

17 University or 18 Professional Institution	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:
1. (Course) ..... At ..... From—To ..... Completed ?

21 2. (Course) ..... At ..... From—To ..... Completed ?

22 3. (Course) ..... At ..... From—To ..... Completed ?

Other trades papers, Diplomas Certificates or Qualifications:

23 Languages: Spoken fluently: ENGLISH. — 02
Written well: ENGLISH.

24 Main occupation: Description: RIVETER — Estimate of skill:
7418
Duration (from—to): JULY - SEPT 1942. — Weekly Wage: $ 20.00.
Employer's Name and Address: FAIRCHILDS AIRCRAFT. Co LONGUEILLE. P.Q.

50 "M" — Test 9 Score

Test	Score	S.M.	Sub-total / S.M.
1	15	K	
2	9		33
3	9		
4	11	CANADA	23
5	12		
6	8		42
7	15		
8	19		
Tot.	98		Grade 5

English ✓ French

51 OTHER MENTAL
Test ..... Score ..... Grade ..... Date

52a MECHANICAL APT.
Test ..... Score ..... Grade ..... Date

52b CLERICAL APT.
Test ..... Score ..... Grade ..... Date

53 TRADE TESTS

Trade and Grading	Date

54 OTHER
Test ..... Score ..... Grade ..... Date

25 Second Most Important Occupation: Description: INFORMATION CLERK. — Estimate of skill:
4120
Duration (from—to): SEPT. - OCT. 1942. — Weekly Wage: $ 15.00
Employer's Name and Address: MOUNT ROYAL HOTEL. PEEL STREET. MONTREAL. P.Q.

26 Third Most Important Occupation: ELEV. OPER. - MESSENGER BOY, AND OTHER ODD JOBS — Estimate of skill:
2822
Duration (from—to): 1940 - JULY 1942. — Weekly Wage:
Employer's Name and Address: VARIOUS MONTREAL P.Q.

Trade Union or Professional Society:

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 Auto ..... 30 Motorcycle .....

31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....

35 Accident Prone: No. — Teamster

Farming Experience: Wide ..... Limited ..... None ✓
District ..... Type

Job promised after discharge? No. By whom? Name
Job ..... Address:
Other provision for post-discharge occupation
Type of work desired: OFFICE CLERK.
Occupational history: Ambitious ..... Stable ..... Accidental ..... Erratic

36 Marital Status: M ..... S ✓ W ..... D ..... Sep.
2 Marital Problems
Wife's or Husband' Age ..... Attitude to Service ..... Health

37 No. of Children ..... 38 No. of Dependents: /
Relationship of Dependents: Mother.
No. of Brothers: / (twin) No. of Sisters ..... Position in family: /
Status of home in childhood: Father died 1928.
Religious Denomination: C. of E.

39 Hobbies: Photography M ..... S ..... Radio ..... Engines
9 Mechanics ..... Other: PHILATELY.
40 Sports: (1) SWIMMING. (2) ..... (3)
1 P Team Games and Position (1) BASKET BALL (FWD.)
3 (2) B/BALL - (2 BASE) (3)
41 Ability to Entertain: Music String: Violin, BANJO. Brass
/ Woodwind ..... Percussion ..... Piano ..... Vocal
Theatrical ..... Other

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 15 OCT '42 Place Enlisted MONTREAL. P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
15 10/42 - 15 1/43	CAN	RCA.	HUNTINGTON - P.Q.	GNR.	BASIC TRAINING.	
15 1/43 - 10 5/43	"	"	28 FLD-REGT: "B" BTY.	"	GUN CREW.	
10 5/43 - 15 11/43	"	"	" " "	"	" "	
21 11/43 -	ENG	"	No 2 C.A.R.U.	"	TRAINING. (RFT)	

A

45 COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions None Major Offences None Minor Offences 1/7

Civil Convictions None Fines None. Hospitalization 1/7

49 Psychiatric ☐ ☐ ☐ ☐ ☐

YEAR OF BIRTH	P	U	L	H	E	M	S
24	1	1	1	1	1	2	1.

C.M.H.Q. 1000:115
40/P&S/1246(2609)

47 Classification: Military Specialties and Trades **CONFIDENTIAL**

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1)............ (2)............

Remarks re Outstanding or Limiting Factors

Deportment	Correct.	A youth of less than average ability whose attitude appears good. He seems to have become more settled since enlisting. His ambitions regarding possible rehabilitation is to take a business course to prepare
Disposition	Agreeable.	
Appearance (grooming)	Satisfactory	
Physical appearance	Healthy.	
Map Reading		
Military Knowledge	Satisfactory.	
Mechanical Knowledge	Limited.	

him for office work. Likely to prove of most value as a gunner.

Reason for Joining Cdn. Army Patriotic duty.

Attitude to Interview: Antagonistic........ Overanxious........ Co-operative ✓ .... Indifferent........

Tests Indicated: 51........ 52a........ 52b........ 53........ Other........

48 Suggested Possibilities (1) Gunner R.C.A. A/T.
for employment (2)............

Interviewed by............ Date............

Reviewed by J. E. Smith Capt. Date 27 Dec. 43.

MILITIA BOOK M. 1

PART I

250M—10-42 (5402 & 5232)
H.Q.1772 — 672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D-132332

Surname (Capitals) ASPLER

Christian Names in full GERALD BASIL

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

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 safe 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 the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

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.

56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D – 132332

Surname (in capitals) ASPLER

Christian Names (in full) GERALD – BASIL

Date of Birth 12 Oct 1924

Place of Birth Montreal Que

Citizenship Canadian

Trade on Enlistment Information – Clerk – Typ

Nationality of Father at Birth English

Nationality of Mother at Birth English.

Religion C of E

Enlisted at Montreal South

Date 15 Oct 42

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

Signature of Soldier G B Aspler

Signature of Officer [illegible]

Place TETAWAWA Date APR 28 1943

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother X	Florence Aspler	
3rd	*Brothers and Sisters	Philip Aspler	18 Oct 43
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
3007 St Catherine St West Apt 3 Montreal Que
3007 St Catherine St West Apt 3 Montreal, Quebec Canada

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
15-10-42	[illegible]		# 250	[illegible]
10-2-43	"		A-34	
8 Apr 44	PTE (remasted from (PCC)		82/3C/AU)	[illegible]

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Trained by the 28th
Field Regt. RCA
[signature]
Major W.W. Evans
O.C. "C" BATTERY, A4 C.A.T.C.

[illegible]PLETED in [illegible] syllabus for C.A.T.C.

Qualified in addition as under:—

Date 10-4-43

Commanding [signature]

*If no further training required, strike out words in italics and initial

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
15-10-42	[illegible]		# 250	[illegible]
10.2.43	"		A-34	
8 Apr 44	PTE (remastered from RCA)		82/3C/RO)	[illegible]

(VI) **Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas**

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Basic Training Completed

ADVANCED TRAINING COMPLETED in accordance with standard syllabus for C.A.T.C.

Qualified in addition as under:—

Date 10-4-43

Commanding [illegible]

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade VIII	Montreal Quebec	1939.	G. H. Scott. 4/6

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

12

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
12-10-42	A-1	M F M-2		J. T. Weldon
12-2-43	A-1			
10 Aug 43		Y.O.B. P U L H E M S 24 1 1 1 1 1 2 1		J. T. Weldon

13

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre:	Date of Exam.:
Frame No. (or measurements):	Date of Issue:

Signature of M.O.............................

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre:	Date of Exam.:
Frame No. (or measurements):	Date of Issue:

Signature of M.O.............................

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
8-MAY-43		✓		George Williams Capt
17 JAN 44		✓		J.H. Burns Capt
3/4/44		✓		J.R. McLean Maj

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
Typhus 1cc	30/5/44	G. I. Thiel Capt
Typhus 1cc	5-8-44	[illegible]

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT-1	16-10-42	J.T. Weldon
TABT-2	13-11-42	
T.A.B.T 3	19-12-42	
T.A.B.T. (ANNUAL)	24-11-43	J.T. Weldon
Typhus ½ cc	13-1-44	[illegible] Capt
Typhus ½ cc	21-1-44	[illegible]
Typhus 1cc	28-1-44	[illegible]
TABT ½ cc	2-7-44	J. A. Patterson
Typhus 1cc	2-7-44	J. A. P.

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
16-10-42	J.T. Weldon
INN. REACT. 9-3-44	

(XVIII) 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 CHEST NEG. #149614	12-10-42	J.T. Weldon
Shick Test (Negative)	12 JUN 43	I. Schiffer
Chlorine Gas Chamber	15 Oct 43	[illegible]
D.M. " "	23 Nov 42	B. C. Bailey
C.A.P. " "	10 Nov 42	B. C. Bailey
Mustard	22 Oct 43	B. C. Bailey
"M" TEST (REV.) COMPLETE	27 Dec. 43	J. E. Smith Capt.
P.L.(1) T.W.(1)	8 FEB 44	[illegible]
M.B.M. PT. III IN POSSESSION	7 MAR 44	C. G. Hall Lt
FINGERPRINTED—CAIB		
C.A.P. CHAMBER TEST.	31 May 44	[illegible] Capt

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on pages 4 and 5 of this Book, but the Soldier must understand that the entries made there have no legal effect in respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Record Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Soldier's Will should **preferably** be made out on the Will Form,—M.F.M. 10 (English) or M.F.M. 10a (French)—provided for that purpose and on which are also printed a number of helpful instructions. These forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper **may** be used but in such case the general form of the Will as shown in the Form M.F.M. 10 or 10a should be carefully followed. The Soldier will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Soldier will also sign their respective names. If the Soldier cannot write, he will make his mark in the place

in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Soldier when he appeared to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Soldier's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 23 and 24 of this Book) **may** be used by a Soldier on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore a Soldier having a Canadian domicile and owning real estate should use the Will Form M.F.M.10 or 10a and appoint therein a responsible executor. A Soldier having a domicile out of Canada should not use the Short Form on page 24 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom a Soldier intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations **are** made by the Soldier in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada, except one, and of most English speaking countries provide that

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at

Signature of Officer.

Date

Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at Acton

Signature of Officer.

D. A. Redgerwood Lt.

Rank or Appointment.

Date

Signature of Officer.....

Unit or Dept.....

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

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

Date

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.....

(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 NIL

(11) Is your father alive? NO

If so, state name and address, occupation

NIL

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

(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.

NIL

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

(14) Is your mother alive? YES

If so, state name and address Mrs.Florence ASPLER (widow)

3007 St.Cathrine St.,West, Apt.3-Montreal,Que.,Canada.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment ~~$60.00~~ $50.00

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? 1 brother 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 .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? NO

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

Gerald D. Aspler
(Signature of officer or man)

Date 16 Oct.42

Samuel Lt.
Officer Commanding

Date 16th Oct.42

NO 4-DISTRICT DEPOT A.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.)

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) 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 Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank ASPLER
(Surname first—Christian names in full—Block capitals)
GERALD BASIL

(2) Regimental or Official Number and Rank D-132332 GNR.

(3) Unit R?C.A. CA.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NO

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls

Names and ages

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

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

Name NIL

Postal Address

[SEE OTHER SIDE]

3 CIRU

R.C.A.

"Q" CARD COMPLETE

non tradesman

I. Regt. No. 1/32332 Rank Pte Unit ..... Date 15 October 1942

Name ASPLER, Gerald, Basil Age 18 Place of Birth Montreal, P.Q.

Date of Enlistment 15-10-42 Place of Enlistment Montreal-South, P.Q. Depot DD4

Languages spoken English R. Recruit A A Med. Cat. A 1 Place DD4

II. M. Test DD4 Date 15-10-42 Other Tests Name or Type

Test	Score	S.M.	
1	15		SUB-TOTAL 33
2	9		S.M.
3	9		
4	11		SUB-TOTAL 23
5	12		S.M.
6	8		SUB-TOTAL 42
7	15		S.M.
8	19		
Total	98	S.M.	GRADE V (E)
9			

Date	Place	Score	Grade

"Q" CARD COMPLETE

Y.O.B. 24 | P 1 | U 1 | L 1 | H 1 | E 2 | M 1 | S

III. Military Background

None

IV. Educational Background

French: poor
8th Grade in 8 years schooling

V. Occupational Background

Information clerk Mount Royal Hotel-4 months
Odd jobs: restaurant-3 months
messenger in a dress shop-2 months
assembler in a gun factory-1½ month

VI. Arm Desired

Work in Arm Desired

Sports: All in general-Swims
Hobbies: Stamps and coins collector
Interest: Music. Violin by ear. Piano

VII.

Single.
Sociable
Has many friends. Good mixer
Father died 12 years ago
Mother had to take roomers to get along
Only one brother-no sisters
Spelling was his best subject
Is interested in R.C.A.
"Not so much marching as in infantry", says he.
Likes cooking.
Just turned 18. Joined on birthday.
Very willing
Cooperative
Talkative
Very sociable.

M.F.M. 196
50M—7-42 (5144)
H.Q. 1772-39-1916

VIII. Summary

Stable, willing and healthy young man.
Likes cooking
Wants to be in R.C.A.
Intelligence and learning ability below average

IX. Suggestions

R.C.A. Non tradesman

X. Signature of Interviewer	N.C.O.	Officer
		L.Breton, Capt., A.E.

XI. Action Taken — Date of Action

Follow-up

D-132332 Gnr. ASPLER G.B. D.D. #4.

"M" test total 98. Sub-totals 33 23 42.

Aspler was interviewed this date to determine his possibilities for trades training. His age is 18 years, 7 months; Mother and a twin brother live in Montreal; his father died when he was 4. He does not seem to be completely at home in the Army yet, and there is little in his occupational background on which to work, he is listless as well and therefore should not be presented for trades training at present.

Petawawa Military Camp,
12-5-43.

(M. MacRae) Captain,
Army Examiner,
A-1, C.A.T.C.

D 132 332 Gunner ASPLER, G.B.

As the training records of this soldier are incomplete, but show him to have had 18 weeks training, it would appear that with the completion of TsOET and also of records, during service with a Fld Training Regt., this gunner should be considered available for service overseas.

Brandon, Man., 27 Oct 43

(A. W. Sinclair) Captain,
A.E., A4 C.A.T.C.

APPROVED.....CAPT. A.E. DEBERT N.S. 13-11-43

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Unit ~~R.C.A. C.A.~~ e/c Regimental Number D 132332

1. Surname ASPLER
2. Christian Names Gerald Basil
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Canada Quebec Montreal
5. Date of birth as declared on attestation 12 Oct. 24
   (A)
6. Date of enlistment 15 October 1942
7. Place of enlistment Mtl. Sth. Que.
8. Residence at time of enlistment 3007 St. Catherine St. W. Mtl. Que.
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 Single
13. Trade on enlistment Information clerk (Hotel)
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps ~~R.C.A.~~ e/c

Unit (Battn., etc) ~~5 Cdn A.Tk. Regt.~~

(18) Medical

Category	Date	Authority
A	12 Oct 42	MFM 2

(19) Next of ~~kin~~ (entries to be made in pencil)
Mrs. Florence Aspler (Mother)
3007 St. Catherine St. West apt 3
Montreal Quebec
Canada

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

NOTES—

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Awarded 7 days C.B. + forf. 1 days pay Art 149(1)(a) F.R.I. (AWL 9 hrs)	BRANDON	6/9/43	Gnr.	D.O. 26 d/7 Sep 43
			Granted R.R. of Pay 1.50	"	1/9/43	"	D.O. 36 d/23 Sep 43
			SOS - CANADIAN ARMY (CANADA) ON EMBARKATION AT ..... ON 14 Dec 43				
			TOS - CANADIAN ARMY (OVERSEAS) ON TRANSFER ON 15 Dec 43 AND DISEMBARKED ON 21 Dec 43				
			TOS - 8 CANADIAN ARTILLERY	UK	22/12/43	Gnr	D.O. 318 d/23 Dec 43
13 Jan 44		2 CARU	SOS to 5 Can A/Tk Regt	UK	13 Jan 44	Gnr.	D.O. 10
9 Jan 44	DN4659	5A.Tk.R.	TOS from 2 C.A.R.U.	"	14 Jan 44	"	3/44
			~~Awarded Canadian Volunteer Service Medal and Clasp~~	"	~~15 Jan 44~~	"	~~6/44~~ entered in error
	H.S.	"	SOS to "X" LIST RCA on adm to 13CGH	"	23 Feb 44	"	10/44
29 Feb 44	X3 (RCA-A/Eb)		S.O.S. on adm 13 Cdn. Gen. Hosp.	"	24 Feb 44	"	6-29 Feb 44
14/3/44	C.R.		Sent to 2 CARU on disch from 13 C.G.H.	—	7/3/44	—	9/31/3/44
9 Mar 44		2 CARU	TOS from 5 A/T X3 disch from Hosp	UK	8 Mar 44	Gnr	57
28 Mar 44		2 CARU	S.O.S. to 1 C.A.R.U.	UK	27 Mar 44	Gnr	70
5-4-44	O.C.	1 CARU	TOS from 2 CARU	"	28-3-44	Gnr	81
7-4-44	O.C.	1 CARU	SOS to 3 CIRU	UK	6-4-44	Gnr	83
	TOS	3 CIRU	TOS from 1 CARU on remaining from RCA to CIC	UK	7 Apr 44	Pte	82/8 Apr 44
		3 CIRU	AWL from 2200 hrs 22 Apr 44	"	22 Apr 44	Pte	95/25 Apr 44
		3 CIRU	Att fap (Temp) to Ad-Hoc Reception Depot (Held in Close Arrest)	UK	27 Apr 44	Pte	100/1 May 44
		3 CIRU	App from AWL 1530 hrs 25 Apr 44	UK	25 Apr 44	Pte	100/1 May 44
		"	CTBA fap to Ad Hoc Recep Dept on going AWL at 1600 hrs 27 Apr 44	UK	27 Apr 44	Pte	110/12 May 44
		3 CIRU	AA 15(1) AWL from 2200 hrs 22 Apr 44 to 1530 hrs 25 Apr 44 (absent 2 days 17 hrs 30 mins) (in open arrest) Awarded 21 days F.P. on 11 May 44. Forfeits 3 days pay FR&I 149 (1)(a) - Forfeits 21 days Pay FR/149(1)(B) Tot Forf 24 days pay. Placed under stoppages of pay to amount of £1-11-8 recover cost of apprehension FR&I 172 (8)	UK	11 May 44	Pte	DO 1129/15 May 44
	SOS	-	SOS to X-2 List C.I.C.	"	1 Jun 44	"	127 1 Jun 44

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

(PART II)

Regiment or Corps.....Regimental Number.....

Substantive Rank.....Surname.....Christian Names.....

Acting Temporary or Local Rank.....
(To be entered in pencil to facilitate alteration)

(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 1 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 shown
X4	CIC	11 Bn	TOS from 3 CIRU	U.K	2 Jun 44	Pte	5-Jun 44
X4	CIC	11 Bn	SOS to North Shore Regt	"	27 Jun 44	"	9-Jul 44
EAR3/259	d/27 June 44		TOS from X4 Lias ~~(NSR)~~ CSC w.e.f	Field	28 June 44	Pte	43/44
~~CR176~~	~~QC~~	~~NSR~~	~~SOS died of wounds~~	"	~~8 Aug 44~~	"	~~54/44~~ Never Promoted Mpt Cmpn
AFW3014-92			SOS killed in action	Fld	8 Aug 44	Pte	58 d/Aug 44

(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

Rece

Checked Card Observations

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

FINGER-PRINTED

M.F.M.12
A.F.B. 27
750M—5-42 (4398)
H.Q. 72-39-1645

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

Unit R.C.A.. CA. Regimental Number D-132332

01
6 NR

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

R.C.A.
N.T.

ATTESTATION PAPER

1. Surname ASPLER
2. Christian Names GERALD BASIL
3. Present address 3007 St.Catherine St.West, Apt.3, Montreal, Quebec, Canada.
4. Date of birth 12 October 1924
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Church of England
8. Trade or Calling Information Clerk (Hotel)
9. Married, Widower or Single Single
10. Name of next of kin Mrs. Florence Aspler (Widow)
11. Relationship Mother
12. Address of next of kin 3007 St.Catherine St West., Apt.3, Montreal, Quebec, Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No

(If Yes, Give Unit and Dates of Service)

14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)

(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No

(Yes or No) (If Yes, specify Unit and Period of Service)

15. 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, GERALD BASIL ASPLER, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army 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 15-10-42 Gerald Aspler (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, GERALD BASIL ASPLER do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness ..... (Name) ..... (Rank) Gerald Aspler (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 MONTREAL SOUTH this 15th day of October 19 42

R.A. Fraser Capt. — Signature of Magistrate, Justice or Attesting Officer.

NO. 4 DISTRICT DEPOT A.F. — Officer 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

2502-

Record of Service of ASPLER (Surname) GERALD BASIL (Christian Names) Regimental Number D-132332

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate	I YR (years completed)	Graduation or Matriculation	NIL (specify)
Business or Professional	NIL				
Trade or Civil	INFORMATION CLERK (HOTEL)	*College	NIL		
Technical	NIL	*University	NIL		
Languages	ENGLISH		7 YEARS PUBLIC SCHOOL		

*(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.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment 16-10-42± DRO T OS NO 4 DISTRICT DEPOT CA.	GNR	16-10-42	4DD	MTL STH	4DD PTII 250	16-10-42
SOS ON TRANSFER TO CABRC 41 Huntingdon	"	30-10-42	"	" "	" " " 262	30-10-42
TC41 T O S ON TRANSFER FROM 4 D I	PTE	31.10.42	T C 41	HTINGDON,	TC 41 PT II - 217A	2-11-42
Grant. 5 Days New Year Leave at 50 cts. day Dec 29 - Jan 4.	.	29.12 42	-	-	- . 264	30.12.42
9.2.43 SOS to R.C.A. A-I PETAWAWA Ontario.	Pteé	9.2.43	"	"	" " PT II 33A	9.2.43
T.O.S. (A-1) C.A.T.C.	Gnr	10 Feb 43	(A-1) C.A.T.C.	Petawawa	D.O.34	10 Feb 43
Auth. to receive a new rates of pay 1.40 per diem	"	15 Feb 43	"	"	A.64	17 Mar 43
Granted furlough to 25 Apr. 43						
Granted transport warrant.	"	12 Apr. 43	"	"	A.85	10 Apr. 43
SOS TO 8th A/T SUSSEX	"	29May43	"	"	127	29May43
T.O.S 8 Can A/Tank Regt. R.C.A for all purposes	"	30 MAY 43	8 A/T	Sussex	No 86	5 JUN 43
S.O.S. 8 Can A/Tank Regt. R.C.A.	"	11 Jul 43	"	Brandon	No 110	12 Jul 43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ASPLER GERALD BASIL Place MONTREAL Date of Medical Examination Oct. 12/42

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis or pleurisy NO
c. Bronchitis or asthma NO
d. Heart disease NO
e. Kidney or bladder disease NO
f. Stomach or bowel trouble NO
g. Rupture NO
h. Varicose veins NO
i. Foot trouble NO
j. Nasal trouble NO
k. Ear disease NO
l. Eye disease NO
m. Fits NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? NO
r. Are you now or have you in the past received disability pension or compensation? If so, give details NO

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

Gerald Aspler
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars 1 vac left arm
2. Height 5 feet 10 inches. 3. Weight 130 pounds.
4. Complexion Med. Eyes Blue Hair Brown
5. Development good — Good / Fair / Poor
6. Chest measurement—Girth on full expansion 35 inches. Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
With Glasses— right left 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth Good good reflexes normal
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Color vision ishihara (CN) deviated septum ears nose throat neg.
Dr. W. . Dalpe.
13. Chest X-Ray N No 149614 Laboratory at which taken D.P. & N.H. MTL.

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

E.S. Harding rank — President — E.S. HARDING M.D.
A.G. Morphy rank — Member — A.G. MORPHY MD.
J.E. Racicot rank — Member — J..E.RACICOT M.D.

Date Oct. 12/42

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
OCT 16 '42	T.A.B.T.	12/6/43	SHICK TESTED NEG.
NOV 13 1942	T.A.B.T.	25 Oct 43	Re-examined Category Unchanged
DEC 18 '42		24 Nov 43	T.A.B.T. (ANNUAL) 1/2 cc.
OCT 16 '43	M.U.		
12/2/43	CAT. A CONFIRMED PETAWAWA		
25/5/43	CAT. A CONFIRMED PETAWAWA		
10 Aug 43	Y.O.B. 24 P V U 1 L 1 H 1 E 2 M 1 S 1 J Tweddle Capt		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. D-132332 Rank ~~[illegible]~~ GNR Surname ASPLER Christian Name GERALD BASIL

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				
Petamawa		18	2	43	24	2	43	Influenza	6	Apparent recovery. P.M.H.	E.L.

Regimental No. D-132332 Rank GNR.

Sheet No.

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name ASPLER, GERALD BASIL

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
T.O.S. 28th Field Regiment. R.C.A.	Gnr	12 Jul 43	28th Field	Brandon	1	13 Jul 43
For A.W.L from 2200 hrs 4 Sep 43 until 0700 hrs 5 Sep 43 was awarded 7 days						
"C.B" on 6 Sep 43. Forfeits 1 days P+A under Art. 149 (1)(a)	"	6 Sep 43	"	"	26	7 Sep 43
Entitled to draw rate of pay $1.50 per diem	"	1 Sep 43	"	"	36	23 Sep 43
S.O.S 28th Fld. Regt. RCA on transfer to A-4-, CATC.	"	14 Oct 43	"	"	47	14 Oct 43
T.O.S. from 28th Fld. Regt., R.C.A., BRANDON, Man.	"	15 Oct 43	A4 CATC	BRANDON	247	16 Oct 43
S.O.S. to Nol. Trg. BRIGADE? DEBERT, N.S.	"	2 Nov 43			261	2 Nov 43
T.O.S. TRG. BDE. GP	"	3 Nov 43	Trg Bde Gp	Debert	5	8 Nov 4
7 Days Sp Leave & 6 days R.A. .50 per diem T.W. A 294225	"	1 Dec 43	"	"	30	7 Dec 43
SOS TO SERIAL 292	"	14.12.43	"	"	36	DEC 14 1943
SOS CANADIAN ARMY (CANADA) ON EMBARKATION ON 14 Dec 43						
TOS CANADIAN ARMY (OVERSEAS) ON TRANSFER ON 15 Dec 43 AND DISEMBARKED ON 21 Dec 43						
TOS 2 CANADIAN ARTILLERY Rft	Gnr.	22/12/43	#2 CARU	U.K.	318	23-12-43

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

Sheet No.........................

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name.......,..

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated

Regimental No. 7132332 Rank ..... Sheet No. .....

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name ASPLER G. B.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Att fap to Ad Hoc Rec Dept (Chce. Arrest)	Pte	27 Apr 44	UK	3 CIRU	100	1 May 44
M106 C/att. FAP to Ad Hoc Rec Dep. on going awl. at 1600 hrs.	Pte.	27 Apr 44	3 CIRU	U.K.	110	12 May 44
M112 C.O.S. SOS to X-4 CIC	Pte	1 June 44	3 CIRU	UK	127	1 June 44
M106 T.O.S. TOS from X4L CIC (Unalloc).	Pte	28 June 44	N.S.R.	21 A G	43	5 Jul 44
M112 Forf 24 days pay stop. of pay £1-11-8 cost of app. AA15(1)	Pte	11 May 44	3 CIRU	U.K	128	2 June 44
M140. Killed		8 Aug 44		AEF	A481	
Died of wounds	Pte	8 Aug 44	NSR	AEF	A479	19 Aug 44
Embarked UK	Pte	20 June 44	} X list			
Disembarked France.	Pte.	21 June 44	} Inf Gen	Unalloc 21 Gp	98	23 Dec 44
C86 SOS TOS. SOS Killed In Action	Pte	8 Aug 44	N Shore R	21 A G	58	31 Aug 44

Regimental No. D-132332 Rank GNR Sheet No.

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name Aspler, Gerald Basil

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
T.O.S 28th Field Regiment R.C.A.	Gnr	12 Jul 43	28th Field	Brandon	1	13 Jul 43
For A.W.L. from 2200 hrs 4 Sep 43 until 0700 hrs 5 Sep 43 was awarded 7 days						
"C.B" on 6 Sep 43. Forfeits 1 days P+A. under art. 149 (1)(a) F.R+I	"	6 Sep 43	"	"	26	7 Sep 43
Entitled to draw rate of pay $1.50 per diem	"	1 Sep 43	"	"	36	23 Sep 43
S.O.S 28th Fd Regt. R.C.A. on transfer to A4. CATC	"	14 Oct 43	"	"	47	14 Oct 43
T.O.S. from 28th Fld. Regt., R.C.A., BRANDON, Man.	"	15 Oct 43	A4 CATC	BRANDON	247	16 Oct 43
S.O.S. to Nol. Trg. BRIGADE? DEBERT, N.S.	W	2 Nov 43	"	"	261	2 Nov 43
T.O.S. TRG. BDE. GP.	"	3 Nov 43	Trg Bde Gp	Debert	5	8 Nov 43
7 Days Special Leave & R.A. 6 days at .50 per diem T.W. No. A294224	"	1 Dec 43	"	"	30	7 Dec 43
SOS TO SERIAL 292	"	14.12.43	"	"	36	DEC 14 1943
SOS - CANADIAN ARMY (CANADA) ON EMBARKATION AT ..... ON 14 Dec 43						
TOS - CANADIAN ARMY (OVERSEAS) ON TRANSFER ON 15 Dec 43 AND DISEMBARKED AT UK. 21 Dec 43						
TOS - 2 CANADIAN ARTY RFT UNIT	Gnr	22 Dec 43	2 CARU	U.K.	318	23 Dec 43
C7 SOS SOS 10 5 A/TK	Gnr	13 Jan 44	2 Carru	UK	10	13 Jan 44
TOS TOS from 2 Carru	Gnr	14 Jan 44	5 A/TK	UK	3	21 Jan 44
C7 Adm 13 Gen hosp	Gnr	23 Feb 44	Bas. Hosp	No. 1298		28 Feb 44
S.O.S SOS to X List on adm to Hosp. 13 Gen Hosp.	Gnr	23 Feb 44	5 A TK	UK	10	4 Mar 44
M41 Dis from 13 Gen hosp	Gnr	7 Mar 44		UK CLG	1310	10 Mar 44
T.O.S T.O.S from 5 A/TK X list (disch hosp)	Gnr	8 Mar 44	2 Carru	UK	54	9 Mar 44
S6S C7 S.O.S. to 1 Carru	Gnr	27 Mar 44	2 Carru	UK	40	28 Mar 44
M56 T6S T6S from 2 CARU	Gnr	28 Mar 44	1 CARU	UK	81	5 Apr 44
~~M56 S6S S6S to 3 C1RU~~ Error	~~Gnr~~	~~6 Mar 44~~	~~1 CARU~~	~~UK~~	~~83~~	~~7 Apr 44~~
~~T6S~~			~~3 C1RU~~			
M56 S6S S6S to 3 C1RU	Gnr	6 Apr 44	1 CARU	UK	83	7 Apr 44
C38 T6S TOS from 1 CARU Remove RCA to C1C	Gnr	7 Apr 44	3 C1RU	UK	82	8 Apr 44
C119 The UM are absent without leave from 2200 hrs.	PTE	22 April 44	3 Adm 9 RU	UK	95	25 April 44
Appre. from AWL. 1530 hrs.	Pte	25 April 44	3 C1RU	UK	100	1 May 44

TO BE COMPLETED IN DUPLICATE

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

MF M10
40/P & S/423 (3767) 3/18B

WILL

(1) I, GERALD BASIL ASPLER, of the city
(Names in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the ~~County~~ District of West Mount

Province of Quebec, Information clerk
(Civil Occupation)

Regimental No. D 132332, Unit Canadian Infantry Corps, 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, Florence Aspler of 3007 St Catherines St W. Apt 3, Montreal Quebec. my entire estate

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~~

(4) I appoint Florence Aspler - 3007 St Catherines St. W. Apt 3 Montreal Quebec
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 9 day of April 1944.

Signed and acknowledged by the Testator as and for his last will 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.

Gerald Aspler
(Signature of soldier)

First witness sign here.

(5) Signature W. A. Ledgerwood
Civil Address ~~sales~~ 141 Ferndale, Norwood Manitoba
Civil Occupation salesman.

Second witness sign here.

Signature Colin K. Ross Lieut.
Civil Address 484 McLaren St Ottawa Can
Civil Occupation Ins Agent.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

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

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

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"

"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

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

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

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

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will (both copies) with Commanding Officer for transmission to the Records Office for safe custody.

WILL RECEIVED IN DOCUMENT SECTION
MAY 30 1944
RECORD OFFICE
NAT. DEF. H. Q.

MAY 29 1944

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

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

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

3. NAME OF DECEASED

Surname: ASPLER (Block letters)

Given names: Gerald Basil

Do not write in this space

4. RESIDENCE

Street: St. Catherine St. W. No. 9007

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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: October (Month) 12 (Day) 1924 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	19			....hrs. or....min.

OCCUPATION

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

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	Deceased	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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: August (Month) 8 (Day) 1944 (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 due to received in action

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 .... (State which) Date ....19....

Manner of injury .... (How sustained)

Nature of injury

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

Signed .... **M.D.**

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

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

[signature] C.S.

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)

OVERSEAS CASUALTY CANADIAN ARMY

FEB 23 1945

Director of Records, Dept. of National Defence.

17

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution — *Années* | *Mois* | *Jours*
(b) dans la municipalité du décès — *Années* | *Mois* | *Jours*
(c) dans la province — *Années* | *Mois* | *Jours*
(d) au Canada (s'il s'agit d'un immigré) — *Années* | *Mois* | *Jours*

3. NOM DU DÉFUNT

Nom de famille.....
(*Lettres moulées*)
Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

RÉSIDENCE

4. Rue.....No.....
Nom officiel de la municipalité civile ou du canton.....
Comté municipal.....Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE.....
(jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....
14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....
15. Dernière date à laquelle le défunt vaquait à ce travail
16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation.....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....
(b) Municipalité civile de.....
(c) Comté municipal.....
(d) Date.....19.....
(jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès.....19.....
(jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....
que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I
Cause immédiate
Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a).....
dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b).....
dû à
(c).....

II
Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.
.....
.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner
(a) Date d'éclosion.....19.....
(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....
Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—
Accident, suicide ou homicide.....Date.....19.....
(Spécifier)
Manière de la blessure.....
(Dans quelle circonstance)
Nature de la blessure.....
Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)
.....
Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.
.....

(For English see other side)

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Florence Aspler,
3007 St. Catherine St., W.
Apt. # 3,
Montreal, P.Q.

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-A-9068 FD 475

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Oct. 27, 1944

ESTATES BRANCH NOV 7 1944 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

ASPLER Gerald B. Pte.

D-132332 Canadian Army

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

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

JMR/JR

for Director of Estates.

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 ev[illegible] 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.....		N/A		N/A
2	Children of the Deceased and dates of their Births.....		N/A		N/A
3	Father of the Deceased.....		Philip Sherwin Kepler (deceased) 17th Feb. 1929		
4	Mother of the Deceased.....		Mrs. Florence Kepler	47	3007 St. Bath. St. West #3
			Ste. Philip Sherwin (twin) Kepler	20	3007 St. Bath. St. West #3
5	Brothers of the Deceased	Full Blood			
		Half Blood	N/A		N/A
6	Sisters of the Deceased	Full Blood	N/A		N/A
		Half Blood	N/A		N/A
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
			N/A		N/A

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Gerald Basil Aspler
9	Date of his birth.	Oct. 12th, 1924
10	Place and date of his marriage.	N/A
11	Place and date of his parents' marriage.	Toronto, Ont. May 31st. 1923

PARTICULARS OF DOMICILE

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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	N/A
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?	N/A
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?	N/A
20	Amount of War Savings Certificates held by deceased. Indicate where located.	One $4 certificate worth $5. at maturity at home
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	N/A
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	N/A (none other than back pay and gratuities from Army)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	N/A

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.	N/A
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.	N/A

(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

*Brother of the deceased.

Pte. Philip Aspler — Signature of Informant

3007 St. Catherine St. W. #3 Montreal, P.Q. — Address

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.

CERTIFICATE

I hereby certify that to the best of my knowledge and belief PTE. PHILIP ASPLER

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

Dated at MONTREAL this 6TH day of NOVEMBER 1944

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

Qualification COMMISSIONER OF SUPERIOR COURT DISTRICT OF MONTREAL.

Address

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

MFM 51[illegible]
40/P & S/[illegible] (3444)

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

District.....

Dispersal Area.....

Regtl No. D.132332 Rank and Name Aspler. G.B. Gnr.

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

(~~Transfer~~ or Discharge).....to.....on 8th. Aug. 19 44.

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. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	21	39
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay.....days at.....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars).....days at.....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars).....days at.....$		
Public Stoppages (Give particulars):					
			Cash effects S.O.C.R.14727	10	28
To Balance Cr Free	55	17			
To Balance Cr Deferred			By Balance Dr		
Total	78	17	Total	78	17

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

Remarks:

Assnd. Pay of $23.00 (M) stopped eff. Sept.44.

ESTATES BRANCH FEB 27 1945 H. Q. OTTAWA. NATIONAL DEFENCE

Compiled by E. Trenouth.

Checked by E Waldron

Date 10th. February 19 45.

Certified correct D. A. Fowler for Chief Treasury Officer, Overseas

P.H.

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C

Prior to compilation of statement below

Date	Unit	Payments	Amount Dr	Amount Cr	Paymaster's Signature
		Balance from L P C			

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above				
		Pay and Allowances from ..... to				
		Assigned Pay months of				
		Civilian Clothing Allowance				
		Boat Expense Money				
		Train Expense Money				
		Miscellaneous Debits (give details)				
		Miscellaneous Credits (give details)				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr	Cr	Signature of Paying Officer

Place of Embarkation .....

Date of Embarkation .....

Place of Disembarkation ..... HM Transport .....

Date of Disembarkation .....

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 Gerald Basil Ryder (b) Reg'l. No. D-132 332
2. (a) Arm of service Army (b) Unit R.C.A.S.C. (c) Rank Pte.
3. (a) Date of birth 12 Oct 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal P.Q.
4. (a) Place of enlistment Montreal P.Q. (b) Date of enlistment 13 Oct 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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.) 2 years high school
7. If you attended a university, give name of university and standing or degree secured
8. (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?
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?
12. (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
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

18. Name of employer Great Western Hotel Co. Address Montreal, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Hotel business
20. (a) Your specific occupation Information Clerk (b) Number of years' experience at this occupation with any employer 9 months
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? None
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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Educational

DATE 21 March 1943 SIGNATURE [signature]

File Copy

Quote No. H.Q. 405-A-9068
(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,
18-8-44

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. ..... D-132332 ..... Rank ..... Pte .....

Surname ..... ASPLER .....

Christian Names ..... Gerald Basil .....

Nature of Casualty ..... Died of Wounds .....

Date of Casualty ..... 8-8-44 .....

Address at time of enlistment ..... Montreal, P.Q. .....

..... Date enlisted: ..... 15-10-42 .....

Date of Birth ..... 12-10-24 .....

Marital Status (On enlistment) ..... Single .....

Marital Status (Present) ..... Single .....

Occupation ..... Clerk .....

Name and address of Next-of-Kin ..... Mrs. Florence Aspler .....

..... 3007 St Catherine St. W. Apt #3.
Montreal, P.Q.

MCL

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

4

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-132332 RANK private SERVICE UNIT The North Shore Regiment (CA)

NAME ASPLER, Gerald Basil

DATE OF BIRTH 12th October 1924 DATE OF ENLISTMENT 15-10-42

MARITAL STATUS Single RELIGION Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Florence Aspler

ADDRESS 3007 St Catherine St.W. Apt.#3 Montreal .P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9194 H.Q. 405-A-9068

CASUALTY DETAILS Died of Wounds DATE 8-8-44

FRANCE

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

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

DATE 16-8-44

DIRECTOR OF RECORDS

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

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

6th September, 1944.

Mrs. Florence Aspler,
3007 St.Catherine St.W.Apt.# 3.
Montreal,P.Q.

Dear Mrs. Aspler:

It was with deep regret that I learned of the death of your son, D132332 Private Gerald Basil Aspler, who gave his life in the Service of his Country in France on the 8th day of August, 1944.

From official information we have received, your son died as the result of wounds received 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 28 1944

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

6

H.Q.405-A-9068(Records C)

12 September 1944,

Mrs. Florence Aspler,
3007 St. Catherine St. W.,
Apt. 3,
Montreal, P. Q.

Dear Mrs. Aspler:

With reference to my telegram of the 15th of August informing you of the regretted death of your son, D.132332 Private Gerald Basil Aspler, I am directed to inform you that official information has now been received from Canadian Military Headquarters Overseas advising that it has been ascertained that he was killed in action on the 8th of August 1944 and did not die of wounds as previously reported.

Any additional particulars received will be immediately communicated to you.

Please accept my deepest sympathy in your bereavement.

Yours sincerely,

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

ND/EKG

10

D1360

☐ Navy
☒ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

DEPARTMENT OF NATIONAL DEFENCE

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service ASPLER (Print)

2. Christian Names GERALD BASIL (Print)

3. Service No. D-132332 4. Paid rank or rating at date of termination of Service

5. Address, in full, to which payments of gratuity are to be forwarded 3007 ST. CATHERINE ST. WEST (APT. 3) MONTREAL

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
ARMY	D-132332	Pte	OCT. 12-1942	AUG. 8-1944 KILLED IN ACTION

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N/A If so, state name of Force or Forces N/A

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? N/A If so, state the Force or Forces, with dates of commencement and termination of service. N/A

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

~~AUGUST 6th 1944~~ (Date) Oct. 16th, 1944.

Mrs. Florence Aspler (Signature of Applicant)
(Mother)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:

Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

21

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: GERALD BASIL (CHRISTIAN NAMES) ASPLER (SURNAME)

REGISTER NO. D-1360
FILE NO. 405-A09068
DATE 25-4-45
SERVICE NO. D-132332
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 8-8-44

PAYEE Mrs. Florence ASPLER,
ADDRESS Apt.3, 3007 St. Catherine, St. W., Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44

		$	¢
A. TOTAL QUALIFYING SERVICE 630	NO. OF DAYS 638/30 EQUAL TO 21 COMPLETE PERIODS AT $7.50	157.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 214 LESS 8 INELIGIBLE DAYS, EQUAL TO 206 DAYS @ 25c. PER DAY	51.50	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	209.00	
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 $ 25.00 $ .83		
	TOTAL $ 3.58 X7 = $ 25.06		
	NO. OF DAYS 214/183 X $ 25.06	29.31	
D. WAR SERVICE GRATUITY		238.31	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		238.31	

RECEIVED
APR 30 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
KBM	

TREASURY	
CHECKED BY	DATE
W. D. Hamilton	5/45

SERVICE REPRESENTATIVE

24

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME GERALD BASIL ASPLER (Christian Names) (Surname) — Register No. D-1360

PAYEE'S NAME MRS FLORENCE ASPLER (Christian Names) (Surname) — File No. 405-A-9068

ADDRESS APT. 3. 3007 ST. CATHERINE STREET WEST, MONTREAL, P.QUE. — Date 25-4-45

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44 — Service No. D-132332

Final Rank PTE — Date of Discharge 8-8-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 638 / 30 = 21 Periods @ $7.50	157	50
B. QUALIFYING OVERSEAS SERVICE No. of days 214 less 8 Ineligible days, equal 206 Days @ 25c per day	51	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ 25.00 $ .83 TOTAL $ 3.58 × 7 = $ 25.06 No. of Days 214 / 183 × $ 25.06	209	00
	29	31
D. WAR SERVICE GRATUITY Computed By [signature]	238	31
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ — (2) D.A. & A.P. $ — Other Deductions $ — Entered By [signature]		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 238.31 each)	238	31

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

$..... × 30 = $.....

REMARKS

23

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

Director of Estates

Regimental No. D 132332 Rank Private

ASPLER Gerald Basil

Surname Christian Names

Unit The North Shore Regiment (CA)

Date of Death 8-8-44 Place of Death Overseas (France)

Next-of-kin Mrs. Florence Aspler Relationship Mother

Address 3007 St. Catherine St. W. Apt. #3, Montreal, P.Q.

M.F.M. 5 Copy of M.F.M. 5 herewith

Will Will d/16-10-42, 9-4-44 herewith

Date 21-10-44

ESTATES BRANCH OCT 25 944 H.Q. OTTAWA. NATIONAL DEFENCE

JEC/MB

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

CFA 187
40/P & S/21 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-132332 Pte Aspler G.B. (Deceased)

RECEIVED FROM 2nd Echelon X 21 Army Group

CHECKED BY G-52743 Pte McDonald S.J.
G-5591 Pte Patterson L.K. DATE 22 Dec 44

1	Leather Wallet		
1	Ned Identity Disc		
1	Hat Badge		
1	Ring		
	Snapshots		
1	Mech. Pencil		

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

J K Patterson Pte
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

GC

Estates Form "P. 4"

ARMY

Name: ASPLER Gerald B. No.: D.132332
Surname Christian Names

Pte. C.A. O/S 8-8-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 55.17

Date: 1-5-45

Other Credits

Total 55.17

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Florence Aspler, 3007 St. Catherine St. W., Apt. #3, Montreal, Quebec. (sole beneficiary under will)	$55.17

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 4-6-45 JW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$55.17

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

File No 405-A-9068

R E B U R I A L

NO D/322332

RANK Ste

NAME ASPLER - G.B.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize. France.

GRAVE LOCATION Grave 11 Row B Plot 10

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

H.Q. 405-A-9068
(D.R. 2(C))

11th March, 1946.

Mrs. Florence Aspler,
3007 St.Catherine Street West,
Apartment #3,
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D132332 Private Gerald Basil Aspler, have been carefully exhumed from the original place of interment and reverently reburied in grave 11, row B, plot 10, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

KJP.

Yours faithfully,

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

/EMA