D156533
COUTU
LOUIS

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ORIGINAL
DUPLICATA
TRIPLICATA

DUPLICATE

M.F.M. 2 Fr.
A.F.B. 271
50M—1-42 (2876
H.Q. 1772-39-1645

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

Unité R.C. TANK/CORPS, C.A.(ACTIVE) N° Matricule D-156533

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

01
PTE

1. Nom COUTU
2. Prénoms GERARD (2) LOUIS (6) ← See Change Inside
3. Adresse **actuelle** ST FELIX DE VALOIS COL JOLIETTE P.Q.
4. Date de naissance 8 FEVRIER 1923
5. Lieu de naissance CANADA (Pays) QUEBEC (Comté ou province) ST FELIX DE VALOIS (Ville ou canton)
6. Religion (indiquez la confession) CATHOLIQUE ROMAIN
7. Métier ou profession ~~XXXXXXXXXX~~ BOULANGER
8. Marié, veuf ou célibataire CELIBATAIRE
9. Nom du plus proche parent M.HORACE COUTU
10. Degré de parenté PERE
11. Adresse du plus proche parent ST FELIX DE VALOIS CO. JOLIETTE P.Q.
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi?
NRMA 5 Depuis 30Novembre 1942 au 30 Janvier 1943.
(Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? (Oui ou non)
NIL
(Si oui, spécifiez le numéro matricule et l'unité)
(*b*) Quelque autre armée de mer, de terre ou de l'air? (Oui ou non)
NIL
(Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918?
NIL
(Si oui, spécifiez le numéro matricule. l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Date 2 February 1943 / ~~30 Janvier 1943~~ Haut Comm. A.12. Coutu L. G.
Simon L. Villeneuve. (Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Coutu L. G.
(Signature de la recrue)

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

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

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

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

à Rimouski ce ~~30 ième~~ 2 ième Haut Comm. A.12. jour de ~~Janvier~~ Février 1943

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

LEONARD SYLVESTRE - Major
District Recruiting Officer
M.D. 5 Quebec, P.Q.
(Titre, grade et unité ou emploi)

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

M.B.M. 1 ISSUED

Certified that occupational History & Form was completed.

5606 -

État de service de COUTU (Nom) GERARD LOUIS (Prénoms) N° matricule D/156533

APTITUDES

Militaires NIL

Professionnelles ou commerciales NIL

Civiles ou de métier BOULANGER

Techniques NIL

Langues FRANCAIS

DEGRÉ D'INSTRUCTION

École supérieure ou Académie NIL (années achevées) { Graduation ou Immatriculation } (Spécifier)

*Collège NIL

*Université NIL

ECOLE PUBLIQUE ST FELIX DE VALOIS 8 ième année

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

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

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
1-3-43	BTC 55	TOS C.A.B.T.C. 55	Pte	2-2-43	BTC 55	Riki	D.O. 26	2-2-43
2-3-43	"	AWL. 0600 hrs. 29-12-42 untill 2300 hrs 4-1-43 Abs. 6 days 17 hrs. (7days pay) FR & I 149 (1) (A) 5 days pay FR & I 149 (1) (B)	"	4-1-43	"	"	4	6-1-43
4-3-43	"	Granted a leave 4 days and aut.to draw allw. 50 cts per diem.	"	5-2-43	"	"	30	5-243
4-3-43	"	Granted a leave 5 days and aut to draw allw.50 cts per diem.	"	10-2-43	"	"	34	10-2-43
10-3-43	"	S.O.S.on transfer to A-27 ~~Dundurn~~ Borden	"	12-3-43	"	"	~~58~~ 61	12-3-43
		ATTACHED TO AS CACATC FOR A/P FOR ADV. TRG.	do	13-3-43	AS CAC	Borden	AS CAC D.O. 64	15-3-43
		SOS on Reposting to #1 C.A.C.T.R.	do	20-5-43	do	do	do D.O. 120	20-5-43
		TOS #1 C.A.C.T.R.	DO	21-5-43	#1 CACTR	do	#1 CAC TR D.O. 1	21-5-43

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

32947

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier COUTU, Gerard Louis Lieu Quebec, P.Que.

Lieu Date 1-2-43.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 19 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme non
b. Tuberculose ou pleurésie non
c. Bronchite ou asthme non
d. Affection cardiaque ?
e. Maladie du rein ou de la vessie non
f. Affection stomacale ou intestinale non
g. Hernie non
h. Varices non
i. Mal aux pieds non
j. Affection nasale non
k. Maladie des oreilles non
l. Maladie des yeux non
m. Convulsions non
n. Maladie nerveuse ou mentale non
o. Syphilis non
p. Gonorrhée non
q. Avez--vous déjà porté des lunettes? non
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails non

Coutu L D.
(Signature de la recrue)

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

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails)
Accuse dyspnee de decubitus.
Cicatrice jambe droite.

2. Taille 5 pieds 6¼ pouces. 3. Poids 133 livres

4. Teint clair Yeux bleus Cheveux blonds

5. Développement Bon (Bon / Passable / Médiocre)

6. Tour de poitrine—Circonférence, pleine expansion 35½ pouces Degré d'expansion 3¼ pouces

7. Vue, droite ~~illegible~~ 20/20 gauche 20/20 8. Ouie, droite C.V.20 gauche C.V.20

Avec lunettes, droite gauche

9. État de la bouche et des dents Carie dentaire.

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
Urines, oreilles, reflexes: Normaux.

M.D.4/ 59448

X-RAY CHEST - NEGATIVE 30-11-42

CERTIFIED TRUE COPY

PARTIE 3.

Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie A-1

Observations spéciales lorsque la catégorie est inférieure à A

J.Paul Roger Major RCAMC (Président) L.Martel CaptRCAMC (Membre) E.R.Henderson CaptRCAMC (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
3-12-42	VACCIN	27-10-43	Y.O.B. P U L H E M S: 23 1 1 1 1 1 1 1
3-12-42	T.A.B.T.-1		
8-1-43	2.		Y.O.B. P U L H E M S: 23 1 1 1 1 1 1 1
30-1-43	3.		
MAR 17 1943	RE-EXAMINED CAT. C1 CONFIRMED		

N° matricule D/156533 Grade PTE Nom COUTU Prénoms GERARD LOUIS

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie· dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin

"Q" CARD COMPLETE

INFANTRY (R)

DEPARTMENT OF NATIONAL DEFENCE
(Army)

~~R.C.A. Field~~
Arm or Corps

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

Personnel Selection Record

Trade (if Tradesman or Trade Trainee)

~~Driver I/C~~ N/T.
Work in Arm (if Non-Tradesman)

I. ~~D-64216~~ D156533 ~~D-64216~~ | ~~Pte.~~ | COUTU, Louis-Gerard | R. | 19 | A
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | | Montreal South, Que. | 2 Dec. 42.
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

D.D.-4 | 2 Dec. 42 | J. Grenier, Capt.
Place Tested | Date Tested | By Whom

142 | III | Subtests 16 13 16 24 15 13 18 27 | Subtotals 45 39 58 | French
Total | Group | 1 2 3 4 5 6 7 8 | 1-3 4-5 6-8 | English or French

Other Tests
E-206344

Y.O.B.	P	U	L	H	E	M	S
23	1	1	1	1	1	1	1

III. Educational Background

8th grade in rural school. Left at 15. 10 years schooling. Repeated one grade.

IV. Occupational Background

4 years as a baker.

V. Military Background

3 years as boy schut.
Enlisted Dec. 1, 1942 at Montreal. Had Basic Training at Rimouski, P.Q. Came to No. 1 C.A.C. T.R. Borden, on 13-3-43. Did 3 weeks General Military Training and since then has done fatigues. EMG Borden 26-5-43.

VI. Other Personal History and Appraisal

Average stability
Single, 4th of 13, lives at home
Good health
Average intelligence
Sports: hoc key, baseball, swimmimg
Can drive (2 years off and on, no accidents)
Fair attitude towards army.

VII. Recommendations

~~C.A.C.~~
~~R.C.A. Fie ld~~ ~~Driver I/C/~~ Non-tradesman

Inf-R.

L.B.

(Signed) J. Grenier Capt.
Army Examiner

T.N.O. ~~Sgt.~~

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

FURTHER INFORMATION AND FOLLOW-UP

D 642167, Pte COUTU G.L. M.F.M. 196 was initiated, 2-12-42,

Signed Active (C.A.C.) 1-2-43 New Number: D 156533.

W.R. Lindsay

Rimouski, BTC. 55, 4-3-43 W.R. LINDSAY, Lt.; A.E.

May 26, 1943.

Age 20. Cat. A, single. Height 5'5". Weight 145. Good appearance, pleasant manner, seems cooperative in personality.

Is of well above average mental ability. Speaks French only. Has been a baker for 4 years in civil life. Capable of training and duty as cook-baker in French speaking unit. Is limited to fatigue duty at Borden because of language difficulty. Suggest transfer to A 12 (A)I.T.C. for advanced traing and course as cook-baker in order to facilitate movement overseas.

RECOMMENDATION: Transfer to A 12 (A)I.T.C.

E. M. Greaves, Capt

T.C. No. 43 23-7-43. On Account of lack of English knowledge is re-allocated to:- Infantry Rifle. N/T Rifleman.

RE-ALLOCATED TO:- INFANTRY (R) N/T (Rifleman).

M. Crépeau, Capt.

INFORMATION: M. Crépeau, Capt. & A. E.

This man has completed his Infantry advanced training at A-12 Farnham and has qualified.

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

29 Oct 43

M.F.M. 196 PULHEMS PROFILE AND APPARENT ADAPTABILITY SUITABLE

FOR O/S AS INF. DEBERT N.S. 11-11-43

C.M. Walton CAPT. A.E.

B C

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full COUTU GERARD LOUIS (b) Reg'l. No. D-156533
2. (a) Arm of service ARMY (b) Unit R.C. TANK/CORPS (c) Rank Pte
3. (a) Date of birth 2-2-1923 (b) Have you any dependents? Nil (c) Place of residence at time of enlistment St Felix de Valois Co. Otto.
4. (a) Place of enlistment Rimouski (b) Date of enlistment 30-1-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 ans (b) Were you attending school or college up to the time of enlistment? Nil
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Publique 8 ans
7. If you attended a university, give name of university and standing or degree secured Nil
8. (a) Did you ever enter upon a trade apprenticeship? Oui (b) If so, for what occupation? Boulanger Menuisier (c) Did you finish it? Oui (d) If you did not finish it, how long did you serve at it? 4 ans
9. (a) What languages do you speak fluently? Français (b) What languages do you read well? Français

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) EN EMPLOIE (b) At time of enlistment of what trade union or professional society were you a member?

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

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

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

18. Name of employer JOSEPHAT ADAMS Address ST THOMAS CO. JOLIETTE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) BOULANGER
20. (a) Your specific occupation BOULANGER (b) Number of years' experience at this occupation with any employer 4 ans
21. (a) Did your employer promise definitely to give you employment on discharge? OUI (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment? OUI

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NON (b) Do you feel competent to operate a farm? NIL (c) If so, in what kind of farming? NIL
25. (a) Were you born on a farm? NON (b) How many years' actual farming experience have you had? 6 mois (c) In what provinces did you have experience? Québec

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NIL
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) NIL
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NIL

DATE 30 Janvier 1943 SIGNATURE Coutu L. G.

DUPLICATE

(Doit être remplie en triplicata)

FINGER-PRINTED

"B" WING

M.F.M. 103A

50M—4-42 (4204)

H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

F.

R.C.A.
N.T.

PERSONNEL DE LA L.M.R.N. 1615 HRS

FORMULE D'ENRÔLEMENT

N° de série de l'avis d'appel L.M.R.N. E-206344 Matricule D-642167

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 4
2. Nom (Majuscules d'imprimerie) COUTU
3. Prénoms en entier GERARD LOUIS
4. Adresse actuelle ST FELIX DE VALOIS, CO. JOLIETTE, QUE. CANADA
5. Lieu de naissance CANADA (Pays) QUEBEC (Comté ou province) ST FELIX DE VALOIS (Ville ou canton)
6. Date de naissance 2 FEV 1923 7. Confession religieuse CATHOLIQUE ROMAIN
8. Signalement: Taille 5-6 Poids 131 Yeux BLUE Cheveux BLOND
   Teint BLOND Marques particulières SCAR ON LEFT INDEX
9. Marié, célibataire, veuf? CELIBATAIRE
10. Plus proche parent M. HORACE COUTU (Nom) Degré de parenté PERE
    ST FELIX DE VALOIS, CO. JOLIETTE, QUE. CANADA (Adresse)
11. Profession ou emploi BOULANGER
12. Service naval, militaire ou aérien antérieur NO (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? NIL Pour l'armée de terre? OUI (Arme)
    Pour l'Aviation? NIL
14. Emploi dans une industrie de guerre, le cas échéant NIL

L. G. Coutu
(Signature de la recrue)

W. Lemaire Lieut.
(Signature et grade de l'officier enrôleur)

30 NOVEMBRE 1942 194 (Date de la signature)

DISTRICT DEPOT A.F.

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° ..... à ..... Date .....

A accompli ..... jours d'instruction élémentaire.

.....
(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° ..... à ..... Date .....

A accompli ..... jours d'instruction supérieure.

Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? .....

Est passé dans ..... Date .....
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

.....
(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire "A"

.....

ÉTAT DE SERVICE de COUTU /// (Nom) GERARD LOUIS (Prénoms) N° matricule

Aptitudes

1. Navales, militaires ou aériennes NIL
2. Commerciales ou professionnelles NIL
3. Civiles ou de métier BOULANGER
4. Techniques NIL
5. Langue maternelle FRANCAIS Quelles autres langues parlez-vous? OUI Lisez-vous et écrivez-vous? OUI Savez-vous conduire une automobile? OUI
   Savez-vous réparer un moteur? NON Expérience culinaire? NON Passe-temps favori? BASEBALL HOCKEY

Degré d'instruction

6. École secondaire ou Académie: NIL (Années achevées) — Graduation ou immatriculation: NIL (Spécifier)
7. *Collège NIL
8. *Université NIL 7iem ANNEE ECOLE PUBLIQUE
   (*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
3-12-42	DRO	PASSE du dépôt central de la L.M.R.N. N° TOS no. 4 DISTRICT DEPOT CA.	PTE	30-11-42	4 DD	MTL STN	4 DD PT II 291	3-12-42
12-12-42	"	SOS on trans to CA(B)TC #45 Sorel Que	Pte	12-12-42	"	" "	" " 299	12-12-42
13-12-42	CI45	Pris sur l'effectif	"	13-12-42	CI45	Sorel,Q.	CI45 PtII 213B	13-12-42.
18-12-42	"	Rayé de l'effectif sur transf. au CABTC 55 Remiski, Que.	"	18-12-42	"	"	" " 217B	18-12-42.
6 jan 43	T.C. 55	AWL 0600 hrs 29 dec. 42 to 2300 hrs 4 jan 43 forf. 7 days pay pundishment 1530 hrs 5 jan 43 5 extra days pay. Total Forf. 12 days pay	"	5 jan 43	T.C. 55	Riki	D.O. 4	6 jan 43
2 feb.43	T.C.55	On command to D.MpO. Quebec 1300 hrs 29 Jan 43 to 0850 hrs 30 Jan 43	"	29 Jan 43	"	"	D.O. 27	2 Feb 43
2 Feb 43	"	Signed in the Active Force wef 1 Feb 43 D/156533	"	1 Feb 43	"	"	D.O. 27	2 Feb 43

N° matricule D-642167 Grade PTE Nom COUTU Prénoms GERARD LOUIS

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
DEC 3 '42	[illegible] Cohen Lt		URINE neg		
9-1-43	[illegible] capt		X-RAY 159410 neg		[illegible] capt
DEC 3 '42	B				
	[illegible] Ab				

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				

42 Previous Experience in Armed Forces

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

43 CURRENT SERVICE: Date Enlisted 30 Nov. 42 Place Enlisted Longueuil. P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
12/DEC/43	Canada	G.L.	Sorel	Pte.	Foot Drill	
18/DEC/43	✓	✓	Rimouski PQ	Pte.	Basic	
12/March/43	✓	✓	Borden, P.Q.	Pte.	Advanced.	
1 JULY/43	✓	✓	FARNHAM P.Q.	✓	Drill	
8 JULY/43	✓	✓	Sherbrooke.	✓	Basic.	
28/AUG/43	✓	✓	Farnham.	✓	Advanced. (Course (6) pounder.	
3/Nov./43	✓	✓	Debert. N.S.	✓	Battle Drill	
22/DEC/43	✓	✓	No 6- C-1-R-U	✓		

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences.....

Civil Convictions..... Fines..... Hospitalization.....

49 Psychiatric ☐ ☐ ☐ ☐ ☐

From M F M 196

YEAR OF BIRTH	P	U	L	H	E	M	S
'23	1	1	1	1	1	1	1

Cah

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

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority
(6) pounder Course.		AUG/43	

55 Type of Service Desired (1) J.U. - Fr. speaking Inf. (2) cook - baker

Remarks re Outstanding or Limiting Factors

Deportment	
Disposition	
Appearance (grooming)	
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

a cooperative and seemingly able young soldier. might prove useful as cook-BAKER as need may arise

Reason for Joining Cdn. Army To do his share

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

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

48 Suggested Possibilities (1) 6 pdr Gun in C.J.C. - Fr. speaking Unit (Field)

for employment (2) Infantry: refleman a L.M.G. " " "

J. COOK - BAKER

Interviewed by Cah Lapierre Capt SPO Date 24 Dec 1943

Reviewed by..... Date.....

D-156532 | Coutu | Louis | Gerard

Regimental Number | Last Name (Block letters) | First Name | Middle Names

2 Nationality: Canadian | By Birth: ✓ | By Naturalization: | Country of Birth: Canada

3 Father Racial Origin: Fr. Canadian | Mother: ✓ ✓

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

5 Age 20. 10/12 2 FEB-1923 | 6 Height 5' ft. 7" in. | 7 Weight 140 | 8 Silhouette 1 2 3 4

Eyes 9 Colour of BLUE | 10 Acuity 1 ✓2 3 | 10 Glasses ... | 11 Colour Vision 1 2 3 4

12 Hearing: Acuity ✓1 2 3 | 13 Speech Defects ...

14 Handedness ✓R L A | 15 Med. Category A –

Cause ...

Attitude to own health ... To Medical attention ...

Health History ...

16 Education Level: Illiterate ... El. (8th) Sec. ( ) 15 yrs. Grade completed)

Conduct during school life ...

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

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course) ...

At ... From—To ... Completed ? ...

21 2. (Course) ...

At ... From—To ... Completed ? ...

22 3. (Course) ...

At ... From—To ... Completed ? ...

Other trades papers, Diplomas Certificates or Qualifications ...

23 Languages: Spoken fluently French (w) English (l)

Written well ✓ (w)

24 Main occupation: Description Baker. Cook Dough.

Estimate of skill ...

Duration (from—to) 5 months. Weekly Wage $25.00

Employer's Name and Address St Thomas, P.Q. Canada (Adam Bakery)

50 "M" Canada

Test	Score	S.M.	Test 9 Score
1	16		Sub-total 45
2	13		S.M.
3	16		
4	24		Sub-total 39
5	15		S.M.
6	13		Sub-total 58
7	18		S.M.
8	27		
Tot.	142		Grade III

English ... French ✓

51 OTHER MENTAL

Test ...

Score ... Grade ...

Date ...

52a MECHANICAL APT.

Test ...

Score ... Grade ...

Date ...

52b CLERICAL APT.

Test ...

Score ... Grade ...

Date ...

53 TRADE TESTS

Trade and Grading	Date

54 OTHER

Test ...

Score ... Grade ...

Date ...

Soldiers Qualification Card

CONFIDENTIAL

CODED

M. Unit ~~6 C.I.R.U.~~ R.22.R.2

1 Corps Gen. List.

25 Second Most Important Occupation: Description: Baker. Estimate of skill ...

Duration (from—to) 1 year. Weekly Wage $15.00 & Board.

Employer's Name and Address Rondeau. Bakery. Jolliette P.Q. Canada

26 Third Most Important Occupation: ... Estimate of skill ...

Duration (from—to) ... Weekly Wage ...

Employer's Name and Address ...

Trade Union or Professional Society ...

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

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

35 Accident Prone ... Teamster ✓

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

District Quebec P.Q. Canada Type Mix Farming

Job promised after discharge ? no By whom? Name ...

Job ... Address: ...

Other provision for post-discharge occupation ...

Type of work desired Navy

Occupational history: Ambitious ... Stable ... Accidental ... Erratic ...

36 Marital Status: M ... S ✓ W ... D ... Sep. ...

Marital Problems ...

Wife's or Husband' Age ... Attitude to Service ... Health ...

37 No. of Children ... 38 No. of Dependents ...

Relationship of Dependents ...

No. of Brothers 6 No. of Sisters 6 Position in family 3rd.

Status of home in childhood ...

Religious Denomination R.C.

39 Hobbies: Photography M ... S ... Radio ... Engines ...

Mechanics ... Other ...

40 Sports: (1) Baseball (2) ... (3) ...

Team Games and Position (1) 3rd Base-

(2) ... (3) ...

41 Ability to Entertain: Music String ... Brass ...

Woodwind ... Percussion ... Piano ... Vocal ...

Theatrical ... Other ...

Regimental No. D-156533 Rank Pte. Sheet No. 1

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

Name ~~XX~~ COUTU, Gerard Louis

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS ON TRANSFER TO A-12 I.(A) T.C.	Pte.	11-6-43	#1 CACTR	Borden	14	11-6-43
T.O.S. ON TEMP. ATTACH. on reposting from No.1 C.A.C. T.R., Camp Borden	"	12-6-43	A-12	Farnham	A-141	18-6-43
S.O.S. for all purposes on transfer to C.A.B.T.C. ~~34~~ 43, Sherb., Que.	"	23-6-43	"	"	A-145	23-6-43
T.O.S. and attached for all purposes	"	24-6-43	TC.43	Sherb.	152-A	28-6-43
Awarded a summary forfeiture of (4) days pay for A.W.L. (absent 3 days 17 hours 15 mins) Automatically forfeits (4) days pay. Total forfeiture of (8) days pay.	Pte	23-7-43	TC43	Sherb.	174-A	23-7-43
S.O.S. on transfer to C.I.T.C.A-12, Farnham, Que.	Pte	11-8-43	TC43	Sherb.	190-A	11-8-
T.O.S. on temp att on reposting from T.C. 43 Sherbrooke, Que.	"	12-8-43	A-12	Farnham	A-189	13-8-43
Christian Names of Pte Coutu are amended to read Louis Gerard and not Gerard Louis.	"		"	"	A-204	31-8-4
Spec leave from 22-10-43 to 26-10-43 incl with 50¢ per diem ration allowance. T.W. A-473497	"	22-10-43	"	"	A-249	22-10-43
S.O.S. to No.1, Training Brigade, Debert, N.S.	"	3-11-43	"	"	A-260	4-11-43
Re-Allocated Inf. R.	"	1-11-43	"	"	A-257	1-11-43
T. O. S. TRG. BDE. GP.	Pte.	NOV 4 1943	T.B.G.	Debert, N.S.	#6	NOV 9 1943
SOS TO SERIAL 294E						
SOS Can Army (Can)	"	14 Dec 43	6CIRU	U.K.	279/43	13.12.43
TOS " " (Overseas)	"	15 "	"	"	"	
Disembarked in U.K.	"	21 "	"	"	"	
Reported for duty at 6CIRU	"	22 "	"	"	"	
M40/ Granted daily rate of pay of $1.50	Pte	1 Feb 44	6CIRU	UK	36	11 Feb 44
~~SOS~~ ~~SOS to Exercise Well~~	~~Pte~~	~~17 Feb 44~~	~~6CIRU~~	~~UK~~	~~41~~	~~17 Feb 44~~
~~TOS~~						
S.O.S. C.A. (U.K.) on embarkation 6 CIRU						
T.O.S. C.A. (")	Pte.	17 Feb 44				
Disembarked + TOS R22R XL		18 Feb 44	XL R22R	NA	20	7 Mar 44
		3 Mar 44				
Wounded	Pte.	~~24 K~~ 17 May 44	R22 Re.	C.L. A437 CLA 441		22 May 44 27 May 44

Regimental No. 0156533 Rank

Sheet No.

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

Name Coutu C. L.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
x34 TOS TOS from x 4 List R22R 1 Bn	Pt	17 Apr 44	R22R	CA1	17	26 Apr 44
Adm. 17 CGH.		20 Jul 44.		CLB.	263	27 Jul 44.
M119 SOS. SOS to R22R	Pte	23 Aug 44	XL R22R	AA1	90	3 Aug 44
M119 TOS TOS from x 4 list R22R (4 Bn.)	Pte	24 Aug 44	R22R.	AA1	46	28 Aug 44
M140 Killed (2nd Cas.)	Pte.	14 Sep 44	R22R.	AA1	A494.	29 Sep 44
ex SOS SOS Killed in Action	Pte	14 Sep 44	R22R	AA1	54	28 Sep 44

Regimental No. D-156533 Rank Pte. Sheet No. 1

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. [illegible]

Name EX COUTU, Gerard Louis

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS ON TRANSFER TO A-12 I.(A) T.C.	Pte.	11-6-43	#1 CACTR	Borden	14	11-6-43
T.O.S. ON TEMP. ATTACH. on reposting from No.1 C.A.C. T.R., Camp Borden	"	12-6-43	A-12	Farnham	A-141	18-6-43
S.O.S. for all purposes on transfer to C.A.B.T.C. #4 43, Sherb., Que.	"	23-6-43	"	"	A-145	23-6-43
T.O.S. and attached for all purposes	"	24-6-43	TC.43	Sherb.	152-A	28-6-43
Awarded a summary forfeiture of (4) days pay for A.W.L. (absent 3 days 17 hours 15 mins) Automatically forfeits (4) days pay. Total forfeiture of (8) days pay.	Pte	23-7-43	TC43	Sherb.	174-A	23-7-43
S.O.S. on transfer to C.I.T.C.A-12, Farnham, Que.	Pte	1-8-43	TC43	Sherb.	190-A	11-8-43
T.O.S. on temp att on reposting from T.C. 43 Sherbrooke, Que.	"	12-8-43	A-12	Farnham	A-189	13-8-43
Christian Names of Pte Coutu are amended to read Louis Gerard and not Gerard Louis.	"		"	"	A-204	31-8-43
Spec lea ve from 22-10-43 to 26-10-43 incl with 50¢ per diem ration allowance. T.W. A-473497	"	22-10-43	"	"	A-249	22-10-43
S.O.S. to No.1, Training Brigade, Debert, N.S.	"	3-11-43	"	"	A-260	4-11-43
Re-Allocated Inf. R.	"	1-11-43	"	"	A-257	1-11-43
T.O.S. TRG. BDE. GP.	"	NOV 4 1943	T.B.G. Debert, N.S.		#6	NOV 9 1943
SOS TO SERIAL 294E	"	14 DEC 1943	"	"	36	13.12.43
SOS Can Army(Can)	"					
TOS " " (Overseas)	"	14Dec43	6CIRU	U.K.	279/43	
Disembarked in U.K.	"	15 "	"	"	"	
Reported for duty at 6CIRU	"	21 "	"	"	"	
		22 "	"	"	"	

(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. Horace COUTU - Carpenter

St-Felix de Valois, Co. Joliette, 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. Fabiola COUTU

St-Felix de Valois, Co. Joliette, 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 Nil

(18) Are you insured? No

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

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

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

L. N. Coutu
(Signature of officer or man)

Date December 3rd 1942.

Officer Commanding P. Loulé S.L.

Date December 3rd 1942.

NO. 4-DISTRICT DEPOT A.F.

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

M.F.M. 5
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.

---

(1) Name of Officer or Other Rank COUTU
(Surname first—Christian names in full—Block capitals)
Gerard Louis

(2) Regimental or Official Number and Rank D-642167 Pte

(3) Unit NRMA No 4 DD

(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? Nil Number of boys Girls

Names and ages

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

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

Name Nil

Postal Address

[SEE OTHER SIDE]

XVI RN

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit R.C. TANK/CORPS Regimental Number D/156533

1. Surname COUTU
2. Christian Names Gérard Louis
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 2-2-43
   *To be entered in pencil to facilitate alteration.
4. Place of birth St-Felix de Valois Co. Joliette
5. Date of birth as declared on attestation 2-2-1923
   (A)
6. Date of enlistment ~~30-1-43~~ 2 FEB 43
7. Place of enlistment Rimouski
8. Residence at time of enlistment St-Felix de Valois
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Catholique Romain
12. If married, state date
13. Trade on enlistment Boulanger
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)
C. I. C.	R2 2 R6

(18) Medical

Category	Date	Authority
A-1	1-2-43	M J M 2

(19) Next of kin (entries to be made in pencil) Père
M. Horace Coutu
St-Felix de Valois Co. Joliette
P.Q.

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Rate of Pay $1.40 per diem				
		TC-43	Prof. 4 days Pay for H. & L. Total for 8 days	Halifax	23-7-43	PG	174-23-2-43
		6CIRU	SOS Can Army (Can)				
		"	TOS " " (Overseas)	U.K.	14 Dec 43	"	279/43
		"	Disembarked in U.K.	"	15 "	"	"
		"	Reported for duty at 6CIRU	"	21 "	"	"
		"		"	22 "	"	"
		"	Granted R & P 1.50	"	1 Feb 44	"	36/44
		6CIRU	SOS to EXERCISE WEBB (Auth: 8002/27)	U.K.	17/2/44	"	41/44
			SOS CA UK ON EMBARKATION AT 17-2-44		ON		
			(EX) CA M ON TRANSFER ON 18-2-44 AND DISEMBARKED AT		3 MAR 44		X20/44 ON
	X4	R22R	TOS 1 Bn				
	X4 (1 Bn)	R22R	SOS to R22R	M	16 Mar 44	Cte	X35/44
17 Apr 44	3011B	R22eR	TOS from X4 list R22eR 1 Bn	Fd.	17 Apr 44	✓	17/47
22 May 44	3014 Sup	263-P.11	Wounded.	✓	17 May 44	✓	39/-
20 May 44	3011B	R22eR.	SOS to X3 list R22eR.	✓	19 May 44	✓	22/44.
	R22R	X3	TOS from R22eR	~	19 May 44	C	X52/44
26 May 44	3014 Sup	263-P.11	Wounded Confirmed	✓	17 May 44	✓	
1 June 44	R22R	X4 (1 Bn)	Posted to X4 (1 Bn)	X	16 June 44	Cte	X67/44
		X4 (1 Bn)	Posted from X-4 (1 Bn) to X-4 (4 Bn)		" 17 Aug 44		X87/44
23 Aug 44	CR92	4 Bn	SOS to R22eR	X	23 Aug 44	PC	X90/44
24 Aug 44	3011A	R22eR	TOS from X4 list R22eR 4 Bn	Fd. 24 Aug 44		Cte	46/44.
AFW 3014 Sec 373 P58d	24 Sep 44		SOS-Killed in action	✓	14 Sep 44	Cte	54/44.

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D156533 Rank Pte Surname Coutu Christian Name Louis G.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Royal 22e Regt	3 Cdn Gen.	17	5	44					Wounded D.N.K. slight		A-437.
"	—								Date confirmed wounded 17-5-44.		A-441
"									S.W. Chin.		B-227.
"	14 Cdn Gen.	17	5	44	28	5	44	11	S.W. (HE) jaw	Trs fr. 3 Cdn Gen	B-263
"	—								Killed 14-9-44	2nd Cas.	A-494.

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

SERVICE AND CASUALTY FORM

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

(PART II)

Regiment or Corps R22R Regimental Number D-156533

Substantive Rank Pt Surname CouTu Christian Names G L.

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
	R22R	x 3.	Admitted to 3 PGH.	FLD	17 May 44	PTE.	X53/44
	"	"	Adm 2 C F D S	"	17 May 44	"	X55/44
273	"	"	" 14 Cdn Gen	"	17 May 44	"	} X59/44.
274	"	"	" 1 C C D	"	28 May 44	"	
291	"	"	Disc 1 C C D	"	16 Jun 44	"	X71/44

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (Italy) — Official name of civil municipality or township: — Hospital or Institution: — Street: — No.: — *Place an X over the word which applies to this municipality or this territory* | City | Town | Village | Parish | Township

2. LENGTH OF STAY

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

3. NAME OF DECEASED — Surname: COUTU (*Block letters*) — Given names: Louis Gerard

Do not write in this space

4. RESIDENCE — Street: — No.: — Official name of civil municipality or township: St. Felix de Valois, — Municipal county: Joliette Com. — 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: February (Month) 2nd (Day) 1923 (Year)

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

OCCUPATION

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

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	Mr. Horace Coutu	Quebec
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 14th, (Day) 19.... (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....Date....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

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

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

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

(Voir l'autre côté pour le français)

MAY 12 1945

Director of Records. Dept. of Nat'l ...

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D156533 RANK Private SERVICE UNIT Royal 22nd Regiment (CA)

NAME COUTU, Louis Gerard

DATE OF BIRTH
DAY 2nd MONTH November YEAR 1923

Religion
Roman Catholic

MARITAL STATUS
Single

Date of Enlistment
30-1-43

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

NAME Mr. Horace Coutu,
ADDRESS D.A.B.

ADDRESS St. Felix De Valois, Quebec

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1308A H.Q. 405-C-17,084

CASUALTY DETAILS Killed in Action

DATE 14-9-44

MEDITERRANEAN THEATRE OF WAR

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

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

DATE 3-10-44

6 C.I.R.U.

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

CFA 187
40/P.& S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... B-156533 Pte. Coutu G.L. ..... Dec'd

RECEIVED FROM ..... G.H.Q. Cdn. Section 2nd. Ech A.A.I.
M-16018 Pte. ~~Murdoch~~ Murdoch W.J.
B-73775 Pte. Todd F.A.

CHECKED BY ..... DATE ..... 15 Dec 44

1	Leather Wallet Snapshots		

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

TRIPLICATE — with effects.

F.A. Todd Pte

for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS
ESTATES
19 DEC 1944
BRANCH

COPY SLG

M.F.M. 5
300M—1-43 (7930)
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 the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank COUTU GERARD LOUIS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D156533

(3) Unit R. C. Tank/Corps

(4) Are you married? NO (5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife THIS MAN BEING SINGLE

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

QUESTIONS 5 to 9 INCLUSIVE

(7) Are you a widower?

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

Names and ages

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

ARE NOT APPLICABLE

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

Name

Postal Address

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

If so, state her full name and postal address NIL

[SEE OTHER SIDE]

(11) Is your father alive? YES If so state name and address, occupation Horace Coutu

St. Felix de Valois Co., Joliette P. Q. Menuisier Charpentier

(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? Oui If so, state name and address Mme Fabiola Coutu

St. Felix de Valois Co., Joliette P. Q.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NIL
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:

Relationship N

Full Name I

Postal Address L

Amount contributed monthly during the past six months NIL

(18) Are you insured? NON If so, in what company? NIL
(Give number of policy)

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

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

Date 30 Janvier 1943 L. G. Coutu
(Signature of officer or man)

Date 30 Janvier 1943 Officer Commanding J. V. Bolduc Capt.

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.)

File No. 405-C-17084

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-156533 Name Couto Louis Gerard

Rank on Discharge Pte Date of Discharge ____

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 2-2-43	to	14-12-43	
	from ____	to	____	____
United Kingdom	from 15-12-43	to	17-2-44	
	from ____	to	____	____
Italy	from 18-2-44	to	14-9-44 Killed in Action 14-9-44.	
Northwest Europe	from ____	to	____	____
---------	from ____	to	____	____
---------	from ____	to	____	____

Eligible for award of:

1939 - 45 Star OK

--------- ____

Italy Star OK

~~France-Germany Star~~ ____

Defence Medal N.E.

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

Verified by H. Menard

Date 28-6-46.

NRD.

Carded JUL 2 1946

HA 165

F.T.

Mr. Horace Coutu,
St. Felix De Valois,
Quebec.

Dear Mr. Coutu:

It was with deep regret that I learned of the death of your son, D156533 Private Louis Gerard Coutu, who gave his life in the Service of his Country in the Mediterranean Theatre od War on the 14th day of September, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMA

24

17/10/44

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Louis Gérard COUTU, matricule D-156533, qui a donné sa vie au service de sa patrie sur le théâtre de guerre méditerranéen le 14 septembre 1944.

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 Coutu pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général intérimaire,

A.G.S. 14-10-44

(A.C. Spencer),
brigadier.

M. Horace Coutu,
St-Félix de Valois,
Québec.

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Gerard Louis COUTU (Name in Full), of the village (City, Town, Village, Township)

Address in civil life.

of St-Felix de Valois, in the County District of J oliette

Province of Quebec, Baker (Civil Occupation)

Regimental No. D-642167, Unit NRMA H.D.G., 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. Horace COUTU.

Residing at: St-Felix de Valois, Co. Joliette, Quebec, Canada.

All my estate both real and personal.

L. G. C.

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

L. G. C.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of December 19 42.

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.

L. G. Coutu
(Signature of soldier)

First witness sign here.

(5) Signature M. Coulon
Civil Address 1920 St Joseph Blvd E Montreal
Civil Occupation Merchant.

Second witness sign here.

Signature G. P. Jackson
Civil Address 6137 Esplanade Ave. Mtl.
Civil Occupation Engineer

(Witnesses are not to be beneficiaries.)

[OVER]

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name: COUTU Louis G. No.: D.156533
Surname Christian Names

PTE C.A. O/S 14-9-44
Rank Unit Date of Death

AMOUNT W.S.G. 239.93
L.P.C. $ 118.26

Date: 26-2-46 Other Credits 11.31

Total 369.50
Prev dist. 129.57
This dist. 239.93

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Horace Coutu St. Felix-de-Valois, Joliette Co., Que. (sole beneficiary under will)	239.93

P4. TO TREAS.

APR 30 1946

W. S. G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	239.93

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T. M. F.

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

3/45A M 510
P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.156533 Rank and Name COUTU. L.G. TPR.

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

~~XXXXXX~~ (Transfer or Discharge) ~~XX~~ on 14th September 1944.

Reason Death Authority: C.C.L."A"494 d/29th Sept:44.

The following is a statement of the account of the above-named from 1st September to 30th September 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	97	79
First Monthly Payment			Regimental Pay 30 days @ $1.50	45	00
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at .....$		
Assigned Pay	25	00			
Regimental Charges			Allowances (give particulars) .....days at .....$		
Public Stoppages (give particulars) :					
			Def: Pay Interest		47
To Balance Cr Free	96	26			
To Balance Cr Deferred	22	00	By Balance Dr		
Total	143	26	Total	143	26

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

Remarks

1. Assigned Pay of $25.00 (F) stopped eff: October, 1944.

2. Assigned Pay of $8.40 (6th V.Loan) cancelled eff: May, 1944.

Compiled by B.McKercher.

Checked by L. Broughton

Date 17th April, 45

Certified correct D. Fowley
for Chief Treasury Officer, Overseas

DS

Duplicate.

12976

Stewart Patterson Lt.

(FOR) OFFICER I/C RECORDS
CANADIAN MILITARY HEADQUARTERS.

12 January 44

4044
1310
3354
654
4680

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
1 Feb 44	✓		7F. 1X	[illegible]
12 FEB 44		✓		[illegible] (CAPT)
29 MAY 44	✓		3F.	W. R. Cooper

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-156533.

Surname (in capitals) COUTU.

Christian Names (in full) LOUIS GERARD.

Date of Birth 2th February 1923.

Place of Birth St. Felix de Valois.

Trade on Enlistment Baker.

Nationality of Father at birth

Nationality of Mother at birth

Religion Roman Catholic

Enlisted at Rimouski. Quebec.

Date 2 February. 1943.

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

Signature of Soldier L. G. Coutu

Signature of Officer [illegible] Capt

Place UK Date 8 Feb 44

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	NOW LIVING Latest known Address in full
1st	Wife			
	Children			
2nd	Father	M. Horace Coutu.		St Felix de Valois Co Joliette P.Q.
	Mother			
3rd	*Brothers and Sisters			
4th	Other Relations (stating) relationship)			

*State whether brothers are older or younger.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
27 Feb 43	Pte	Enlistment	[illegible]	[illegible]

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

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under :—

.....

.....

.....

.....

.....

.....

Date.....

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
406 C.I.Ru 6Pd. QI	10/2/44	J Coote Wt.
Depot Schools C.M.F. 6 Ddr. Q.3	29/7/44	[illegible]

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
22/6/44	X class	Rifle	[illegible] Lieut
44	X "	LMG	
44	X "	TMC	
44	X "	Grenades	
44	X "	2" M.	

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Engrs (public)	St Felix de Valois		Edward Patterson Lt

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

(IX) EMPLOYMENT WHILST SERVING

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

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
1-2-43	A-1.	Cat on enlistment	
27-10-43	23.	YOB P U L H E M S 1 1 1 1 1 1 1 1	Edwin Patterson Lt
27-3-44	Re exam	Fit Sect VI S Serv B.	[illegible]

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT-I	3-12-42	Edward Hallerson Lt
TABT-II	9-1-43	
TABT-III	20-1-43	
Typhus Vcc	11-2-44	
Typhus Vcc	20-2-44	
T.A.B. & T.T.	22-2-44	
Typhus Vcc	26-2-44	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
3-12-42 - Vacc	Edward Hallerson Lt
11-2-44	

FINGERPRINTED—CAIB

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
~~"M" TEST (REV.) COMPLETE~~		
~~"C" CARD COMPLETE~~ — Entered in ERROR.		
"C" CARD COMPLETE	11-2-44	
"M" TEST (REV.) COMPLETE		Edward Hallerson Capt.

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

No. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

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

Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

Dept.....

To whom sent.....

Date Certificate or Will extracted.....

Signature of Officer.....

Dept.....

To whom sent.....

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

SHORT FORM OF WILL
(Write Will on next page)

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

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

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Louis Gerard (CHRISTIAN NAMES) COUTU (SURNAME)

REGISTER NO. D-15535
FILE NO. 405-C-17084
DATE 15-1-46
SERVICE NO. D-156533
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 14-9-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 14-9-44

		$	¢
A. TOTAL QUALIFYING SERVICE 570	NO. OF DAYS 571/30 EQUAL TO 19 COMPLETE PERIODS AT $7.50	142.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 275 LESS 1 INELIGIBLE DAYS, EQUAL TO 274 DAYS @ 25c. PER DAY	68.50	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	211.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY $ 1.50		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
	ADDITIONAL PAY $		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ $		
	TOTAL $ 2.75 X7 = $ 19.25		
	NO. OF DAYS 275/183 X$ 19.25	28.93	
D. WAR SERVICE GRATUITY		239.93	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		239.93	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	MJK

TREASURY	
CHECKED BY	DATE
A Carberry	26/1/46

Ken Lee Grant
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Louis Gerard Couto (Christian Names) (Surname) — Register No. D-155535

PAYEE'S NAME ESTATES (Christian Names) (Surname) — File No. 405-C-17084

ADDRESS ..... — Date 14-1-46

..... — Service No. D-156533

DATE OF TERMINATION OF OVERSEAS SERVICE 14-9-44 — Final Rank PTE

Date of Discharge 14-9-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 571/30 = 19 (1) Periods @ $7.50	142	50
B. QUALIFYING OVERSEAS SERVICE No. of days 275 less 1 Ineligible days, equal 274 Days @ 25c. per day	68	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	211	00
Daily Rate of Pay $ 1.50 ✓ Subsistence Allowance $ 1.25 ✓ Additional Pay $ — Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ 275 ✓ × 7 = $ 1925 ✓ No. of Days 275/183 × $ 1925 ✓	58	93
D. WAR SERVICE GRATUITY	239	93
Computed By Thornley ✓		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $	/	✓
Entered By Ly ✓		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $.....each)	239	93

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

$..... × 30 = $.....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

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

Register No. D.15535

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 6th. Sept. 1945

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

Service No. D-156533

Name ~~Louis Gerard Coutu~~
Christian Name Surname

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

(K.W. Rice) Captain,
for(A.R. Mortimore) Brigadier,
Paymaster-General.

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	nil	$ nil
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944 and amount of monthly assignment	Horace Coutu	25.00
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.	nil	nil
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	nil	nil

Sept 25 1945

A Surgeon
For Chief Treasury Officer,
D.A. & A.P. BRANCH

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

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

_____ 194___

_____
for C.T.O.

1975

FORM No. 1

Register No. D-15-5-35 Nominal Roll No. D-379

H.Q. File No. 405-C-17084

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D156533	Pte	COUTU	GERARD LOUIS
		(correct order)	LOUIS GERARD

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased ..... CARO ( )

2nd Enlistment ..... CARO ( )

3rd Enlistment ..... CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 2 FEB 43	T.O.S.	T.O.S.
S.O.S. 16 SEP 44 MD o/s	S.O.S. MD	S.O.S. MD
Total Days 591	Total Days	Total Days

Total Service ..... 591 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	316	20	296
Overseas Service	275	nil	275
Totals	591	20	571
Add Non-qualifying Service			20
Total Service			591

EMBARKATION DETAILS: T.O.S. 15 DEC 43

1. Date S.O.S. Overseas 16 SEP 44 2. Date S.O.S. Overseas .....

REMARKS: N.R.M.A. No: D 64216 30 NOV 42 TO 1 FEB 43. No service in Aleutian o/s
Peter North (clk)

Computer's Signature .....

Checker's Signature .....

Date Computed .....

KILLED IN ACTION 16 SEP 44
15 May 45

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	2 9 DEC 42	4 JAN 43		7	
AWD			4 JAN 43	5	12 ✓
AWL (3	days in hosp	15 mos)		4	
AWD			23 JUL 43	4	8 ✓

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M—7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

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(1) Nom de l'officier, ou soldat, ou aviateur.....COUTU.....GERARD LOUIS.....
(Noms et prénoms en entier et en lettres moulées)

(2) Matricule et grade.....

(3) Unité.....R.C. TANK/CORPS.....

(4) Êtes-vous marié?.....NON.....D. 156533.

(5) Si oui, donnez

(*a*) le nom entier de votre épouse.....NIL.....

(*b*) l'adresse postale actuelle de votre épouse.....NIL.....

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?.....NIL.....

Sinon, donnez-en les raisons.....NIL.....

.....

(7) Êtes-vous veuf?.....NIL.....

(8) Avez-vous des enfants?.....NIL.....Garçons.....NIL.....Filles.....NIL.....

Noms et âges.....NIL.....

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins.....NIL.....

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom.....NIL.....

Adresse postale.....NIL.....

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement? NIL

Dans l'affirmative, donnez son nom en entier et son adresse postale NIL

(11) Est-ce que votre père vit encore? OUI

Si oui, donnez son nom, son adresse et son emploi Horace Coutu St Felix de Valois Co. Joliette P.Q. MENUISIER CHARPENTIER

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? NIL

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement NIL

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? NIL

(14) Est-ce que votre mère vit encore? OUI

Dans l'affirmative, donnez son nom et son adresse Mme Fabiola Coutu St Felix de Valois Co. Joliette P.Q.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? NIL

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement NIL

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? NIL

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? NIL
Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté N

Nom en entier I

Adresse postale L

Montant de la contribution mensuelle au cours des six derniers mois NIL

(18) Êtes-vous assuré? NON

Si oui, dites dans quelle compagnie? NIL
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? NIL Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

(Signature de l'officier, soldat, ou aviateur) L. Coutu D.A.

Date 30 Janvier 1943.

Officier Commandant J.V. Bolduc Capt

Date 30 Janvier 1943.

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en sonséquence les questions qui se rapportent au père ou à la mère.