D138564
CALLAHAN
HUGH EDWAR

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5-3-43
Death In Canada

FB

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-C-14007

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CALLAHAN, Hugh Edward	D-138564	Pte.	No. 4 D.D.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal C.V.S.M.	7987 26-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO. 4709

(1) MEDALS

PERSON ENTITLED TO Miss Patricia J. CALLAHAN (SISTER)

ADDRESS: 5270 Queen Mary Road,
Apt. 4, N.D.G. Montreal, Que.,

(2) MEMORIAL CROSS

WIDOW (SINGLE)

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER (DECEASED) P-64 See File.

(3)

ADDRESS:

Cap OCCUPATIONAL HISTORY FORM COMPLETED

BE

(B Wind

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

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

Unit GEN. LIST (C.M.S.C.) CA Regimental Number D-138564

T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

FINGER-PRINTED

1. Surname CALLAHAN
2. Christian Names Hugh Edward
3. Present address 5270 Queen Mary Road, Apt 4, N.D.G., Montreal
4. Date of birth 14 August 1904 Quebec, Canada.
5. Place of birth UNITED STATES (Country) ALA (County or Province) Mobile (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Roman Catholic
8. Trade or Calling Office Clerk
9. Married, Widower or Single Single
10. Name of next of kin Mr. John Callahan
11. Relationship Father
12. Address of next of kin 5270 Queen Mary Road, Apt 4, N.D.G., 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, Hugh Edward CALLAHAN, 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 7-1-42 H. E. Callahan (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Hugh Edward CALLAHAN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness (Name) (Rank) H. E. Callahan (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 MTL STH. this 7th. day of JAN. 1943

Signature of Magistrate, Justice or Attesting Officer.

Lt Rdm Officer or Rank and Unit or appointment.

NO. 4-DISTRICT DEPOT A.F. Special Recruiting Officer

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of CALLAHAN (Surname) HUGH EDWARD (Christian Names) Regimental Number D-138564

QUALIFICATIONS

Military: NIL

Business or Professional: NIL

Trade or Civil: OFFICE CLERK &

Technical: nil

Languages: French English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 2 yrs. (years completed)

Graduation or Matriculation: nil (specify)

*College: NIL

*University: NIL

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 8-1-43 DRO TOS NO 4 DISTRICT DEPOT CA	PTE	7-1-43	4DD	MTL STH.	4DD PTII 6	8-1-43
18 Jan 43 4 DD SOS on trans to CA(B)TC #48 St Johns Que	Pte	20 Jan 43	"	" "	" " 16	20 Jan 43
22 Jan 43 Pt II #16 d/20 Jan 43 "STRENGTH DECREASE" is cancelled.	Pte	22 Jan 43	"	" "	" " 18	22 Jan 43
22-1-43 4 DD SOS on trans, to CA(B)TC 48 St,Johns, Que,	Pte	20-1-43	"	"	" # 17	21-1-43
29-1-43 4 DD Part 11 Order No. 17 d/21 Jan 43,para 69, sheet 8, "STRENGTH DECREASE"is cancelled.	Pte	"	"	"	" #18	22-1-43
29-1-43 4 DD P.O.C. to No. 4 Det C.M.S.C HQ. MD 4, Montreal, Que.,for duty and discipline.	Pte	23-1-43	"	"	" # 19	23-1-43
31-1-43 DHQ MD 4 Attached for duty and discipline to DHQ MD 4 CMSC from No. 4 DD w.e.f. 23 Jan 43	"	23-1-43	"	"	DHQ MD 4 Pt.II 8	31-1-43
8-3-43 4 DD Ceases to be on Command to No. 4 Dist,CMSC Coy HQ MDNo. 4 , Montreal, Que.	Pte	24-1-43	"	"	" # 57	8-3-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full CALLAHAN HUGH EDWARD Place Mtl. 5 January 1943

Part 1. Information obtained from the recruit.

1. Age 38 2. Have you ever suffered from any of the following diseases?

a. Rheumatism muscular
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

H E Callahan

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

H E Callahan
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

hammer toes - no corns both feet
moderate bunions both feet

1. Identification marks or scars 1 vac. left arm - Scar on neck
2. Height 5 feet 9 inches. 3. Weight 132 pounds.
4. Complexion Med. Eyes Brown Hair Iron Grey 5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 35 inches. Range of expansion 2½ inches.
7. Vision, right 20/40 left 20/20
With Glasses— right left 8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth full upper partial lower plates.
10. Blood Pressure:— S. 150 D. 94 (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
Heart sounds normal DR.W.G. DALPE.
13. Chest X-Ray N No. 16457 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

H Aubry rank (President) W Tremblay Lt Col rank (Member) J M Roussel Capt rank (Member)

H. AUBRY MAJOR W. TREMBLAY LT. COL. J.M. ROUSSEL CAPT.

Date 5 January 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JAN 8 '43	TAB. T ICC Secondary H/P		
JAN 8 '43	VACCINATION Sec		

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.

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

Regtl. No. D-13 85 64 Rank PTE Surname CALLAHAN Christian Name HUGH EDWARD

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				

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

Regimental No. D-138564 Rank Private Sheet No. 1

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name CALLAHAN HughEdward

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
8-1-43 DRO	T.OS. No. 4 District Depot C.A.	Pte	7-1-43	4 D D	Mtl Sth	6-~~8~~18-	1-43
18 Jan 43	S.O.S. on trans. to CA(B)TC #48 St. Johns, Que.	"	20 Jan 43	"	" "	16-20	Jan 43
22 Jan 43	Pt II #16 d/20 Jan 43"STRENGTH DECREASE" is cancelled.	"	22 Jan 43	"	" "	18-22	Jan 43
22-1-43 4 DD	~~Pt-II~~ S.O.S. on trans. to CA(B)TC 48 St. Johns, Que.	"	20-1-43	"	" "	17-21-	1-43
29-1-43 "	Part II Order No. 17 d/ 21 Jan 43, para 69, sheet 8, "STRENGTH DECREASE" is cancelled.	"		"	" "	18-22-	1-43
29-1-43 "	P.O.C. to No. 4 Det. C.M.S.C. HQ. MD4, Montreal, Que. for duty and discipline.	"	23-1-43	"	" "	19-23-	1-43
12 Feb 43 "	Granted Subs. Allow. of $1.25 p.d. while on command to No. 4 Dist. Coy ~~and~~-CMSC H.Q. MD 4, Montreal, Que. for duty and discipline.	"	23 Jan 43	"	" "	35- 11	Feb 43
31-1-43 "	Attached for duty and discipline to DHQ MD 4 CMSC from No. 4 D.D.	"	23 Jan 43	DHQ MD 4	"Montreal	8 - 31	Jan 43
8-3-43 "	Ceases to be on Command to No. e Dist. Coy CMSC HQ MD No. 4 , Montreal, Que.	"	24-1-43	4 D D	MtlSth	27 -8-	3-43
10 Mar 43 "	Ceases to draw Subsistence Allow. of $1.35 per day	"	5 Mar 43	"	" "	59- 10	Mar 43
	Died at Montreal Que. on 5 Mar 43	"	5 Mar 43	"	" "	59- 10	Mar 43
	Having died at 0515 Hours, 5th March, 1943, ceases to be attached for duty and discipline to District Headquarters, M.D. No. 4(CMSC) with effect 5 Mar 1943.	"	5 Mar 43	DHQ MD 4	Montreal,	19-6	Mar 43

This fo[illegible] will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

C.M.S.C.
Arm or Corps

CLERK T.
Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. D138564 | Pte | C A L L A M A N Hugh Edward | A | 38 | A
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

English | French Good | District Recruiting Centre | 8 Jan 43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

M.D. 4 | 7 Jan 43 | L.Breton, Capt
Place Tested | Date Tested | By Whom

165 (Total) | II (Group) | Subtests 13 (1) 18 (2) 14 (3) 27 (4) 25 (5) 15 (6) 23 (7) 30 (8) | Subtotals 45 (1–3) 52 (4–5) 68 (6–8) | (E) English or French

Other Tests

III. Educational Background

2nd years High School at 16 years old.
10 years schooling.
Business Course in Typing and shorthand 6 months.

IV. Occupational Background

T.S.Simms Co. Clerical work and salesman 10 years.
H.J.Heinz Co. Salesman and sales auditor 4 years.
Investigator for Cheese borough cheese man Co. 1½ years.
City of Montreal clerical work for 6 years.

V. Military Background

None.

VI. Other Personal History and Appraisal

Sports: bowling, tennis, reading.

Single. Partially supports his father.
Good health. Occasional stomachaches.
Good mannered individual much experienced in clerical work Can type. Seems to excel in mathematics. Enjoys social activities, his interests are chiefly concerned with the salesman's trade. His long experience in office work can be used with advantage in the army. Better than average intelligence ; has good initiative qualities; worth entrusting responsibilities.

VII. Recommendations

CAPABLE OF PROMOTION. LETTER ATTACHED TO DOC.

REQUESTED BY CAPT. G.W. STEEL O.A. No 4 DETACHMENT C.M.S.C. (CA)

C.M.S.C. CLERK TRADESMAN.

(Signed) L Breton Capt
S/SGT MB L.Breton, Capt. Army Examiner
S/Sgt MB

See reverse side for further information and follow-up

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

Y1

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) CALLAHAN Hugh Edward (b) N° matricule D-158564
2. (a) Arme ARTY (b) Unité GRI TRST(GMSC) CA (c) Rang Pte
3. (a) Date de naissance 1904 Aug. 14 (b) Avez-vous des personnes à votre charge? Yes (c) Domicile au moment de l'enrôlement Montreal, Quebec.
4. (a) Lieu d'enrôlement Montreal South, Quebec. (b) Date d'enrôlement Jan. 7th 1945.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 yrs old (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7 yrs public school 5 yrs High school
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu No
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? Nil (c) Avez-vous complété votre apprentissage? Nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? Nil
9. (a) Quelles langues parlez-vous couramment? English & French (b) Quelles langues lisez-vous facilement? English & French

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? No

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron City of Montreal Adresse Montreal, Quebec.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Accounts
20. (a) Genre précis de votre occupation office clerk (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 5 yrs
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? No (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? No (c) Désirez-vous retourner à votre ancien emploi? Nil

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? XXX No (b) Vous croyez-vous apte à exploiter une ferme? No (c) Si oui, dans quel genre de culture? Nil
25. (a) Êtes-vous né sur une ferme? No (b) Nombre d'années d'expérience effective dans la culture? Nil (c) Dans quelles provinces avez-vous acquis votre expérience? Nil

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) Nil
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule To be an office man

DATE Jan. 6th 194 5. SIGNATURE H E Callahan

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit: General List, C.A., attached to No. 4 District Depot, C.A.

Regt'l No.: D-138564 Rank: Private

Name in full: CALLAHAN, Hugh Edward

Date and place of birth: 14th August, 1904. Mobile, Alabama, U.S.A.

Married or single: Single

Enlisted, when and where: 7th January, 1943, at Montreal South, Quebec.

Died — Date: 5th March, 1943. Place: Montreal, Quebec. Cause of death: Heart Failure.

Buried — Date: At present in a Vault in Mt. Royal Cemetary to be buried in St.Sophie Parish Cemetary, Name of cemetery: St.Sophie de la Corn, Location of cemetery: Terrebonne County, Quebec.

Whether he leaves a Will or not, and if so, where deposited: Yes - with the Officer i/c Records, N.D.H.Q.

Statement as to existence of any personal effects: The Deceased lived with his Brother and Sister, all personal effects were left with them.

Latest particulars as to Next of Kin: Mr. John Callahan, (father)
5270 Queen Mary Road,
Montreal, Quebec.

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

S. Echenberg

(S.Echenberg, E.D.) Colonel, Officer Commanding
No. 4 District Depot, C.A.

Secretary, Department of National Defence.

Forwarded, please.

Date: 5th April, 1943.

(E. de B. Panet) Brig-Gen. D.O.C., M.D. 4.

Date: 21st April, 1943.

M.F.W. 2570
25M—6-41 (758)
H.Q. 1772-39-1356

Posted
G.

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*N.B.—As this form is applicable to any Board of Officers or Committee or Court of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should appear on the last page of this form in the space provided therefor.

PROCEEDINGS of a* COURT OF INQUIRY

assembled at No. 4 District Depot, C.A., Jacques Cartier Barracks, Montreal South, Que.,

on the 18th November, 1943,

by order of Colonel S. Echenberg, E.D., Officer Commanding No. 4 District Depot, C.A.

for the purpose of inquiring into and reporting upon the circumstances surrounding the death of D-138564, Private CALLAHAN, H.E., at Montreal, Quebec, on the 5th March, 1943.

PRESIDENT

Captain F.J.L. DELISLE,
Fus. de Sher., C.A.,
att'd to No. 4 District Depot, C.A.

MEMBERS

Lieut. J.B.J. ST. PIERRE,
R. de Mais. C.A.,
att'd to No. 4 District Depot, C.A.

Lieut. J. TOUTANT,
R. de Mais. C.A.,
att'd to No. 4 District Depot, C.A.

The COURT having assembled pursuant to order, proceed to hear the evidence:-

FIRST WITNESS

Lilian CALLAHAN, residing at 5270 Queen Mary Road, in the City of Montreal, having been duly sworn states:

"I am the sister of H.E. CALLAHAN, D-138564, who was in the army employed at the Sun Life Bldg., and sleeping out at home. On the night of the 4th of March, I saw him and he was well and went to bed around 11 o'clock. Then on the 5th of March, 1943, around 4 o'clock, my brother Alvyn woke up and called us up, my sister and I, telling us that HUGH was sick, complaining of sharp pain in the stomach, my brother Alvyn phoned Dr. KUNSTLER, who lived at 5238 Queen Mary Road and came about 20 minutes after. He gave an injection to my brother, who went to bed. After a while, my brother complained of more pains after the doctor had gone, so my brother Alvyn called upon the doctor again, and he came back only to confirm that my brother was dead. I know that he never complained before of being sick and never had any heart trouble or accident.

Rule of Procedure 83 (B) was complied with.

97

SECOND WITNESS

Alvyn CALLAHAN, residing at 5270 Queen Mary Road, in the City of Montreal, having been duly sworn, states:

"I am the brother of H.E. CALLAHAN, D-137564, who was in the army employed at the Sun Life Bldg., and sleeping out every night. On the 4th of March, 1943, he went to bed as usual around 11 o'clock and I noticed around 3 o'clock, that he was up and complained of pains in the stomach. I phoned to the Sun Life, and I was told there were no doctors until 0830 or 0900 hours in the morning, so I called upon a civilian doctor, Dr. KUNSTLER, who came around five o(clock. He told he it was an heart attack and gave him an injection. The Doctor stayed about ten minutes and left. As my brother seemed to be getting very low, I called the Doctor again, but, when he arrived he confirmed that my brother was dead. My brother did not have any accident before and he was well.

Q. Did he had any heart trouble before?

A. No.

Rule of Procedure 83 (B) was complied with.

THIRD WITNESS

Doctor KUNSTLER, 5238, Queeb Mary Road, physician of the City of Montreal, having been duly sworn, states:

"On the 5th of March, 1943, I was called in the middle of the night at around 0400 hours at H.E. CALLAHAN. When I arrived, his brother told me that he had a heart attack. After examination, I gave him an injection of luminal and told him to stay in bed and be quiet. After the injection, I watched him for about 15 minutes and he seemed much better, so I left. About 5 minutes after I got home, I had another call. It was Alvyn CALLAHAN calling me again saying that H.E. CALLAHAN was feeling very bad. I went over again and when I arrived, he had expired. The man was completely sober.

Rule of Procedure 83 (B) was complied with.

FINDINGS OF THE COURT:-

This Court concludes that D-138569, Private H.E. CALLAHAN died suddenly of heart attack on the 5th March, 1943, at his home in Montreal, Quebec, 5270 Queen Mary Road. At the time of the death, he was under the care of Doctor KUNSTLER.

THIRD WITNESS RECALLED.

Further evidence under same oath given by Doctor Kunstler:

"In my opinion this man died from acute angina pectoris due to coronary sclerosis. There was no evidence of any violence or poisonning causing death."

Rule of Procedure 83 (B) was complied with.

Signed at Montreal South, Quebec, this 18th day of November 1943.

J Drlile Capt Captain.
Fus. de Sher., C.A., (Signature)
att'd to No. 4 District Depot, C.A. PRESIDENT

(Unit)

J B Saint-Pierre Lt Lieutenant.
Regt. de Mais., C.A. (Signature)
att'd to No. 4 District Depot, C.A.

(Unit)

B Leventhal Lieutenant. MEMBERS
Regt. de Mais., C.A. (Signature)
att'd to No. 4 District Depot, C.A.

(Unit)

I concur and am of the opinion that Private Callahan's death was due to natural causes and was not attributable to service. He was not on duty at the time.

(S. Echenberg) Colonel,
Commanding No. 4 District Depot, C.A.

Signed at
Montreal South, Quebec,
30th November 1943.

Montreal, Que.,
3rd December, 1943.

I CONCUR
(E. J. RENAUD) Major-General
D.O.C., M.D. No. 4

APPROVED
A. E. MacDENALD
LIEUT.-COLONEL

DEC 16 1943

OTTAWA, ONT. MAJOR-GENERAL,
Date..... ADJUTANT-GENERAL

DEPARTMENT OF NATIONAL DEFENCE
- Army -

A.D. Register No. 18,940

H.Q. 405-C-14,007 Admin. 3(b)2

COURT OF INQUIRY - Death
D-138564 Private CALLAHAN, H.E.
5th March, 1943.

OTTAWA, Ont. December 9th, 1943

SOURCE Military District No. 4,

DATE OF ACCIDENT 5th March 1943 COURT CONVENED _____ 19

COURT SAT 18th November 1943 PROCEEDINGS SIGNED 18th Nov 1943

PROCEEDINGS APPROVED BY D.O.C. 3rd December 1943 PROCEEDINGS FORWARDED 3rd December 19 43

PROCEEDINGS RETURNED FOR FURTHER INFORMATION OR DIRECTION _____ 19

PROCEEDINGS RETURNED TO N.D.H.Q. _____ 19

OTHER DELAYS:

PRECIS OF EVIDENCE: On the 5th of March 1943, at approximately 0300 hours at Montreal, D-138564 Pte. Callahan, H,E. who was working at Sun Life Building and sleeping out every night, complained of pain in his stomach. His brother called a doctor who told he was suffering from a heart attack and gave him an injection. The doctor left about 10 minutes later but as Pte. Callahan was getting low, his brother called the doctor again and when the doctor arrived he pronounced him dead.

MEDICAL EVIDENCE:
Died from acute angina pectores due to coronary sclerosis.

FINDING OF THE COURT:

OPINION OF THE OFFICER COMMANDING: I concur and am of the opinion that Pte Callahan's death was due to natural causes and was not attributable to service. He was on duty at the time.

REMARKS:
Referred to D.G.M.S.

JAG/MV

Mem X 09

Mem. X. Nil 18/4/44 H.A.2

Noted a.m. D.2.

A. Crawley
LT. COL. REGISTRAR
LIEUT.-COLONEL

DEC 9 1943

79

No D.138564 Rank Private Name CALLAHAN, Hugh Edward

Unit C.M.S.C. Date of death 5th March, 1943.

Died at Montreal, P.Q.

Cause Heart failure.

Death occurred on strength of Forces.H.Q 405-C-14007 3103-43

N/K Mr. John Callahan Relationship Father

Address Apt. 4, 5270 Queen Mary Road, N.D.G., Montreal, P.Q.

Remains buried in Ste. Sophie Parish Cemetery

Ste. Sophie de Lacorne, Terrebonne Co., P.Q.

Grave location

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED JUL 15 1943

MEMORANDUM FOR

Mr. John Callahan,
5270 Queen Mary Road, Apt.4,
N.D.G., Montreal, P.Q.

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

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

and the following number quoted:—

H.Q. 405-C-14007 FD.66

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

April 16, 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

CALLAHAN, Hugh Edward, Pte.

No. D.138564, General List C.M.S.C.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(R.G. Phelan) Lieut.
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

ESTATES BRANCH
MAY 12 1943
H.Q.
OTTAWA
NATIONAL DEFENCE

44

M.F.W. 77
7500—6-42 (5113)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		—		
2	Children of the Deceased and dates of their Births		—		
3	Father of the Deceased		John Callahan	77	Hospice Gamelin Dupresne St. Montreal
4	Mother of the Deceased		Margaret Callahan	63	died Dec 18, 1938
5	Brothers of the Deceased	Full Blood	Ambrose Callahan	40	7778 Champagneur Ave
			Martin "	32	7788 Bloomfield Ave
			PTE John " (Huntingdon B.T.C)	30	5512 Monkland Ave
			Alvin "	26	5270 Queen Mary Rd.
			SIGMN Philip "	23	Overseas.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Frances Callahan.	42	Fulton Ave
			Patricia "	37	5270 Queen Mary Rd.
			Lillian "	28	"
			Clara "	26	died - Aug 2, 1934
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	Clara Callahan died Aug 2/34.		—		—

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....	—		—
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	—	Age	—

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Hugh Edward Callahan
11	Give the month and year of his birth.	August 14th, 1904
12	Where and when were his parents married?	St. Sophie Lac Sept 29th,
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	—
14	Did he leave a Will? If so, a copy should be attached hereto.	yes. your file H2-405-C-14,007
15	Did he leave a bank account? If so, give full particulars.	No —
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	Probate needed for insurance only
17	State *your own* postal address in full.	5270 Queen Mary Rd. Apt 4 Montreal

PARTICULARS OF DOMICILE

18	Where was deceased born?	Mobile, Alabama, U.S.A.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Montreal, P.Q.
20	What was the nature of his employment?	Salesman.
21	Did he own the premises in which he lived? If so, where?	No —
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No —

OTHER PARTICULARS

23	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.	No —
24	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.	all attached accts Paid by brother Alvin L. Callahan

(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, 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 the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*Sister of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

P. J. Callahan — Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Patrick Callahan

*See above

(Name of Informant) is the* sister of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 8 day of May 19 43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: John T Pritt — Qualification: Forest Ranger

Address: 5330 Clonranald Ave, Montreal P.Q.

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

The Doctor's Bill is being enclosed along with the other expenses as we were unable to contact an Army Doctor until they were on duty at 9 o'clock in the morning.

COPY

WILL

(1) I, Hugh Edward Callahan, of the city of Montreal, in the County of
(Name in Full) (City, Town, Village, Township) District
Jacques Cartier Province of Quebec, Office clerk Regimental No. D0138564,
(Civil Occupation)
Unit Gen List (CMSC) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(2) I GIVE, DEVISE AND BEQUEATH unto "MY SISTER" Miss Patricia Julia

CALLAHAN, Residing at: 5270 Queen Mayr Road, Apt-4, N.D.G., Montreal,

Quebec, Canada.

All my estate both real and personal.

(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)
Executor
....., to be theExecutrix of this
(Civil Occupation)
my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand

this 8th day of Jan. 1943.

(SIGNED) H.E.Callahan

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.

(5) Signature (SIGNED) Albert Seguin
Civil Address 3445 Notre Dame W. Montreal
Civil Occupation Office Clerk.

Signature (SIGNED) Jean Champagne
Civil Address 3694 St. Andre Montreal
Civil Occupation Accountant

(Witnesses are not to be beneficiaries.)

67.

M.F.M. 5
250M—7-42 (5227)
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.

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(1) Name of Officer or Other Rank CALLAHAN
(Surname first—Christian names in full—Block capitals)
Hugh Edward

(2) Regimental or Official Number and Rank D-138564 Pte

(3) Unit GEN LIST (CMSC) CA

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife nil

(*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 nil

(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]

(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? Yes

If so, state name and address, occupation Mr. John CALLAHAN - Retired(invalid) 5270 Queen Mary Road, Apt-4, N.D.G., Montreal, Quebec, Canada.

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

(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

$ 15.

Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support? 2 sisters & 1 brother helping.

(14) Is your mother alive? No

If so, state name and address nil

(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? 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 nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes

If so, in what Company? Metropolitan Life
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

H. E. Callahan
(Signature of officer or man)

Date Jan. 8th 1943.

C V Higgory Lieut
Officer Commanding

Date Jan. 8th 1943.

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.)

4

~~NAVY~~ ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME Hugh Edward (CHRISTIAN NAMES) CALLAHAN (SURNAME)

REGISTER NO. D-20077

FILE NO. 405-C-14007

PAYEE Director of Estates

DATE 22-2-46

ADDRESS

SERVICE NO. D-138564

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE 5-3-43

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 58/30 EQUAL TO 1 COMPLETE PERIODS AT $7.50	7.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY	
	7.50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $ ____ TOTAL $ ×7 = $ NO. OF DAYS ____/183 ×$	
D. WAR SERVICE GRATUITY	7.50
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	7.50

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
GMH	MJK

TREASURY	
CHECKED BY	DATE
McGibson	26/2/46

SERVICE REPRESENTATIVE