D142554
LAFRENIERE
GASTON

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MFM 182 Issued 15 Sep. 43 M.B.M. 1 Issued.

~~ORIGINAL~~ DUPLICATE ~~TRIPLICATE~~ { Copy designation to be shown by striking out terms not applicable.

M.F.M. 2
(Combining M.F.M. 103)
750M—6-43 (9375)
H.Q. 1772—39—1645

Corps INF (R) CA. Regimental Number D-142554

FINGERPRINTED PHOTOGRAPHED AUG 22 1944

WSG COMPLETED

N.T. CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

1. LAFRENIERE (Surname) GASTON (Christian Names)
2. Present Address 139C rue Cascade, Shawinigan Falls, Que. Canada
3. (a) Date of birth 9 Septembre 1925
   (b) Place of birth Canada (Country) Quebec (County or Province) St. Adolphe (Town or Township)
4. (a) Place of birth of Father Canada Quebec St. Adolphe
   (b) " " " " Mother Canada (Country) Quebec (County or Province) St. Stanislas (Town or Township)
5. Nationality Canadien
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Catholique Romain
7. Trade or calling (a) Machiniste (a) Name and address of last employer: Shawinigan Chemical Co. Ltd. Shawinigan Falls, Que.
   (b) How long employed 1½ mois
8. ORIGENE
9. Married, Widower or Single Celibataire If married, how many children Aucun
10. Name of Next-of-Kin ~~M. Raoul~~ LAPRENIERE 11. Relationship Pere
12. Address of Next-of-Kin ~~139C rue Cascade, Shawinigan Falls, Que.~~ Canada
13. Previous Service (Navy, Army or Air Force) Units and dates non
14. (a) Former war service non
    (b) In the armed forces of what country non
    (c) Dates of such Service non
15. Decorations and medals, if any non
16. I do solemnly declare that the above particulars are true Gaston Lafreniere
    Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at MONTREAL STH QUE this 10th day of SEP 19 43

Signature of Magistrate, Justice Attesting or Enrolling Officer.

Capt. Raem

Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Gaston Lafreniere, 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 10 SEP 1943 Gaston Lafreniere (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness (Name) (Rank) Gaston Lafreniere (Signature of Recruit)

19. **The above named recruit has made and signed the declaration and taken the oath before me.**

at MONTREAL STH QUE this 10th day of SEP 19 43

(Signature of Magistrate, Justice or Attesting Officer.)

NO. 4-DISTRICT DEPOT P.Q. Capt. Raem (Office or Rank and Unit or appointment)

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

OCCUPATIONAL HISTORY FORM COMPLETED

5094
10
26DEC4
4
1
DEC4
11111

Record of Service of LAFRENIERE (Surname) GASTON (Christian Name) Regimental Number D-142554

QUALIFICATIONS

Military: NIL

Business or Professional: NIL

Trade or Civil: MACHINIST

Technical: NIL

Languages: FR

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: N 1 YR (years completed)

Graduation or Matriculation: NIL (specify)

*College: N IL

*University: NIL 7 YRS PUB SCH

* (Name of institution, courses or years completed, and degrees obtained to be shown)

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT Date	REPORT From whom received	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY Part II D.O. No. Cas. List, etc.	AUTHORITY Dated
11-9-43	DRO	TOS NO 4 DISTRICT DEPOT CA.	PTE	10-9-43	4DD	MTL STH	4DDPT II 218	11-9-43
~~5-10-43~~	~~4DD~~	~~SOS TO CA(B)TC SHERBROOKE QUE # 43~~	~~PTE~~	~~7-10-43~~	"	"	" " 240	~~7-10-43~~
8-10-43	TC 43	T.O.S. AND ATTACHED FOR ALL PURPOSES	Pte.	8-10-43	TC.43	Sherbr.	TC.43 Ptll 241-A	8-10-43
		S.O.S. ON POSTING TO CITC A-12 Farnham Q.	"	4 Dec 43	"	"	D.01 287-A	4 Dec 43
		TOS ON REPOSTING FROM TC 43 Sherbrooke, Que.	"	5-12-43	A-12	Farnham	A-288	7-12-43
		Granted daily rates of pay of $1.40	"	10-1-44	"	"	16	20-1-44
		14 days furlough from 3-5-44 to 16-5-44 incl with 50¢ p.d.r.a.	"	3-5-44	"	"	105	3-5-44
		$1.50 p.d.	Ptel	10-3-44	"	"	120	19-5-44
		Adm to F.M.H.	"	15 Jun 44	"	"	~~153~~	~~26 Jun 44.~~
		Disch from Hosp	"	23 Jun 44	"	"	153	26 Jun 44.
		14 days furlough with T.W. A-645126	"	5 Jul 44	"	"	161	5 Jul 44.
		S.O.S. to C.S. of I. S-17 Vernon, B.C.	"	20 Jul 44	"	"	175	21 Jul 44.
		TOS S17 CS of I from A12 CITC Farnham PQ	"	21 Jul 44	S17 CSI	VernonBC	#164	24 Jul 44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname LAFRENIERE Christian Names GASTON

Reception Centre C.R.S. Military District 4 Date SEPT. 8, 1943.

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 17 Eyes (Colour) Hazel Hair Black Height 5-4½ Weight 135½

Identification marks and scars scar left knee

22. URINALYSIS (a) Albumen N (b) Sugar N (c) Microscopic (if albumen positive)

23. X-Ray No. 205942 Laboratory D.P.&.N.H. MTL. Report N

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble NO

(b) Nose, throat, sinus or ear trouble NO

24. (Cont'd)

(c) Any broken bones or other injuries NO

Head injuries NO

(d) Spinal trouble NO

(e) Foot trouble NO

(f) Operations NO

(g) Ruptures NO

(h) Kidney or bladder trouble NO

NO

(i) Gonorrhoea

(j) Varicose veins NO

(k) Haemorrhoids NO

(l) Rheumatism or joint trouble NO

NO

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/ Lt. 20/

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. o.k. Lt. o.k.

Nose x Throat x

Sinuses

Remarks and Diagnosis

PULHEMS Grading E 1

H 1

E.A.STUART, MAJOR. R.C.A.M.C.

(Signature E.E.N.T. Specialist)

26. Cranium NEG.

Spine N

Extremities N

Hernia N

Genito-Urinary N

Rectum N

Varicose Veins N

Feet N

Abdominal N

Remarks and Diagnosis

PULHEMS Grading U 1

L 1

A.CARREAU, MD. R.C.A.M.C.

(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)

(m) Tuberculosis ..... NO .....

(n) Bronchitis or other lung trouble ..... NO .....

.....

(o) Asthma or Hay Fever ..... NO .....

(p) Heart Disease ..... NO .....

(q) Rheumatic Fever ..... NO .....

(r) Kidney Disease ..... NO .....

(s) Stomach, Bowel or Rectal trouble ..... NO .....

.....

(t) Diabetes ..... NO .....

(u) Goitre ..... NO .....

(v) Syphilis ..... NO .....

(w) Fits or fainting ..... NO .....

(x) Nervous disorders ..... YES .....

(y) Have you been in the Active Army in this war? ..... NO .....

(z) Are you now or have you in the past received disability pension or compensation? ..... NO .....

GASTON LAFRENIERE Gaston Lafreniere
(Signature of Recruit)

A.KIMPTON,MD. ..... M.O. R.C.A.M.C.
(Witnessed by)

27. Physique :

Good ..... X ..... Fair ..... Poor .....

Chest :

Full expansion ..... 36 ..... Range of Expansion ..... 2 .....

Lungs : ..... Normal .....

.....

Heart : B.P. Systolic ..... Diastolic .....

..... Normal .....

.....

Abdomen ..... Neg. .....

.....

.....

Skin ..... Neg. .....

Glandular Systems ..... Neg. .....

Remarks and Diagnosis :

PULHEMS Grading P ..... 1 .....

SIMON S.SPERBER,MD. ..... R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report **Remarks and Diagnosis :**

N.P.D.

PULHEMS Grading M ..... 1 .....

S ..... 2 .....

G.E.JENKINS,CAPT. ..... R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

A

Year of Birth	P	U	L	H	E	M	S
1925	1	1	1	1	1	1	1

This category (or profile) is not to be changed. See note (c).

CERTIFIED TRUE COPY OF ORIGINAL MFM1 OR MFM2

S.ASTROF,MAJOR R.C.A.M.C.
(President of the Board)
NAME RANK

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
	TAB. T.I.C. Mixture/Exp	7-3-44	1	1	1	1	1	1	1	
	VACCINATION #22	19-7-44	1	1	1	1	1	1	1	
26-10-43	TABT/3.	5-12-44	1	1	1	1	1	1	1	
11-11-43	G.T.M.									
17-2-44	Typhus icc.									
24-2-44	Typhus icc									
6-3-44	Typhus icc									
19-7-44	Typhus Rem									
19-7-44	Schick Te. & Negative									
5-12-44	Typhus Re-inoc.									

NOTE : (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Regimental No. D142554X Rank Private Sheet No. 1 2

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name LAFRENIERE, Gaston

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Absent without leave from 0700 hrs 30 Sep 44	PTE.	30 Sep 44	CS of I.	Vernon	212	30 Sep 44
Returned from A.W.L. at 0930 hrs. ~~XX~~ 3 Oct 44	"	3 Oct 44	"	"	215	4 Oct 44
Forfeits 4 days pay for an offence under A.A. Sec. 15(1)	"	3 Oct 44	"	"	215	4 Oct 44
SOS to A 12 CITC	"	15 Oct44	CS OF I	"	224	17 Oct 44
T.O.S.	"	16 Oct 44	A-12	Farnham	270	9 Nov 44
Att'd f.a.p. to S-17 C.S. Of I.	"	16 Oct 44	"	"	270	9 Nov 44
Att FAP from A12 CITC	"	16 Oct 44	CS OF I	"	224	17 Oct 44
Ceases att FAP from A12 CITC	"	3 Nov 44	"	"	237	3 Nov 44
Ceases to be Att'd fa.p. to S-17 C.S.of I.	"	4 Nov 44	A-12	Farnham	270	9 Nov 44
4 days emb. leave with TW A-642451 from 6 to 9 Dec 44.	"	6 Dec 44	"	"	293	6 Dec 44.
S.O.S. TO NO.2. TRANSIT CAMP	"	14 Dec44	"	"	301	15 Dec.44
TOS TRG BDE GP	"	15.12.44	BDE GP	DEBERT	378	13.12.44
S.O.S. TO SERIAL 2590	"	18/12/44	TG BD GP	DEBERT	376	18.12.44
SOS CDN ARMY(CAN)ON EMB	"	18 Dec 44	4 CITR	U.K.	46/44	
TOS " " (O/S)	"	19 Dec 44	"	"	"	
DISEMBARKED IN U.K.	"	25 Dec 44	"	"	"	
REPORTED FOR DUTY TO 4 CITR	"	26 Dec 44	"	"	"	
Change address N of R. to be Mr Origene Lafreniere (father) 139 C Cascade Street Shawinigan Falls P.Que. Can.	Pte	30 Dec 44	4 CITR	UK	1/45	2 Jan 45
CIV Awd 10 days CB fwgs 11 days Pay AA 15(1) (abs 12 hrs 30 hrs	Pte	18 Jan 45	4 CITR	UK	16	19 Jan 45
C138 SOS SOS to X4 List CIC	Pte	28 Jan 45	4 CITR	UK	24	29 Jan 45
C138 TOS Embarked at UK on 31 Jan 45 UKAG/26/14	Pte			aFW5169/552		9 Feb 45
Disembarked at _____ on _____						
KILLED 2 MAR 45						
C138 SOS SOS X4 List to R De Chaud	Pte	4 Feb 45	X4 Inf Gen Unalloc	21 a G	43	21 Feb 45
DO 11 d/25 Feb 45 TOS TOS from X4 list R de Ch. Inf Gen Unalloc.	Pte	5 Feb 45	R de Ch.	21 a Gp.	10	18 Feb 45

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

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name.....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Killed	Pte	2 Mar 45	R. O. L. Chaud.	C.L.	A 552.	9 Mar 45
SOS Killed in Action	Pte	2 Mar 45	R de Chaud	21 AB	19	18 Mar 45

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 LAFRENIERE
(Surname first—Christian names in full—Block capitals)
Gaston

(2) Regimental or Official Number and Rank D-142554 Pte

(3) Unit INF (R) 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. Raoul LAFRENIERE - Foreman
139-C, Cascade St., Shawinigan-Falls, Quebec, Canada.

(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. Antoinette LAFRENIERE (Germain)
139-C, Cascade St., Shawinigan-Falls, Quebec, Canada.

(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? Sun Life Assurance Co.
(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.

Gaston Lafreniere
(Signature of officer or man)

Date 11-9-43

Officer Commanding

Date 11-9-43

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.)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-142554 RANK Private SERVICE UNIT

NAME LAFRENIERE, Gaston

Le Regiment de la Chaudiere (CA)

DATE OF BIRTH DAY 9th MONTH September YEAR 1925 Date enlisted: 10-9-43

MARITAL STATUS Single

Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father

NAME ADDRESS D.A.B. Mr. Origene Lafreniere

ADDRESS 1390 Cascade St., Shawinigan Falls, Que.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6892A

CASUALTY DETAILS Killed in action H.Q.405-L-21931

DATE 2-3-45

WESTERN EUROPEAN THEATRE OF WAR

S/L 4520
O/S with Inf.

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

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

DATE 17-3-45

Malcolm Lieut.
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit INF R CA Regimental Number D-142554

1. Surname LAFRENIERE
2. Christian Names Gaston
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date Sept 10, 1943
   *To be entered in pencil to facilitate alteration
4. Place of birth St. Adolphe, Que. Canada.
5. Date of birth as declared on attestation 9 Sep. 1925
   (A)
6. Date of enlistment 10 Sep. 1943.
7. Place of enlistment Mtl. Sth. Que. Can.
8. Residence at time of enlistment 139C Cascade St. Shawinigan Falls, Que. Can.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date Single
13. Trade on enlistment Machinist
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: S 17 C S OF

Unit (Battn., etc.)

(18) Medical

Category	Date	Authority
A	8-9-43	mfm 2

Y O B	P	U	L	H	E	M	S
25	1	1	1	1	1	1	1

1 9 July 1944 Ent F m 2 Page 4

(19) Next of kin (entries to be made in pencil) (Father)
M. Auger Lafrenière
139 C Cascade, Shawinigan Falls Quebec Canada

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

N of K fwd to #6
1/45

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
			Granted rates of pay $1.50 per diem	Fenham	10-3-44	Pte	120/44.
			A.A. Sec 15(1) A.W.L. forf 4 days pay	Vernon	3 Oct 44	"	215/44.
		4 CITR	SOS CDN ARMY(CAN)ON EMB	U.K.	18 Dec 44	"	46/44
		"	TOS " " (O/S)	"	19 Dec 44	"	"
		"	DISEMBARKED IN U.K.	"	25 Dec 44	"	"
		"	REPORTED FOR DUTY TO 4 CITR	"	26 Dec 44	"	"
		"	Next of K. as been verified	"	"	"	1/45
		"	Awd 10 days C.B + a tot forf of				
			11 days' pay for 12 hrs, 30 mins	U.K	18 Jan 45	Pte	16/45
		4 CITR	SOS TO X-4 LIST CIC				
			(AUTH: UKAG /26)	U.K.	28 Jan 45	"	23/45
			EMBARKED U.K. 28 Jan 45 DISEMBARKED N.W.E.		3 Jan 45		
			T.O.S. X4 LIST Inf Gen Unall (10 BN.)		29 Jan 45	Pte	40/45
X-4 (13 Bn)		J. G. Un	SOS to R. de Chaud	N.W.E.	4 Feb 45	Pte	43/45
		Chaud	T.O.S. from X4 ~~Chaud~~ Inf Gen Unall	"	5 Feb 45	"	10/45 11/45
		"	SOS killed in Action	"	2 Mar 45	"	19/45

B

No: E D-142554 Name LAFRENIERE Gaston | Sqn., Battery, or Company | Corps INF (R) C.A. | Date of enlistment 10Sep43 | G.C. Badges | Tradesmen's Rates of Pay | No. and date of last drunk | Period not reckoning towards freedom from extra fine | Sheet No. ONE | Signature O.C. Company, etc. | Character

M.F.M. 6
(A.F.B. 122)
500M—11-41 (2498)
H.Q. 1772-39-1652

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Previous sheet destroyed after six months service. 10 March 44.					
Farnham, Que.	16-5-44	Pte.		CONDUCT TO THE PREJUDICE OF GOOD ORDER AND MILITARY DISCIPLINE A.A. Sec. 40 Was found improperly dressed	Pte.Regimbald A. Pte.Gingras R Pte.Pietrocupa L.	3 days' C.B,	17-5-44	Capt. JNG Hebert	
Coldstream Camp S-17CSofI	30-Sep 44	Pte	—	AWL from 0700 hrs 30 Sep44 to 0930 hrs 3rd Oct 44. Time Absent 2 days 2 hrs 30 minutes Sec 15(1) AA	K810 CSM Squire, F		3 Oct 44	Lt-Col. WG Carson.	4 days forfeiture Et Pay. FR & I Art. 149(1)(a)
Farnham, Que	12Nov 44	Pte		AA Sec 40 CONDUCT TO THE PREJUDICE OF G.O. and M.D. .... Was found improperly dressed on St. Catherine and St.Hubert Strs. Montreal, no cap F.S. and tunic unbuttoned.	Documentary	4 days C.B.	16Nov44	Maj.L.G.B. Lavoie	

(P.T.O.)

KILLED

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	16Jan 45	Pte		AA SEC 15(1) WOAS AWL 12 Hours 30 Minutes	Sgt Chevrier Sgt Pelletier	10 days C.B. 10 days pay FR&I 149(2)	18 Jan 45	Maj A.F. Macpherson	Aut forf of 1 days pay FR&I 149(1)(a)

PSYCHIATRIC REPORT.

Vernon Military Hospital,
Vernon, B.C. 20 Oct. 1944.

D.142554 Pte. LAFRENIER, Gaston
S.17 C.S. of I. 19-S-GS-25/1111111.

REFERRED BY : Major R. Walker, RCAMC. on the suggestion of the AE. because he felt that people were always talking against him.

COMPLAINTS: Patient states that he has had trouble with other people. He does not understand much English, and is in an English Unit, but does feel that the boys make cracks about him, and try to make a fool of him. but outside of this he has no par--ticular complaints, but does not like the Army much and would like to get away from here.

PERSONAL HISTORY: His parents were born in the Province of Quebec. Father is 49 years of age, an excitable, nervous individual, foreman at the Aluminum Corpn. Mother aged 49 is in good health. Patient has two brothers, aged 12 and 10 at school. Four sisters aged 22, 21, 20 and 14, in good health, employed variously in Hospital, Hotel, waitress and school. One sister died aged 3, cause unknown. She had some fever.

Patient was born at St. Adolph, P.Q. 17 Sept. 25. He was healthy as a child, denies neurotic traits, except for quick temper and some fear of the dark. Commenced school at the age of 6, finished the 8th grade at the age of 15. He worked as a common labourer for Fraser Bace Mills, Oct. 41. May 42, he worked for the Aluminum Corpn., cleaning bars, and later drove, in July 43, for the Carbide Corpn. He has not been in jail or on relief.

He enlisted 10 Sept. 43, D.D. #4, Montreal So. Went 8 Oct. 43 to TC 43 Sherbrooke, 5 Dec. 43 to A12 at Farnham, 27 July 44 to S 17 CS of I. He was AWL from 30 Sept to 3 Oct. 44, but only lost pay. His O.C. describes him as an undesirable, lazy, careless individual, who needs constant checking. Is unstable, unreliable, unco-operative, and not very willing, has poor asjustment to the Army, and does not want to soldier.

He has had various joint pains, but is not complaining of them at the present time. He is a Roman Catholic, reads detective story mags., does not belong to any societies, drinks some beer. Gets drunk occasionally, smokes 15 cigarettes per day. Sexual history notmal, denies V.D. is single. Describes himself as not nervous, outpit of energy good and well sustained, sociable, temper unstable.

PSYCHIATRIC: Patient is generally co-operative, cheerful. Does not make much of his complaints. Is frankly not happy in the Army. Would rather be, if he has to be in the Army, with a French Unit. He would rather be away anywhere from where he is. He is somewhat quick tempered. Does not seem to present a problem. M score 129 40-35-56.

IMPRESSION: Patient's history is essentially negative; he does not like the Army, does not wish to serve, but apart from this, presents little of significance.

DIAGNOSIS: No psychiatric disability.

RECOMMENDATIONS: Psychiatrically fit or suitable for service in the Canadian Army. He should be pulhems graded accord--ingly M1. S1. This man might carry on better ina French Unit.

D.E.Alcorn

(D.E.Alcorn) Major RCAMC
Psychiatric Specialist.

DEA/MIS

2

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

INFANTRY
Arm or Corps

Trade (if Tradesman or Trade Trainee)

RIFLEMAN
Work in Arm (if Non-Tradesman)

I.

D-142554	Pte.	LAFRENIERE, Gaston	A	18	A
Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.

9 SEP 25

French		Montreal South, Que.	10 Sept. 43.
Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed

II. Revised Examination "M"

D.D. 4 — Place Tested; 8 Sept. 43 — Date Tested; F.T. Brown, Maj. — By Whom

129	111	Subtests	18	12	10	17	16	15	14	27	Subtotals	40	33	56	French
Total	Group		1	2	3	4	5	6	7	8		1-3	4-5	6-8	English or French

Other Tests

PULHEMS 5 DEC 41
25 1111111 ~~4-7-44~~

III. Educational Background

Born at St. Adelphe, P.Q. Attended school at Shawinigan, Que. from 6 to 15. completing grade 8. Repeated grades 1 and 2 for lack of application. He liked school, and had to study hard enough, to learn. He usually obtained average marks and left because he preferred working.

IV. Occupational Background

6½ - mos. - Fraser Brace Ltd. (Shawinigan) as labourer on siding construction. 45¢ per hour.
9 - mos. - Aluminum Co. (Shawinigan) as laborer. 50¢ per hour.
1½ - mos. - Shawinigan Engineering - as laborer. 50¢ per hour.
1½ - mos. - Shawinigan Chemicals - fireman. 65¢ p.hr.

V. Military Background

ENL. 10 SEP 43
Reported for Active Service at D.D. 4 on 7 SEPT. 43
T.O.S. at D.D. 4 10-9-43

VI. Other Personal History and Appraisal

This boy is neat, of good build, has dark complexion, He appears as a quiet individual, and is cooperative. 5'4½", 135½ lbs.

He is from a family of 7. All are said to be healthy and live at Shawinigan.

Lafreniere is single and lives at parents. He knows many fellows but usually stands alone. He leads a quiet life and is sober in his recreations. He prefers labor and outdoor work, to clerical carreers and has no special hobby. His reading includes newspapers and adventure, but he is not very active in sports. However he would have liked to box# and wrestle but says he did not have necessary equipment. He feels healthy, strong and has been categorized "A".

According to "M" test and school record, this young man has average ability. His stability offers no problem. He is a willing, cooperative individual with good physical and character traits but he has queer general expression and manners that might be the effect of a certain timidity. He prefers to serve in infantry and seems well qualified for it.

VII. Recommendations

INFANTRY RIFLEMAN NON-TRADESMAN

L.A.C. (Signed) H.C. Shaw, Capt.
(H.C. Shaw, Capt.)
Army Examiner

M.F.M. 196
200M—1-43 (8312) JAA
H.Q. 1772-39-1916

See reverse side for further information and follow-up

9/9/25

FURTHER INFORMATION AND FOLLOW-UP

No. 43 (B) T.C. -- 17 Nov 1943.

D-142554 - Pte. LAFRENIERE, G. -- 18 12 10 17 16 15 14 27 - 40 33 56. (F)

T.O.S. DD 4 - 10-9-43. -- T.O.S. TC-43 7-10-43.
Good conduct. Never on sick parade. -
The subject is an average soldier with fair willingness and cooperation.

Very well adapted, but lacks aggressiveness. - Appears to be fairly interested in his training and is confident to qualify on T.O.E.T's.

INFANTRY (R) N/T RIFLEMAN

L. Constantineau
.....Lieut
(L. Constantineau), Lieut. & A.E.

INFORMATION:

YOB	PULHEMS	Date
25	1111111	19 July 1944

This man has completed his Infantry advanced training at A.12 CITC Farnham, Que. has qualified on every branches laid down in Standards Infantry Corps training syllabus. He has adapted himself to the army and is believed suitable for Operational Units, H.D.C.A. until he is of age for overseas services, on Operational duties with Infantry.

20 July 1944
A.12 CITC

(M. LeBel) Capt.
Army Examiner
A.12 CITC

---

2 Aug 44.
TOS S-17 CS of Inf Jul 44 - Demo Pl.
No specialized trg. No physical complaints. 10 days hospitalization for pneumonia, he thinks. MFM 6 - minor CB's - not AWL.

English poor, hence not considered suitable for Demo Pl work at S-17. Anxious for O/S CIC. Rugged, ~~carefree~~ but sensitive youth. Likes training. Well adjusted, but may prove slightly immature, until further training and experience under his belt.
Will be 19 yrs of age 9 Sep 44.

Rec: Suitable O/S Operational CIC - NT - when 19.

J.E.R. Doxsee.

S-17 CS of Inf,
Vernon, B.C.

YOB PULHEMS
25 1111111

(J.E.R. DOXSEE) Capt
Army Examiner.

---

9 Oct 44. Interviewed on referral of unit Padre.

MFsB 1478 completed for Psychiatric referral - check of "S" grading.

Rec: Not suitable for Overseas service until re-checked by Psychiatrist.

R.L. Haig/Brown

S-17 C.S. of Inf,
Vernon, B.C.

(R.L. HAIG/BROWN) Capt
Army Examiner.

Interviewed by Psychiatrist 18 Oct 44, but no change in Pulhems grading S-1 recommended.

Rec: Suitable for Overseas service CIC Operational.- Nontradesman.
Now 19 years of age.

D.E. Smith

S-17 C.S. of Inf,
Vernon, B.C.

YOB PULHEMS
25 1111111

(D.E. SMITH) Major,
Command Army Examiner.

DEPARTMENT OF NATIONAL DEFENCE

(ARMY)

SUPPLEMENT TO PERSONNEL SELECTION RECORD

(M.F.M. 196A)

To be attached to M.F.M. 196, and to be initiated **only** when M.F.M. 196 is completely filled.

D.142554	Pte	Lafreniere, G.	GS	19	
Regtl. No.	Rank	Surname First Name	A or R	Age	Cat.

"M" Test:	129	III	Fr.	18	12	10	17	16	15	14	27	40	33	56
	Total	Form	Eng. or Fr.	1	2	3	4	5	6	7	8	1-3	4-5	6-8

ADDITIONAL FOLLOW-UP: 25 111111 Dec. 1944

Military Background:

Reported for active service on the 7 Sept. 1943 at No. 4 D.D. TOS at Depot on the 10-9-43. Had basic training at TC 43 Sherbrooke, Que and qualified. In A.12 CITC Farnham, Que for advanced training. Sent to A-17 Vernon with a group of underage to undergo intensive training. Back to A.12 CITC.

Present situation:

This man has completed his Infantry advanced training at A.12 CITC Farnham, Que and has qualified on every branch laid down in standard Infantry Corps training syllabus. HE has adapted himself to the army and his Company Commander reports: " Not interested but may brush up and make a good soldier." He is the fighting type."

Suitable for overseas service on operational duties with CIC, as N.T.

A.12 CITC - 6 Dec. 1944. (M. LeBel) Capt. A.E.

Personnel Selection
Examination of Documents
Completed
DEC 15 1944
A E
1st Trg Bde DEBERT

4 CITR - 27 Dec 44 - Suitable for G.D

H. Blanchette Capt.

M.F.M. 196A
50M—3-43 (8887)
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
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, Gaston LAFRENIERE, of the town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Shawinigan-Falls, in the County District of St-Maurice

Province of Quebec, Machinist
(Civil Occupation)

Regimental No D-142554, Unit INF (R) 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 FATHER" Mr. Raoul LAFRENIERE.

Residing at: 139-C, Cascade St., Shawinigan-Falls, Quebec, Canada.

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 11th day of Sep.
19 43.

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.

Gaston Lafreniere
(Signature of soldier)

First witness sign here.

(5) Signature Real Leduc
Civil Address 4529 St-Andre Montreal
Civil Occupation Office Clerk

Second witness sign here.

Signature Georges D'Auteuil Monnoir
Civil Address 44 Angele Dr Pointe
Civil Occupation

(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 with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

D. R. 10

RECEIVED
D OF RECORDS
APR 2 1946
WILL S&C.
N. D. H. Q.

ESTATES
BRANCH
APR 10 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

NO D.142554 Rank Private Name LAFRENIERE, Gaston

Unit Le Regt. de la Chaudiere Date of death 2nd March, 1945.

Died at Germany

Cause Killed in action

405-L-21931

Death occurred on strength of Forces H.Q.

N/K Mr. Origene Lafreniere Relashionship Father

Address 139C Cascade Street, Shawinigan Falls, P.Q.

Remains buried in Bedburg Cdn Mil Temp Cem 932526 R.27 G.2 Cemetery

CHK

Grave location Germany

OVER

BURIAL REPORT TO N.K. JUL 27 1946

RETURN TO BUR. OF STAT. JUN 6 1945

ROYAL MESSAGE DESP'D. APR 17 1945

CAN. MESSAGE DESP'D. MAR 24 1945

Temp B R sent to N K

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.
Grave 12, row F, plot 5.
H & CR Form Desp'd DEC 3 - 1946

Photographic Despatched
JAN 2 - 1948

10M-1-45 (M-4608)

2-3-45

AWARDS—CANADIAN ARMY (ACTIVE) M. 1909

C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-L-21,931

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LAFRENIERE Gaston	D-142554	Sol.	Le Regt.de la Chaud

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal C.V.S.M. & Clasp	3110. 17. 3. 50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH
MEMORIAL BAR
24-11-49
DATE DESP
(1)
REGN. NO 4847
CARDS ON FILE

(1) MEDALS
PERSON ENTITLED TO MRS. ANTOINETTE MOTHER ~~Mr. Origene~~ Lafreniere (~~Father~~) DECEASED

ADDRESS: 139C Cascade St., Shawinigan Falls, P.Q.

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Antoinette Lafreniere, (MFM5)(FRENCH)

1909

ADDRESS: 139 C, rue Cascade, SHAWINIGAN FALLS,Que.

(3)
DESP. APR 11 1945
REGN No. 17557

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 DEMOBILISATION 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) LAFRENIERE Gaston (b) N° matricule D-142554
2. (a) Arme Army (b) Unité INF (R) CA (c) Rang PTE
3. (a) Date de naissance 9 Sep 1925 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Shawinigan-Fall, Que.
4. (a) Lieu d'enrôlement Montreal South, Quebec. (b) Date d'enrôlement 10th Sep 1943.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 15 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 secondiare, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans," etc.) 8 yrs public 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? French (b) Quelles langues lisez-vous facilement? 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? nil

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 Shawinigan-Chemical Co. Ltd Adresse Shawinigan-Falls, Que.
19. 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.) Chemical industry
20. (a) Genre précis de votre occupation Machinist(help.) (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 1½ mth.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes (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? Yes

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? 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? Yes
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.) To go back to former job.
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 a mechanic.

DATE 11-9-43. 194.... SIGNATURE Gaston Lafreniere

Ie 24 mars 1945.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Gaston LAFRENIERE, matricule D-142554, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 2 mars 1945.

D'après les renseignements officiels que nous avons reçus, votre fils, a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires nous vous en aviserons sans délai.

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

Nous rendons hommage au soldat Lafrenière pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant général,

M. E. WALFORD
Major-General
Adjutant-General

MAR 24 1945

(A. G. Walford)
major général

amc mem X - mother
4-4-45

M. Origène Lafrenière,
139 C, rue Cascade,
Shawinigan Falls, Qué.

14

405-L-21931
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.142554, Private Gaston LAFRENIERE, of Le Regiment de la Chaudiere, Canadian Army, was killed in action on the 2nd of March, 1945.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
March 31st, 1945.

17

Q.G. 405-L-21,931
D.R. 2 (d)

le 28 mai 1945.

Monsieur,

Des renseignements maintenant reçus des autorités militaires d'outre-mer, indiquent que votre fils, le soldat Gaston LAFRENIERE, matricule D-142554, a reçu une sépulture ecclésiastique et a été inhumé dans une tombe temporaire située à Bedburg en Allemagne.

La tombe a due être marquée temporairement d'une croix de bois pour fins d'identification et, en temps opportun les restes seront soigneusement exhumés et transportés dans un cimetière militaire reconnu, lorsque la concentration des sépultures aura lieu dans cet endroit. Lorsqu'aura lieu cette translation des restes, nous vous ferons connaître le nouvelle endroit d'inhumation, mais pour des raisons évidentes, il est probable que nous recevrons ce renseignement que dans un an environ.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

J. B. Radine
(C.I. Laurin) colonel,
directeur des archives.

M. Origène Lafrenière,
1390, rue Cascade,
Shawinigan Falls, Qué.

/PEL

23

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (GERMANY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: LAFRENIERE (Block letters)

Given names: Gaston

Do not write in this space

4. RESIDENCE

Street: Rue Cascade No. 139

Official name of civil municipality or township: Shawinigan Falls

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: September (Month) 9th (Day) 1925 (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.: Machinist

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	LAFRENIERE, Origene	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

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: March (Month) 2nd (Day) 19 45 (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) Killed in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

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

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

(b) Duration of disease ....days

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

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

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide (State which) Date ....19....

Manner of injury (How sustained)

Nature of injury

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

OVERSEAS CASUALTY CANADIAN ARMY

JUN 6 1945

Signed ....M.D.

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

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

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

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

(Voir l'autre côté pour le francais)

Director of Records, Dept. of National Defence.

405-S-21931

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD. /K

NAME LAFRENIERE, Gaston

PLACE & DATE OF BIRTH ST. ADOLPHE, Quebec. 9 Sep 1925

RANK Pte.

REGTL NO. D-142554

UNIT Regt de Chaud

NEXT OF KIN & ADDRESS Father:

Origène LAFRENIERE, 139 C.Cascade St.,

SHAWINIGAN FALLS, Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 2 Mar 45

PLACE OF DEATH GERMANY

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL.

DATE OF BURIAL 6 MAR 45

CEMETERY BEDBURG CDN.MIL.TEMP. CEM. 932526 CALCAR SH. 4203

PLOT NO

ROW NO 27

GRAVE NO 2

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION Roman Catholic

DATE 13 AUG 45

A R Dicen Lieut

(L.S.Appleford) Major
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS,

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Origène

[redacted] Monsieur ~~Raoul~~ Lafrenière,
139C, rue Cascade,
Shawinigan Falls, Québec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-L-21,931 FD.94

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

17 avril 1945

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

LAFRENIERE, Gaston, Soldat,

D.142554, Armée Canadienne.

ESTATES BRANCH
APR 28 1945
H.Q. OTTAWA
NATIONAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

/GC

Ainsi soit-il

Pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Origène Lafrenière	49	
4	Mère du défunt.....		Antoinette Lafrenière	49	Adresse Sous de Shawinigan Falls, 1396 Cascade
5	Frères du défunt	Frères germains	Réal Lafrenière Jean Guy Lafrenière	13 11	P.Q.
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Simone Lafrenière Liliane Lafrenière Marie-Ange Lafrenière Jacqueline Lafrenière	23 23 21 14	
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Lafrenière Gaston D.142534
9	Date de sa naissance.	8 Septembre
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	St Stanislas le 4 Septembre

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St Adelphe Co. Champlain
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) (c) (d) Shawinigan Falls Co.
14	Nature de son emploi avant son enrôlement.	Journalier
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Shawinigan Falls.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	—
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	Non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Je l'ignore
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	Je l'ignore
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	$682.82 Métropolitan Antoinette Lafreniere bénéficiaire
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	—

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Non
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	$100.00 payé par le père du défunt Origène Lafrenière

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

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

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* Origène Lafreniere père du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Origène Lafreniere — Signature du déclarant

Shawinigan Falls 1396 rue Cascade — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Origène Lafreniere, contremaître à l'Aluminium, 1396 rue Cascade. — Nom du déclarant

*Voir plus haut

est le/~~la~~* père du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le ~~déclarant~~ et signée en ma présence. l'épouse d'Origène Lafreniere a signée en ma présence

Daté à St Pierre de Shawinigan ce 25 jour de avril 19 45

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Raymond Lovette Titre prêtre curé

Adresse St Pierre de Shawinigan, Comté St Maurice

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

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

226

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

No., RANK and NAME ..D-142554.....PTE.....LAFRENIERE.....G.....(DECEASED).....

RECEIVED FROM .....2nd.Echelon.21.Army.Group.....

CHECKED BY ..W-5591.Pte.Patterson.L.K..... DATE .....11.April.45.....

AND .B-6410.Rfn.Shaw.R.V.....

5	Letters		
1	Postcard Sign Jack Dempsey		
1	Picture Snap		
1	Certificate Of Registration (Extract Du Registre		

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

QUADRUPLICATE—with effects.

L W Patterson Pte
.....
for OC 1 Cdn KSD

Copy B

Atg. Data

Livret de Milice M. 1

PARTIE I

25M—10-42 (5043)
Q.G. 1772-39-1672

ARMÉE CANADIENNE

Livret Individuel de Service

(Pour le service actif)

No matricule D-142554

Nom (en majuscules) LAFRENIERE

Prénoms en entier GASTON

(1) NOM ET SIGNALEMENT DU SOLDAT LORS DE L'ASSERMENTATION

Matricule J - 142554

Nom (en majuscules) LAFRENIERE

Prénoms (en entier) GASTON

Date de naissance 9 Septembre, 1925

Lieu de naissance St Adolphe, Quebec, Canada

Nationalité Canadien

Métier ou profession lors de l'enrôlement Machiniste

Nationalité du père à sa naissance Canadien

Nationalité de la mère à sa naissance Canadienne

Religion CR

Enrôlé à Montreal Local Force Can.

Date 10/9-43.

Détails sur le service antérieur (s'il y a lieu), c-à-d. matricule, corps ou régiment, et durée du service. nil

Signature du soldat X Gaston Lafrenière

Signature de l'officier Marcel Bélisle Lieut

Endroit Mtl Local Force Date 11-9-43

Canada.

(IV) PLUS PROCHE PARENT VIVANT

Tout changement connu, ainsi que la date de ce changement doivent être dûment notés et transmis par le commandant de l'unité au Chef des archives militaires

NOTE.—Les inscriptions faites sur ces pages n'ont aucune valeur en droit comme TESTAMENT (voir aux pages 20-23)

Plus proche degré de parenté		Noms	Date	Dernière adresse connue au complet
1er	Epouse			
	Enfants			
2e	Père	~~Raoul~~ Origine Lafrenière	10/9/43.	139 C CASCADE St. Shawinigan Falls, Quebec, Canada.
	Mère	~~Mlle Antoinette Lafrenière~~	~~10/9/43.~~	~~139 C Cascade St Shawinigan Falls Qué Canada~~
3e	*Frères et sœurs			
4e	Autres parents (mentionner la parenté)			

* Spécifier s'il s'agit de frères plus jeunes ou plus âgés.

(V) GRADE et EMPLOI

Date	Grade et emploi	Grade effectif, temporaire, intérimaire ou local (avec ou sans solde)	Décision (Partie II)	Signature de l'officier
10/9/43	Pte		4/1/2/8	[illegible]

(VI) Certificat, applicable à toutes les armes, qui doit être rempli et signé par le commandant du bataillon, etc., avant que le soldat se rende outre-mer

A ~~FINI SON INSTRUCTION (élémentaire et spéciale à son arme) sauf qu'il a besoin de se perfectionner en:~~ — PB

"BASIC TRAINING COMPLETED AS PER STANDARD SYLLABUS"

2 DEC '43 L. Turcotte Capt O/C B. Company

C.A.(B)T.C. No. 43

Sherbrooke, Que.

Completed 3 weeks CITR refresher Jan 20-45 R Lussier Lieut.

Possède en plus les aptitudes et connaissances suivantes:—

Completed Advanced training in accordance with standard syllabus - Inf - R JAN 28 1944

A-12 C.I.T.C. FARNHAM, QUE.

[illegible]

O.C. "B" COMPANY

Date

Commandant

* Si le soldat ne requiert pas une instruction plus étendue, biffez les mots en italiques et initialez.

(VII) DÉTAILS DE L'INSTRUCTION MILITAIRE

Cours et écoles. Spécialités. Natation, etc., résultat, No de brevet ou d'autorisation. (On peut se servir de deux lignes pour chaque inscription)	Date	Signature de l'officier
Demo Pl. Jr. Seattle	21 Jul. 44	A.C.W. Wilson Lt.
using S.17 C. S of S.	3 Nov. 44	

(VIII) COURS DE TIR D'ARMES PORTATIVES

Année	Classification	Genre d'arme	Si le programme n'a pas été achevé, indiquer les séries tirées	Signature de l'officier
1944	2nd class	Rifle	}	[illegible] Major
1944	2nd class	L.M.G.	}	[illegible] Lt
1944	II	STEN		
1945	II	Rifle		[illegible]
1945	II	Bren		
1945	G	2in mortar	2	
1945	G	Piat	2	
1945	G	Sten		
1945	G	Thompson		

(IX) INSTRUCTION GÉNÉRALE

Brevet, spécialités, etc. ~~No de brevet ou d'autorisation (On peut se servir de deux lignes pour l'inscription)~~ P&R	Lieu	Date	Signature de l'officier
8th grade Public School	Shawinigan Falls P.Q.	'41	P.E. Belanger Instr.

10

(X) APTITUDES PROFESSIONNELLES

(Pour les hommes qui ont réussi les épreuves professionnelles)

Métier	Groupe	Classe	Décision Partie II	Date	Signature de l'officier

11

(XI) EMPLOI AU COURS DU SERVICE

Période		Nature de l'emploi	Observations et signature du commandant de la compagnie, etc.
Du	Au		

Doit inclure (1) l'emploi régimentaire, (2) comme artisan, (3) comme spécialiste; ex: signaleur ou mitrailleur

(XII) CLASSEMENT MÉDICAL

Date	Catégorie ou classe	Examinateur médical des recrues, ou autre autorité médicale	Date de la dernière visite	Signature du médecin
8/9/43	A	M.E.M.2.		
8-9-43		Y.O.B. 25 P 1 U 1 L 1 H 1 E 1 M 1 S 1		G.L. MacLean
19-7-44	25-	1 1 1 1 1 1 1		
5-12-44		Y.O.B 25 P 1 U 1 L 1 H 1 E 1 M 1 S 1		

(XIII) PRESCRIPTION OPTIQUE

	Vision sans lunettes	Sph.	Cyl.	Axe	Vision avec lunettes	Centre ophtal.	Date de l'examen
						N° de la monture (ou mesures)	Date de la fourniture
D							
G							

Signature du médecin...

	Vision sans lunettes	Sph.	Cyl.	Axe	Vision avec lunettes	Centre ophtal.	Date de l'examen
						N° de la monture (ou mesure)	Date de la fourniture
D							
G							

Signature du médecin...

(XIV) DÉTAILS DES SOINS DENTAIRES

Date	Re-quis	Achevé	Spécification Employez les abréviations et symboles autorisés	Signature du dentiste
11 Sept 43	✓		P.R.	B. Pariseau Capt.

(XV) APPAREILS CHIRURGICAUX FOURNIS

Détails	Date	Signature du médecin
Typhus 1 cc	27.12.44	CASands Capt
TABT ½ cc	27.12.44	CASands Capt.

(XVI) INOCULATIONS PRÉVENTIVES

Nature du vaccin, "T.A.B.", contre le choléra, la peste, etc.	Date	Signature du médecin
T.A.B.T. 1 c.c.	11-9-43	[illegible]
	26-10-43	[illegible]
3	11-11-43	[illegible]
Typhus 1 cc	17-2-44	[illegible]
Typhus 1 cc	24/2/44	[illegible]
Typhus 1 cc	6-3-44	[illegible]
Typhus Re Inoc	19-7-44	[illegible]

(XVII) VACCINATION

Date de la vaccination	Signature du médecin
11-9-43	[illegible]
27 Dec 44	CASands Capt

(XVIII) INSCRIPTIONS DIVERSES

(Inscriptions pour lesquelles il n'a pas été prévu d'espace ailleurs)

NOTE.—Les inscriptions sur cette page n'ont aucune valeur légale comme TESTAMENT

Détails	Date	Signature de l'officier
XRAY. #205942 N	8/9/43	[illegible]
Schick Negative	19-7-44	[illegible]
Gas Compound DM	20 Nov. 43	[illegible]
fingerprinted - photographed	1 Sep 43	[illegible]
Typhus Re-inoc	5-12-44	[illegible]
Emb. Leave granted	[illegible]	[illegible]
MFM 18	26.7.44	[illegible]
1 red chevron service	26.12.44	[illegible]
N.V. TEST FAIR B	2.1.45	[illegible]
Rifle zeroed	3-1-45	
Gas Chamber	11-1-45	
mines & booby trap	12-1-45	[illegible]
Grenthrowing	6-1-45	
Embark U.K.	31 JAN 45	
Desembark	1 FEB 45	[illegible]
MBMI PART III issued	5 FEB 45	

5. En rédigant un testament il ne convient pas d'y faire des altérations. Si, cependant, des altérations son faites par le soldat dans son testament, les deux témoins et lui même doivent alors apposer leurs initiales dans la marge, vis à vis les altérations. Tout changement aux dispositions d'un testament fait antérieurement peut toujours être fait au moyen d'un nouveau document appelé codicille; ce document doit référer au testament antérieur, et après avoir mentionné les changements désirés il doit être daté, signé et attesté de la même façon que le testament lui-même.

6. Un testament entièrement nouveau peut être fait en tout temps, et dans ce cas, ce dernier testament révoque ou annule tout testament fait précédemment. Les lois de toutes les provinces du Canada, sauf une seule, et de la plupart des pays de langue anglaise prescrivent que le mariage contracté postérieurement à la date d'un testament a pour effet de révoquer ce testament. Par conséquent, un soldat, immédiatement après son mariage, doit faire un nouveau testament, afin qu'advenant son décès, sa succession puisse être distribuée suivant ses volontés telles qu'exprimées dans son testament.

7. Le testament d'un soldat en service actif n'est pas nul du fait qu'à la date où il a été fait, il n'était pas âgé de 21 ans.

CERTIFICAT

J'ai reçu la formule M.F.M. 10A et l'ai remise au chef des archives militaires à

H.Q.M.S.H.

Signature de l'officier
Grade ou emploi

Date de l'extraction du certificat ou du testament

Signature de l'officier

Envoyé à

Unité ou département

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name LAFRENIERE, Gaston No. D-142554
Surname Christian Names

Pte. C.A. O/S 2-5-45
Rank Unit Date of Death

AMOUNT

W.S.G. $ 146.13
L.P.C. 88.65

Date 13-6-46. Other Credits

Total 234.78

Prev.dist. 88.65
This dist. 146.13

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Origene Lafreniere, 139 C. Cascade St., Shawinigan Falls, P.Q. (Sole beneficiary per will)	146.13

P4. TO TREAS.

JUN 18 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$146.13

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.J.K.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

Q.G. 405-L-21931 (D.R.2 (c)).

le 26 juillet 1946.

Monsieur,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils le soldat Gaston LAFRENIERE, matricule D-142554, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 12, rang F, lot 5, du cimetière militaire canadien de Nijmegen, à quatre milles au sud-est de Nijmegen, en Hollande. (Carte marquée ci-jointe). Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

La tombe a dû être marquée temporairement d'une croix qui sera remplacée, en temps opportun, par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes, nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assuré qu'à ce moment, nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

M. Origène Lafrenière,
139c, rue Cascade,
Shawinigan Falls, Qué.

/RL

File No 405-L-21931

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D142554 Name LAFRENIERE GASTON

Rank on Discharge Pte Date of Discharge 2-3-45

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada	from	10-9-43	to	18-12-44
	from		to	
United Kingdom	from	19-12-44	to	31-1-45
	from		to	
Italy	from		to	
Northwest Europe	from	1-2-45	to	2-3-45
---------	from		to	
-- ------	from		to	

Eligible for award of:

1939 - 45 Star OK

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~~Italy Star~~

France-Germany Star OK

Defence Medal N.E

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

Verified by H.G. Palen

Date 27-7-46

JUL 29 1946

Carded AB

NO RIBBON DESPATCH

IIA 165

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ...D-142554.....PTE.....LAFRENIERE.....G.....(DECEASED).....

RECEIVED FROM .....2nd Echelon 21 Army Group.....

CHECKED BY ..S-5591 Pte Patterson L.K..... DATE .....11 April 45.....

AND ..B-6410 Rfn Shaw R.V.....

5	Letters		
1	Postcard Sign Jack Dempsey		
1	Picture Snap		
1	Certificate Of Registration (Extract Du Registre		

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

QUADRUPLICATE—with effects.

L K Patterson Pte

.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
16 APR 1945
BRANCH
HEADQUARTERS

3/45A MFM 510
40/P&S/254 (8550)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D142554 Rank and Name LAFRENIERE. G. PTE.

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

~~(Transfer~~ or Discharge).....~~ston~~.....on 2nd Mar: 19 45.

Reason Death Authority : C.C.L."A" 553 d/11th Mar.45.

The following is a statement of the account of the above-named from 1st. Mar: to 31st Mar: 19 45. the inclusive date of transfer or discharge.

Particulars	Amount Dr		Particulars	Amount Cr	
Balance Dr from last account			Balance Cr from last account	40	94
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ....days at .....$		
Assigned Pay			Allowances (give particulars) .....days at .....$		
Regimental Charges					
Public Stoppages (give particulars) :			D.P.Int:		26
To Balance Cr — Free	32	70			
To Balance Cr — Deferred	55	00	By Balance Dr		
Total	87	70	Total	87	70

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

Remarks

Compiled by W.Blackburn.

Checked by J. M. Crayston.

Date 11th Sep.45. 19.....

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

MW

P A Qs

Shawinigan Falls. 15 Nov 1949

Cher Monsieur,

Gaston Lafreniere decédé outre mer en Allemagne le 2 Mars 1946. il faisait partie du Regiment de la chaudière son No D1 42554 est mon fils bien aimé, moi sa mere, veuve, fait appel a votre bon coeur, afin de vous interesser a me faire parvenir ses médailles, dont je vous serez très reconnaissante—

Adresse

Mme veuve Eugene Lafreniere
1396 Cascade
Shawinigan Falls
P.Q.

D.- 142554

LAFRENIERE G.

Medals noted
3d. Bn.

24-11-49 .