D133058
CHAYER
LOUIS JOSEP

18-11-47 P.D. LS

AWARDS—CANADIAN ARMY (ACTIVE)

M

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT (FILE NO.)
CHAYER	Louis Joseph Azarie	D-133058	Pte.	

WAR SERVICE BADGE ELIGIBLE

(CLASS) GSC No. 041023 DATE DESPATCHED: July 27, 1943

ADDRESS: 1859 Fullum St., Montreal, Que

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
CVSM	
WAR MEDAL 1939-45	
	7416
	~~7384~~ 24/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Rita Tougas, (Daughter)

ADDRESS: 1280 St. Timothee St.,
Montreal, P.Q.

MEMORIAL
(1)
DATE DESP
REGN. NO 2727

(2) MEMORIAL CROSS

WIDOW SEPARATED

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER DECEASED

ADDRESS:

(3)

Roman Catholic

Azarie

No. D.133058 Rank Private Name CHAYER, Louis Joseph

Unit R.C.A.M.C. Date of death 18th November, 1947.

Died at Montreal, P.Q.

Cause Angina pectoria due to chronic coronary disease.

Death war Due. CPC. d 29/10/48. HQ d

N/K Mrs. Emerentienne Chayer, Relationship (Separated) Widow

Address 1694 Dansereau Street, Montreal 24, P.Q.

Remains buried in East End Cemetery

Montreal, P.Q.

Grave location Grave 753. 10M-7-47(M-1371)

CONTRACTOR'S ROLL FOR THIS SECTION
GRAVE DESPATCHED
JUN 16 1949

M.F.M. 7
400 M—8-39 (1704)
H.Q. 1777-45-18

CANADIAN FIELD FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. D-133058 (Rank) PRIVATE

Name (in full) Louis Joseph Azaire Chayer enlisted in

the R.C.A.M.C., C.A.

CANADIAN FIELD FORCE at Montreal, P.Q. on the (7th) Seventh

day of April 19 42

He served in Canada

and is now discharged from the service by reason of C.A.R.O. 1029(10)

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 45

Height 5' 4"

Complexion Medium

Eyes Hazel

Hair Brown

Marks or Scars

2 vac. left arm.

scars on both knees.

Louis Joseph Azaire Chayer
Signature of Soldier

C. Pion capt.
(P.P. Pion)
Issuing Officer

Date of Discharge

21 June 1943

4th Can. Fld. Hyg. Section
JUN 21 1943
R.C.A.M.C.

Captain
Rank

Date 21 June 1943

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

M.F.M. 23
100M—4-42 (4370)
H.Q. 1772-39-1677

B

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. D-133058 | Rank PRIVATE

Surname CHAYER

Christian name LOUIS JOSEPH AZARIE

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps 4TH CDN. FIELD HYGIENE SEC., R.C.A.M.C.

Date of discharge 21 June 1943

Place of discharge Debert, Nova Scotia Mil. Dist. No. 6

1. DESCRIPTION AT DATE OF DISCHARGE

Age 45 years 8 months

Height 5 feet 4¼ inches

Complexion Medium

Eyes Hazel

Hair Brown

Trade Railway Conductor

Descriptive marks 2 Vac. left arm, Scars on both knees.

Intended place of residence: 1851 Fullum St. ~~1280 St. Thimothe St.~~ Montreal, P.Q.
Street and Number — P.O., City or Town, etc.
(To be given as fully as practicable: *i.e.*, mailing address) Province

Recd. 11/7

C.A.M.

2. The above-named man is discharged in consequence of "unable to meet the required military physical standards" A.A.& Q.M.G.,HQ 7th Cdn.

Authority for discharge RO 1029 (10):Div.7D/6-9-94 d/21/6/43

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

Excellent

G. Orion capt.

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

Railway employee. G. O.

(OVER)

5. He is in possession of the following number of G.C. Badges:

Nil

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... NIL

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) Debert Camp, N.S. (P.P.Pion) Capt.

(Date) 21 June 43 *Commanding* 4th Cdn. Fd. Hyg. Sec., R.C.A.M.C., C.A.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Debert, N.S. (*Signature of Soldier*)

(Date) 21 June 43 S/Sgt. (*Signature of Witness*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army) 7 April 1942

(Date of discharge—Canadian Army) 21 June 1943

(Total Service—Canadian Army) 1 years 75 days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place) Debert Camp, N.S. (*Signature*) (P.P.Pion) Capt.

(Date) 21 June 43 *Commanding* 4 Cdn.Fd.Hyg.Sec., RCAMC,C.A.

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

~~Certified Copies of Convictions by Civil Power~~

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

~~Form of Attestation.~~

~~Certified Copy of Record of Examination by Court of Inquiry (K.R. Can. 1513).~~

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.
M.F.M. 105 and 105H
M.F.M. 196
M.F.M. 3
M.F.C. 800

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

P.P. Pion Capt.
(P.P.Pion) Capt. *Officer Commanding*

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

(Date) 21 June 43. L. J. A. Chapman
(Signature of Soldier)

Cat B1

A wing

ORIGINAL
DUPLICATA
TRIPLICATA

M.F.M. 2 Fr.
A.F.B. 271
50M—8-41 (1530)
H.Q. 1772-39-1645

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

Unité 17th. Gen. Hospital (RCAMC) CA N° Matricule D-133058

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom CHAYER
2. Prénoms Louis Joseph Azarie
3. Adresse actuelle 1260 rue St-Timothee, Montreal P.Q., Canada
4. Date de naissance 7 mars 1898
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Conducteur (Chemin de fer)
8. Marié, veuf ou célibataire Marie (Separe)
9. Nom du plus proche parent Mde Gilberte PAQUETTE
10. Degré de parenté Soeur
11. Adresse du plus proche parent ~~2691 rue Hochelaga, Montreal P.Q., Canada~~ Les Chenelles Qué
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi? Non
(Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? Non (Oui ou non)
(Si oui, spécifiez le numéro matricule et l'unité)
(*b*) Quelque autre armée de mer, de terre ou de l'air? Non (Oui ou non)
(Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? Non
(Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Louis Joseph Azarie CHAYER, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, 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 ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 7 April 1942.

Louis Joseph Chayer
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Louis Joseph Azarie CHAYER, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Louis Joseph Chayer
(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 faussement 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 le serment devant moi,

à Montreal South ce 7th jour de April 1942. 19

L. B. Spenard Capt.
(Signature du magistrat, du juge de paix ou de l'officier certificateur)

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

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

État de service de CHAYER (Nom) LOUIS JOSEPH AZARIE (Prénoms) N° matricule D-133058

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: CONDUCTOR (RAILWAYS)

Techniques: NIL

Langues: FRENCH & ENGLISH

DEGRÉ D'INSTRUCTION

École supérieure ou Académie: NIL (années achevées)

Graduation ou Immatriculation: NIL (Spécifier)

*Collège: NIL

*Université: NIL

8 Years Public (Montreal, P.Q.)

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

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et 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
		Affecté lors de son enrôlement						
7-4-42	DRO	NO.4 DISTRICT DEPOT CA.	PTE	7-4-42	4DD.	MTL.STH.	4DD.PT11.No.82	7-4-42
8-5-42	"	ADDRESS OF NEXT OF KIN MRS.GILBERTE PAQUETTE (SISTER) 2691 HOCHELAGA ST.MONTREAL, QUE. IS CHANGED TO MRS.GILBERTE PAQUETTE (SISTER) 1859 FULLUM ST.MONTRE AL,QUE.	PTE.		"	" "	" " " 108	7-5-42
16-6-42	4 DD	ABSORBED INTO H.W.E. 4 DD	PTE.	15-6-42	4 DD	MTL STH	4DD PT II No 142	14-6-42
24-6-42	4 DD	S.O.S. on transfer to Temporary Training Centre No.3 St. Johns Que.	Pte	25-6-42	4 DD	" "	" " 151	24-6-42
25-6-42	TTC 3	TOS of TTC #3	"	26-6-42	TTC 3	St Johns	H2S 20-4-9-K (Mtl.)	12-6-42
30-6-42	" "	SOS to 17 Cdn General Hosp	"	30-6-42	" 3	" "	" " " "	12-6-42
2-7-42	17 Cdn	TOS of No 17 Cdn Gen. Hosp	"	1-7-42	17 Cdn H	" "	Part II Orders #1	2-7-42
2-7-42	17 Cdn H	Attached to TTC 3 for rations & quarters	"	1-7-42	17 Cdn H	" "	" " " " 1	2-7-42

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier CHAYER LOUIS JOSEPH AZARIE Lieu Mtl.

Lieu Mtl. Date 2 Apr. 42.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 44 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme no
b. Tuberculose ou pleurésie no
c. Bronchite ou asthme no
d. Affection cardiaque no
e. Maladie du rein ou de la vessie no
f. Affection stomacale ou intestinale no
g. Hernie no
h. Varices no
i. Mal aux pieds no
j. Affection nasale no
k. Maladie des oreilles no
l. Maladie des yeux no
m. Convulsions 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.

Louis Joseph Chayer
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

URINE 68190. N.

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails)
2 vac. left arm - scars both knees.

X-RAY 115797. N.

2. Taille ~~20/30~~ 5 pieds 4¼ pouces. 3. Poids 165 livres

4. Teint Med. Yeux Hazel Cheveux Brown

5. Développement Good (Bon / Passable / Médiocre)

6. Tour de poitrine—Circonférence, pleine expansion 39 pouces Degré d'expansion 2 pouces

7. Vue, droite 20/30 gauche 20/20 8. Ouie, droite cv 20 gauche cv 20

Avec lunettes, droite gauche

9. État de la bouche et des dents Fair

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
DR. W.G. DALPE.
Distant heart sounds - Bruise (rt. hand) overweight (23 lbs.)
Obesity.

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 "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie "B-1"

Observations spéciales lorsque la catégorie est inférieure à A overweight.

H. AUBRY MAJOR (Président) ST JEAN DESROSIERS M.D. (Membre) G. GARON M.D. (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
APR 8 '42	TAD. T. C.J. Charpentier Capt.		
	X		
APR 8 '42	VACC C.J.C.		
9 Juillet 42	T.A.B.T. 1cc Vaccerobert Capt.		
24-3-43	T.A.B.T. (3) [illegible] Maj		

N° matricule D-133058 Grade PTE Nom CHAYER Prénoms LOUIS JOSEPH AZARIE

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			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. Cans 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
		Jour	Mois	Année	Jour	Mois	Année				
17 G Hospital		10	July	1944	17	July	44				

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)

Statement of the Service of No. 133058 Rank Pte Sheet No. 2

Name Chaisson L.J.A.

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

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
13-7-42	17 Cdn Hosp St Johns	Admitted to St Anns Mil Hospital	Pte	10-7-42	17 Cdn H	St Johns	17 Cdn H Part II No 6	13/7/42
15-7-42	"	SOS to Ho & district Depot	"	15-7-42	"	"	" " No 7	15-7-42
20-7-42	4 DD	TOS from his unit St.Johns Que.	"	16-7-42	4 DDD	Mtl.Sth.	4 DD Pt.11 174	20-7-42
30-7-42	"	Admitted sick to St.Annes Hospital.	Pte	11-7-42	"	" "	" " 182	29-7-42
30-7-42	"	Discharged from St. Annes Hospital.	Pte	17-7-42	"	" "	" " 182	29-7-42
12-8-42	"	Pro.on com to D.MO.HQ.MD.4,Mtl Que.	Pte	11-8-42	"	" "	" " 193	11-8-42
15-8-42	"	Granted subs.allow of $1.00 p.d.while on com to D.M.O.RCAMC.CA.HQ.MD.4,Mtl.Que.	Pte	11-8-42	"	" "	" " 196	14-8-42
20-8-42	"	Trans at his own request to Gen.List.CA.	Pte	18-8-42	"	"	" 200	18-8-42
15-9-42	"	Ceases to draw subs.allow of $1.00 p.d.	Pte	14-9-42	"	" "	" " 222	14-9-42
15-9-42	4 DD	Ceases to be on command to D.M.O.,HQ MD4, Montreal, Que.,and is S.O.S. on trans. to Coteau Barracks Military Hospital, Three-Rivers. Que.	Pte	14-9-42	4 DD	" "	#222	14-9-42
	CBMH	T.O.S.Coteau Bks.Mil.Hosp.for all purposes	"	15-9-42	CBMH	3RIVERS	CBMH 35	15-9-42
		Attached to CMGTC A-17 for q.&.r.	"	15-9-42	"	"	" 35	15-9-42
	CBMH	S.O.S.on trans.to No.4.Hygiene Section R.C.A.M.C. No.4.D.D.	"	2-10-42	"	"	" 40	2-10-42
	"	Ceases to be attached to CMGTC A-17 for q.&.r.	"	2-10-42	"	"	" 40	2-10-42

Statement of the Service of No..... Rank..... Sheet No. 3

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

Name.....

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
6-10-42	4 DD	T.O.S. on transfer from C.M.G. T.C. A17 Three-Rivers, Que.	Pte	3-10-42	4 DD	MTL.STH.	4DD. PT 11.#241	6-10-42
8-10-42	4 DD	SOS on trans. to No.4 Hygiene Sec, RCAMC CA, Debert, N.S.	Pte	7-10-42	"	"	#242	7-10-42
13-10-42	4 DD	TOS No. 4 Cdn. Fld. Hyg. Sec. RCAMC	Pte.	8-10-42	4th Fld Hyg Sec	Debert	PT II OR #1	13-10-42
5-12-42	4th Fld. Hyg. Sec.	Granted Furlough from 8-12-42 to 21-12-42 Authorized to draw 50¢ per diem in lieu Of Rations. Transport Warrant No.A258060	Pte.	8-12-42	4th Fld. Hyg. Sec	Debert	PT II OR#10	5-12-42
5-12-42	4th Fld. Hyg. Sec.	Granted Christmas Leave from 22-12-42 to 26-12-42 incl. Authorized to draw 50¢ per diem in lieu of Rations. Art 196(4) F.R.I (Can)	Pte.	22-12-42	4th Fld. Hyg. Sec.	Debert	PTII OR#10	5-12-42
9-12-42	4th Fld. Hyg.Sec.	Amendment Pt. II OR #10. delete "Transport Warrant No. A258060"; Art 196(4) F.R.I (Can)	Pte.	9-12-42	4th Fld. Hyg. Sec.	Debert.	PT II OR#11	9-12-42
31/12/42	"	Having returned from furlough at 2359 hours on 28 December 1942	Pte.	28/12/42	"	"	Part 2. Order. 16	31/12/42
31/12/42	"	P.O.10. Sec. "B" Para. 4 add this entry to Para. 2 where it concerns the rp/n dates to be shown W.E.F.	"	"	"	"	" " " "	" " "
" " "	"	22-12-42 to 28-12-42 inclusive	"	"	"	"	" " " "	" " "
29-1-43	"	Having completed over six months Active Service and are over 18 years of age, and having reached the prescribed state of efficiency and are worthy of advancement are granted ~~the~~ $1.50 per day as the higher rate of pay provided for a Private soldier under provisions of C.A.R.O. 2757 and 2772 Art. 144(1) F.R. & I. (Can.). w.e.f. 1 Jan. 43	"	1-1-43	"	Debert	Pt. II Order #5	29-1-43.
		Attached for all purposes from 4th Cdn. Field Hygiene Sec. whilst attending Sanitary Course.	"	13-2-43	CAMC TC	C.BORDEN	PTO 44	22-2-43
		Cease to be attached on reutrn to 4th Cdn	"	1-3-43	" "	" "	" 51	1-3-43

QUALIFICATION

BASIC T.C.

Subject	Date		Initials Coy. Comdr.	Subject	Date		Initials Coy. Comdr.
Drill	9/3/43	Q	CLP	S.A.T., L.M.G.			
Physical Training	13/3/43	Q	CLP	P.A.G., T.O.E.T.	9/3/43	Q	CLP
First Aid	10/3/43	Q	CLP	P.A.G. Gas Chbr. Test			
Marching	1/3/43	Q	CLP	Fieldcraft	10/3/43	C	CLP
Rifle, T.O.E.T.	5/3/43	C	CLP	Map Reading	13/3/43	Q	CLP
S.A.T. A.Tk. Rifle (Boys)				Fundamental Trng.	14/3/43	Q.	CLP
S.A.T. A.A. (Rifle & L.M.G.)				P.A.D.			
S.A.T. Pistol				Army Wrestling	—	—	
Bayonet Fighting							

ADVANCED T.C.

Subject	Date	Standard reached	Initials Coy. Comdr.	Subject	Date	Standard reached	Initials Coy. Comdr.
Drill							
Physical Training							
Marching				Field Craft			
Map Reading				Field Training			
Fundamental Training				Field Engineering			
Protection against Gas				Digging and Wiring			
P.A.D.				Cooking in the Field			
Bayonet Fighting				Driver M/C			
Rifle, T.O.E.T.				Driver I/C			
" " Classification				Driver Tractor			
L.M.G. T.O.E.T.				Driver Tank			
" " Classification				Driver Bren Carrier			
S.A.T. Anti-Aircraft				Signals V.T.			
A.Tk. Rifle T.O.E.T.				Signals W.T.			
M.M.G., T.O.E.D.D. & I.				Signals R.T.			
" " Classification				Cooking			
Mortars 2" T.O.E.T.				Clerk-Typing			
" " Practices				Clerk-Shorthand			
Mortars 3" T.O.E.M.D.				Trades			
" " Practices							
V.T.J.D. & F.O.				Courses Taken R.C.A.M.C.	1/3/43	C	CLP
J.D. Test				Other Qualification			
Range Finding T.O.E.T.							
Range Takers Test							
Grenade, Rifle							
Grenade, Hand							

T.O.E.T. Date completed to be shown.
Signal Classification and date to be shown.
Standard Reached Where no regulation Standard is given in manuals, the following will be used:—
A—Above average—Q—Qualified.
C—Requires further training to bring up to Q.
Classification To show Standard and date—if not classified Last Practice fired to be shown.

M.F.M. 105
150M—11-41 (2341)
H.Q. 1772-39-1797

REINFORCEMENT
TRAINING RECORD

Regt'l No. D-133058 Name Louis Joseph Azarie Chayer

Unit 4th Cdn. field Hygiene Sec. R.C.A.M.C. Rank Pte

No. of weeks' training completed. 8

General standard attained. fair

(a) Military efficiency. fair (b) Conduct Good

(c) Leadership nil (d) Rifle Range Course (A, Q or C)

(e) Other remarks

Rank C. Pearson Major

4th Cdn. fd. Hyg Sec.
~~Basic Training Centre No.~~

No. of weeks' training completed.

General standard attained.

(a) Military efficiency (b) Conduct

(c) Leadership

(d) Other remarks

Rank

Advanced Training Centre No.

M. F. D. 930A
500M—8-42 (5574)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. or Official No. D-133058 Rank and Name Pte. CHAYER L.J.A.

of ..... Company, etc. 4th Cdn Fld Hygiene Section Regiment, etc., on .....

(Transfer, Posting or Discharge) to Discharged R.O. 1029(10) on 21, June 1943
(Unit and Station)

Reason for discharge Medically Unfit Authority DO/36 Da/25-6-43

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ ..... has been paid by the Treasury Officer, Military District No. ..... or ..... Air Command.

REMARKS:

State (1) Date of appointment or enlistment 7-4-42

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount 23.00 effective date 1-2-43 (Stopped-21-6-43)

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ .....

The following is a statement of the account of the above named from 1st June to 21 June 1943 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT		Cr. PARTICULARS	AMOUNT	
Balance Dr. from last account			Balance Cr. from last account		
First Monthly Payment A.R. 39	11	00	Regimental Pay 21 days at $ 1.50	31	50
Casual Payments			Tradesmen's Pay ..... days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay 21/30 of 23.00	16	10	days at $		
Regimental Charges			Allowances (Give particulars) ..... days		
Public Stoppages (Give particulars): Grant Ass. Pay Deducted from Reh.	23	00	at $ Clothing Allowance	35	00
A.R. 47 Clothing Allowance	35	00	Rehab. Grant 30 Days pay	45	00
A.R. 48 Rehab. Grant	22	00			
A.R. 61 July Payment	1.	40			
MFC-512 in July	3	00			
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)		
Total	111	50	Total	111	50

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Debert Camp N.S.
(Place)

July 27th 1943.
(Date)

Paymaster or Accounting Officer.

H.Q. 7TH CDN DIV RCAMC CA

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
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*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank CHAYER
(Surname first—Christian names in full—Block capitals)
Louis Joseph Azarie

(2) Regimental or Official Number and Rank D-133058 Pte.

(3) Unit 17th General Hospital, R. C. A. M. C. CA.

(4) Are you married? YES Separated

(5) If married, state,

(*a*) Full name of your wife Mrs. Emerentienne Chayer, 6.50

(*b*) Present postal address of wife 1694 Dansereau Lane, Montreal, P. Q.

(6) If married, have you been regularly supporting your wife? If not—state reasons
No. Separated for 5 Years.

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys 2 Girls 2

Names and ages Jean Gilbert 12 Yrs. , Lionel 11 Yrs.,
Denise 10 Yrs., Huguette 5 Yrs.

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

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

Name My Daughter, Mrs. Rita Tougas,

Postal Address 1280 St. Timothee Street,
Montreal, P. Q.

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address.....

.....NO.....

.....

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

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

.....

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

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

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?.....NIL.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....NIL.....
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 .....NIL.....

Full Name .....

Postal Address .....

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

.....NIL.....

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

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

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

Louis Joseph Chayer
.....
(Signature of officer or man)

Date.....7-4-42.....

R. Leonard Capt.
.....
Officer Commanding .....

Date.....7-4-42..... 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.

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: Chayer Louis Joseph Agaric (b) Reg'l. No. D-13958
2. (a) Arm of service: ARMY (b) Unit: 17th. Gen. Hosp. (RCAMC) CA (c) Rank: Pte.
3. (a) Date of birth: 7 Mar./00 (b) Have you any dependents? No (c) Place of residence at time of enlistment: MONTREAL QUE. CAN.
4. (a) Place of enlistment: MONTREAL QUE. (b) Date of enlistment: 5-6-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 (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.): 8 Yrs. Public 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? — (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? FRENCH & ENGLISH (b) What languages do you read well? FRENCH & 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? NONE

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

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

11. Had you ever been employed fairly regularly since leaving school?
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: MONTREAL SOUTHERN COUNTIES RLY. Address: ST. LAMBERT P.Q. CAN.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): RAILWAYS
20. (a) Your specific occupation: CONDUCTOR (b) Number of years' experience at this occupation with any employer: 22 Yrs.
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? (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? NONE (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? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.):
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: NONE

DATE: APR. 7th. 194 2 SIGNATURE: Louis Joseph Chayer

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

4th. Cdn. Fld. Hyg. Sec. R. C. A. M. C.
Arm or Corps

Sanitary Inspector
Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I.

D 133058 — Regt. No.
Pte. — Rank
Chayer, Louis, J. — Name (surname first)
A/R — A or R
44 — Age
B1 — Med. Cat.

French, English — Main Language; Other Language(s)
Debert, N. S. — Place (Unit) Interviewed
17-11-42 — Date Interviewed

II. Revised Examination "M" B 79658

Debert, N.S. — Place Tested
17-11-42 — Date Tested
R. W. U. — By Whom

75 — Total
V — Group
Subtests 11 (1) 5 (2) 4 (3) 9 (4) 12 (5) 6 (6) 13 (7) 15 (8)
Subtotals 20 (1–3) 21 (4–5) 34 (6–8)
Eng. — English or French

Other Tests

III. Educational Background

Completed grade 8. Left school at the age of 16 to go to work.
8 years inschool.

IV. Occupational Background

Brakeman: 2 years.
Conductor: 16 years.
Average weekly wage $25.00.

V. Military Background

Basic Training.
Enlisted 7-4-42.

VI. Other Personal History and Appraisal

Reads in spare time.
Height 5' 4½". Weight 172.
Complains of lumbago and rheumatism.
Married. 8 children, 1 brother and 5 ssiters.
Reads a lot, mostly railroad magazines.

Middle aged man of French Canadian origin, has been a railway conductor. This man is bi-lingual. Appears very sincere and anxious to do his bit. In "M" test which he took in English he appears of rather low intelligence but is definitely better than his score indicates. Poor knowledge of tools and very poor knowledge of their use. Education rather neglected.

VII. Recommendations

To continue as at present. Sanitary Inspector

R. W. Umphrey.
(Signed) R. W. Umphrey, Lieut.
Army Examiner

M.F.M. 196
100M—8-42(5607)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Louis Joseph Azarie Chayer (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, Conductor (Railway) (Civil Occupation)

Regimental No. D-133058, Unit 17 Gen.Hosp.RCAMC CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "My Daughter" Mrs. Rita Tougas,

Residing at:- 1280 St. Timothee St., Montreal, P. Q.

All my estate both real and personal.

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 ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 7 day of April 1942.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Louis Joseph Chayer (Signature of soldier)

First witness sign here.

(5) Signature G. Boucher, Ld, Bruyère
Civil Address Ste. Eulalie, Co. Nicolet.
Civil Occupation Clerk.

Second witness sign here.

Signature Louis N. Hebert, Pte
Civil Address 4300 Chambord St. Montreal, P. Q.
Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

[OVER]

250M-9-44 (5562) (ENG.)
H.Q.1064-81-3

6
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

NAME: Louis Jos. A. CHAYER
(CHRISTIAN NAMES) (SURNAME)

ADDRESS: 1280 St. Timothee St., Montreal, Que.

REGISTER NO. 39265
FILE NO. 405-C-15837
DATE 11-12-44
SERVICE NO. D 133058
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 21-6-43

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 441 / 30 EQUAL TO 14 COMPLETE PERIODS AT $7.50 — $ 105.00 ¢

B. QUALIFYING OVERSEAS SERVICE

No. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO 420 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

SUB TOTAL 105.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ $
TOTAL $ X7 = $
NO. OF DAYS / 183 X$

RECEIVED
JAN 15 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

D. WAR SERVICE GRATUITY 105.00

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES $
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 40.00 — 40.00
OTHER DEDUCTIONS $

F. AMOUNT PAYABLE 65.00

(THIS AMOUNT IS PAYABLE IN 1 MONTHLY INSTALMENTS OF $ 65.00 EACH)

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES $ 4.42 X30 $ 132.60

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
AW	[illegible]

TREASURY	
CHECKED BY	DATE
A.G. Goodhouse	Feb. 2/45

SERVICE REPRESENTATIVE

ΔTR

DEPARTMENT OF NATIONAL DEFENCE

405-C-15837

ARMY

APPLICATION FOR WAR SERVICE BADGE— "GENERAL SERVICE CLASS"

I LOUIS JOSEPH AZAIRE CHAYER hereby make application for War
(Name in Full—IN BLOCK LETTERS)
Service Badge, "General Service Class", and do hereby declare that I have not previously been issued with a "General Service Class" Badge.

I enlisted in R.C.A.M.C., C.A. (DD # 4 Montreal South) and served on
(Unit)
Active Service in the present War as follows:—

—	DATE	
	From	To
In Canada	7 April 1942	21 June 1943
In England		
Elsewhere		

and was honourably discharged or retired from the—

4th Cdn. Field Hygiene Sec., RCAMC, C.A. on 21 June 43
(State Unit, and whether Naval, Military or Air) (Date of Discharge)

I am in possession of { Certificate of Service. / Discharge Certificate.

Officer i/c Records
A. G. Branch
JUL 12
Nat. Defence Hqrs.
Ottawa, Canada

Regimental No. D-133058

Rank PRIVATE

Unit 4th Cdn. Field Hygiene Sec., RCAMC, C.A. L. J. A. Chayer
(Signature of Applicant)

Address ~~1280 St Thimothe St, Montreal~~ 1859 Sullum St. Montreal Qu., Que.
(Number and Street) (Town or City) (Province)

The applicant should complete the form above this line, striking out items not applicable to his particular case. This badge may only be issued to a person who has honourably ceased to serve. (Space below reserved for Departmental entries).

Qualified ..... Not Qualified .....
(Documents checked) (Reason)

Badge No. ..... Issued .....
(Signature of Issuing Officer)

.....
(Rank, Name, Appointment, Service, Naval, Militia or Air)

Note: This form should be completed by soldier at time of Discharge and forwarded to **Officer i/c Records (Awards), National Defence Headquarters, Ottawa.** Full street address must be given; **"General Delivery" except where there is no Postal Delivery, is not sufficient.**

M.F.M. 94
50M—7-42 (5161)
H.Q. 1772-39-1824