D163067
SOULIERES
JOSEPH ALBER

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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 SOULIERES JOSEPH ALBERT RENE (b) Reg'l. No. D-163067
2. (a) Arm of service ARMY (b) Unit R.C.A.S.C. 2nd Bn. Gp (c) Rank Pte
3. (a) Date of birth 1 Oct. 1922 (b) Have you any dependents? N (c) Place of residence at time of enlistment Montreal Que
4. (a) Place of enlistment MD No. One CANADA (b) Date of enlistment 17-7-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)
7. If you attended a university, give name of university and standing or degree secured 7 yrs P. School
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? Fr. (b) What languages do you read well? Fr.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

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

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

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

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

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

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

18. Name of employer McFarlane & Lefebvre Address Montreal Que
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Shoe Mfg
20. (a) Your specific occupation Shoemaker (b) Number of years' experience at this occupation with any employer 4 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Not (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Mechanic

NIL

DATE 1-7-42 194..... SIGNATURE René Soulières

Deceased ~~S.O.S. to 3rd F.M.R. Westmount 13-8-42~~
O/S 21-7-43

I. Regt. No. D-163067 Rank Pte Unit F.M.R. Date 6-8-42

Name Soulières, R. Age 19 Place of Birth

Date of Enlistment 17-7-42 Place of Enlistment Montreal-South Depot DD4

Languages spoken French R. Recruit A Med. Cat. A Place DD4

II.

Test	Score	S.M.	
1			SUB-TOTAL 38
2			S.M.
3			
4			SUB-TOTAL 38
5			S.M.
6			SUB-TOTAL 54
7			S.M.
8			
Total	130	S.M.	GRADE 111 (F)
9			

M. Test Date	Other Tests Name or Type	Date	Place	Score	Grade

III. Military Background

IV. Educational Background

7th year

V. Occupational Background

Shoemaker

VI. Arm Desired

Work in Arm Desired

VII.

WWC

O/S Released Sept 44

DRO

6 C.I.R.U.

I. Regt. No. D-163067 Rank Pte. Unit F.M.R. Date

Name Soulieres, Rene Age 19 Place of Birth Montreal

Date of Enlistment Place of Enlistment D.D.4 Depot No.4

Languages spoken French R. Recruit A A. Med. Cat. A Place

II. M. Test Date 17-7-42

Test	Score	S.M.	
1	16		SUB-TOTAL 38
2	13		S.M.
3	9		
4	22		SUB-TOTAL 38
5	16		S.M.
6	10		SUB-TOTAL 54
7	19		S.M.
8	25		
Total	130	S.M.	GRADE III
9			

Other Tests Name or Type | Date | Place | Score | Grade

III. Military Background

IV. Educational Background

8th Grade at 17 years of age.

V. Occupational Background

Edge trimmer in a shoe factory 1940-1942 on and off
Bread delivery 1940-1941

VI. Arm Desired

Work in Arm Desired

VII.

VIII. Summary

IX. Suggestions

X. Signature of Interviewer	N.C.O.	Officer

XI. Action Taken — Date of Action

Follow-up 2-2-43.- Score on M.-test 130. Completed 7th grade at 16 in 9 years. Machine operator in a shoe factory. Enlisted on 17-7-42. Basic and advance completed. Single. No illness . No accident. Interested in boxing. Does not abuse liquors. Average looking young man, with average intelligence, good learning ability, good sense of responsability and good emotional stability. Infantry "Rifle" Non tradesman.

J.Theo Lamontagne

(J.Theo.Lamontagne, Capt.)A.E.

Overseas 27-7-43. Normal health. Present allocation satisfactory.

28-8-43 Cl Bijis Jr.

Soldiers Qualification Card

D 163067 ✓ — Regt'l. Number
SOULIERES ✓ — Last Name
RENE (3) ✓ — First Name
Joseph (1) Albert (2) ✓ — Middle Names

Unit: 6 CIRU (26/8/43) CODED
1 Corps: Inf ✓

Nationality	By Birth	By Naturalization	Country of Birth
28 Canadian	✓		Canada

3 Racial Origin: 2
4 Language spoken in home: French ✓ Other: English:

5 Age: 21 (OCT '22) 6 Height: 5'11½ 7 Weight: 154 8 Silhouette: 1 2 3 4

Eyes 9 Colour of: Brown 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: E 7 8 S: (Grade completed)
Conduct during school life:

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:
20 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: 11 Written well:

24 Main occupation: Description: Estimate of skill:
7994 0952 Duration (from—to): Weekly Wage:
Employer's Name and Address:

50 "M"

Test	Score	SM	
1	16		S. Tot.
2	13		SM 38
3	9		
4	22		S. Tot.
5	16		SM 38
6	10		S. Tot.
7	19		SM 54
8	25		
Tot.	130	SM	Grade C
9			

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

52 MECHANICAL
Test:
Score: Grade:
Date:

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

53 TRADE TEST
1 Score: G. Date:
2 Score: G. Date:
3 Score: G. Date:
4 Score: G. Date:

54 OTHER
Test:
Score: Grade:
Date:

25 Second Most Important Occupation: Description: Estimate of skill:
Duration (from—to): Weekly Wage:
Employer's Name and Address:

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: 29 Auto: 30 Motorcycle:
31 Farm Tractor: 32 Tracked Vehicle: 33 Power Launch: 34 Aeroplane:
35 Accident Prone:

Farming Experience: Wide: Limited:
District: Type:

Job promised after discharge: By whom? Name:
Address:
Other provision for post-discharge occupation:
Type of work desired:
Occupational history: Ambitious: Accidental:
Stable: Erratic:

36 2 Material Status: M: S: ✓ W: D: Sep.:
Marital Problems: (Remarks)
Age of wife: Wife's attitude to Service: Wife's Health:
37 No. of Children: No. Brothers: No. Sisters:
Position in family: 38 No. Dependents: 0
Relationship of Dependents:
Status of home in childhood:

39 Hobbies: Photography M: S: Radio: Engines:
Mechanics: Other:
40 Sports: (1): (2): (3):
Team Games and Position (1):
(2): (3):
41 Ability to Entertain: Music: String: Brass:
Woodwind: Percussion: Piano: Vocal:
Theatrical: Other:

42 Previous Experience in Armed Forces

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

43 CURRENT SERVICE: Date Enlisted 17 July '42 Place Enlisted Mtl Sth

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
17/7/42	Canada	Inf	#4 DD	Pte.		
22/7/43	GB	✓	Vol de Que.	Pfr.		
26/8/43	✓	✓	#6 CIRU	✓		

A

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions ..... Major Offences 3/22 day pay Minor Offences .....

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

0

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority

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

Remarks re Outstanding or Limiting Factors

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

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

Reason for Joining Cdn. Army (if ascertainable) .....

48 Suggested Possibilities for Employment (1) .....

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

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

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

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

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Ernest Soulières,
3456, rue Cartier,
Montréal 24, 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-S-27,386 FD.478

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

7 novembre 194

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

SOULIERES, Joseph Albert René, Soldat,

D.163067, Armée Canadienne.

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.

OG/GC

ESTATES BRANCH NOV 22 1944 H.Q. OTTAWA. NATIONAL DEFENCE

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.....		Soulière Ernest	49	3456, Cartier
4	Mère du défunt.....		Labelle Bernadette	44	3456, Cartier
5	Frères du défunt	Frères germains	Soulière Marcelle	20	Soldat, Vancouver, B.C.
			" Georges	16	3456, Cartier
			" André	14	" "
			" Claude	2	" "
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Soulière Rita	19	3456, Cartier
			" Thérèse	18	" "
			" Denise	10	" "
			" Germaine	9	" "
			" Annette	7	" "
		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

8	Nom et
9	Date de
10	Lieu et
11	Lieu et
12	Lieu où
13	Indique défun chaq
14	Nature
15	Indique cas é
16	Indique mand
17	A-t-il nous
18	Si le dé ou da il ex cont
19	Avait-i poste l'adr vous
20	Monta défu
21	Monta diqu que
22	Si le nom des béné
23	Décrir mon beso
24	Après (a) po les (b) po Un éta form sign déta
25	Est-ce part ann par
	(I lorsqu du No du mo ment

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Soulière — Joseph-Albert-René
9	Date de sa naissance.	1 octobre 1922
10	Lieu et date de son mariage.	
11	Lieu et date du mariage de ses parents.	

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Montréal, Qué
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) Montréal, Qué (c) (d)
14	Nature de son emploi avant son enrôlement.	cordonnier
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.	Montréal

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.	
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.	
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.	$500: Prudential; $139. sa mère
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.	nous l'ignorons
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.	$30.00 Payé par Mr Ernest Soulière père

(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)

Received..... Checked..... Coded..... Observations.....

ORIGINAL
DUPLICATA
TRIPLICATA

OCCUPATIONAL HISTORY FORM COMPLETED

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

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

Unité F.M.R. (2ND BN) CA N° Matricule D-163067

OCC. HIST. F. COMPLETED

FINGERPRINTED

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom SOULIERES
2. Prénoms JOSEPH ALBERT RENE
3. Adresse actuelle 3456 rue Carttier,Montreal.,Que.,Canada
4. Date de naissance 1 Octobre 1922
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Cordonnier(Reparateur en Chef)
8. Marié, veuf ou célibataire Celibataire
9. Nom du plus proche parent M. Ernest Soulieres
10. Degré de parenté Pere
11. Adresse du plus proche parent 3456 Rue Cartier,Montreal.,Que.,Canada
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi? NON
    (Si oui, spécifiez l'unité et les dates de service) NON
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? (Oui ou non) NON
    (Si oui, spécifiez le numéro matricule et l'unité)
    (*b*) Quelque autre armée de mer, de terre ou de l'air? (Oui ou non) NON
    (Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918?
    (Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Joseph Albert Rene SOULIERES, 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 17 JULY 1942 x René Soulières
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, JOSEPH ALBERT RENE SOULIERES, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

x René Soulieres
(Signature de la recrue)

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

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

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

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

à MONTREAL SOUTH ce 17TH jour de JULY 19 42

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

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

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

5606-

État de service de SOULIÈRES JOSEPH ALBERT RENE N° matricule D-163067
(Nom) (Prénoms)

APTITUDES

Militaires NIL

Professionnelles ou commerciales NIL

Civiles ou de métier SHOEMAKER

Techniques NIL

Langues FRENCH

DEGRÉ D'INSTRUCTION

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

*Collège NIL

*Université NIL

7 YRS PUBLIC SCHOOL

(*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						
17.7.42	PMR	TOS NO. 4 DISTRICT DEPOT CA	PTE	17.7.42	4 DD	MTL STH	4 DD PT II -172	17.7.42
21-7-42	"	P.O.C.to his Unit Westmount Bks.West'mt.Que.	Pte	20-7-42	"	" "	" " 174	20-7-42
		SOS on trans to 3 Bn FMR CA Westmt while on command to the aforementioned	"	13-8-42	"	"	195	13-8-42
14-9-42	FMR	TOS on transfer from 4 DD Mtl Sth Was on the 31-8-42 admonished for AWL from 2230 hrs 28-8-42 to 2245 hrs 30-8-42 Absent 2dys 15 min.) Forf:-3 dys pay.	"14-8-42		FMR	Farnham	FMR D.O. 5	14-8-42
			"		"	"	11	31-8-42
30-1-43	"	Gramted new rate of pay of $/140 per diem	"	1-1-43	"	Valcartier	D.O. 16	28-1-43
12-2-43	"	Granted new rate of pay of $1.50 per diem	"	1-2-43	"	"	D.O. 23	10-2-43
13-2-43	"	SOS on transfer to Serial 1035, Sussex, N.B.	"	14-2-43	"	"	D.O. 26	13-2-43

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

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier SOULIERES Joseph Albert Rene Lieu Montreal,

Lieu Date 15-7-42

PARTIE 1. Renseignements obtenus de la recrue.

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

a. Rhumatisme no
b. Tuberculose ou pleurésie no
c. Bronchite ou asthme no
d. Affection cardiaque no
e. Maladie du rein ou de la vessie no
f. Affection stomacale ou intestinale no
g. Hernie no
h. Varices no
i. Mal aux pieds Corns on feet.
j. Affection nasale no
k. Maladie des oreilles no
l. Maladie des yeux no
m. Convulsions no
n. Maladie nerveuse ou mentale no
o. Syphilis no
p. Gonorrhée no
q. Avez--vous déjà porté des lunettes? no
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails no

René Soulières
(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) URINE N.
1 vacc left arm., X-RAY 132706V

2. Taille 5 pieds 11½ pouces. 3. Poids 154 livres

4. Teint Medium Yeux Brown Cheveux Brown

5. Développement Good (Bon / Passable / Médiocre)

6. Tour de poitrine—Circonférence, pleine expansion 36 pouces Degré d'expansion 2 pouces

7. Vue, droite 20-20 gauche 20-20 8. Ouie, droite cv 20 gauche cv 20

Avec lunettes, droite gauche

9. État de la bouche et des dents Tonsils removed Teeth good.

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
Reflexes normal., Heart & lungs normal.,
Color vision Ishihara CN. Ears nose throat neg. Dr. H. Michaud.

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"

Observations spéciales lorsque la catégorie est inférieure à A

E.E. Robbins Capt. J.C. Wickham Major G. Aumont Lt.
(Président) (Membre) (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JUL 17 '42	T.A.B.T. D. Marion Capt	12-2-43	Cat A Recg. C Aumont Lt
26/4/42	1/3 P.A.D. Capt	JUN - 2 1943 CAT. REAFF	A. Sauthe
JUL 17 '42	Typee R.M.		
9-9-42	Cat A confirmed P.A.D. Capt		
12-2-43	T.C.B.T. 3rd D. d'Amours Capt		
FEB 19 1943 CAT. REAFF	W.J. Leggett Cpl		

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

N° matricule D-163067 Grade PTE Nom SOULIERES Prénoms JOSEPH ALBERT RENE

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

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

Regimental No. D-163 067. Rank R.F.M.

Sheet No.

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

Name Soulieres J.A.R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
T.O.S. to this Unit From le Regiment F.M.R. W.E.F. 15-2-43	R.F. M.	15-2-43	V.DE.Q.	Sussex	38	16-2-43
Embarcation Leave & m.a. from 1-3-43 to 7-3-43	"	1-3-43	"	"	48	1-3-43
Awarded 14 days C.B. and forfeits 7 days pay Total fot. of pay 16 days for 15 days 8 hrs A.W.L.	RFM.	26-3-43	"	Sussex	70	26-3-43
7 Days furlough from 23 to 29 June 43inc	"	23-6-43	"	ALDERSHOT	145	22-6-43
A.W.L. from 0010min 3-7-43 to 1200hrs 5-7-43 To forfeit 3 days pay	"	3-7-43	"	"	157	6-7-43
S.O.S. C.A. (Can.)	"	21-7-43	"	"	168	20-7-43
T.O.S. C.A. (O/S)	"	22-7-43	"	O/S	1	4-8-43
Disembarked U.K.	"	28-7-43	"	"	1	4-8-43
SOS SOS to 6 C I R U	Rfn	25 Aug 43	V de Q	UK	13	24 Aug 43
TOS TOS from V de Q	Rfn	26 Aug 43	6 C I R U	UK	176	26 Aug 43
SOS SOS						
TOS TOS						
(C15) SOS SOS SOS R22R X List to R22R	Pte	23 Dec 43	XL R22R	NA	44D	31 Dec 44
(C15) TOS TOS from R22R X List	Pte	24 Dec 43	R22R	NA	61	31 Dec 43
(C19) SOS SOS To Hot Dog		25 Oct 43	6 C I R U	UK	229	26 Oct 43
(C15) TOS TOS R22R X List		28 Oct 43	X.L. R22R	NA	38-A	23 Nov 43
S.O.S. C.A. (U.K.) on embarkation 27 Oct 43						
T.O.S. C.A. (U) 28 Oct 43			X.L. R22R	NA	38-A	23 Nov 43
Disembarked 9 Nov 43						
C84 SOS SOS to R22R X List	Pte	15 Jan 44	R22R R22R	CMF	5	29 Jan 44
TOS						
SOS						
684 TOS TOS from R22R X H list (4 Bn)	Pte	25 Jan 44	R22R	CMF	6	5 Feb 44
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP		17 Feb 44	R22R	CMF	12	17 Mar 44
(C19) Sec 24(2) AA awd forf 2 days Pay. Stop of Pay 2/9	Pte	12 Nov 43	X.L. R22R	NA	38-A	23 Nov 43

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

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
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
SOS (CIA) SOS 70 X- list R22R	Pte	8 Apr 44	R22R	AA1 gt	16	14 Apr 44
M78 TOS TOS from X4 list R22R (1 Bn)	Pte	9 May 44	R22R	AA1 gt	20	12 May 44
M106 Awd. Forf. of 9 Days. Pay. AA15 AA40	Pte	13 May 44	R22R	AA1	22	26 May 44
M186 M140 SOS Killed in Action	Pte	14 Sept 44	R22R	AA1	A 44	23 Sep 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit F.M.R. (~~2nd~~ 3 BN) CA. Regimental Number D-163067

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	SOULIERES	C. I. C.	~~Vol. de Quebec~~
2. Christian Names	JOSEPH ALBERT RENE		R 22 R
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank	Pte		
giving date	July 17/42		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	MTL. QUE. CAN.	(18) Medical	
5. Date of birth as declared on attestation (A)	OCT. 1st, 1922		
6. Date of enlistment	17-7-42	Category "A"	Date 15-7-42 Authority M.F.M. 2
7. Place of enlistment	MTL. STH. QUE. CAN.		
8. Residence at time of enlistment	3456 CARTIER ST, MTL. QUE. CAN.		
9. (B) Special conditions (if any) of enlistment or rate of pay		A reaff	12-2-43 " "
10. (C) Any subsequent variations of conditions of service		A	2-6-43 "
11. Religion	R.C.		
12. If married, state date	SINGLE	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	SHOEMAKER		
14. Corps, trade and grade		M. Ernest Souliers (Father)	
15. (D) Qualifications		3456 Cartier St	
16. (E) Miscellaneous entries		Mtl Que Can	
		(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
		1st Vol de Que	S.W.S. Cdn Army Canada	Cdn.	21-7-43	Offr	D.O. No 168 d/20-7-43
		"	T.W.S. Cdn Army Overseas	C/S	22-7-43	"	D.O. No 1 d/4-8-43
		"	Disembarked	U/K.	28-7-43	"	D.O. No 1 d/4-8-43
		"	S.O.S. on leave to No 6 C.I.R.U.	"	25-8-43	"	D.O. No 130 d/5-8-43
		6-C.I.R.U	T.O.S. on posting fr. 1st Bn. Les Vol de Que.	"	26-Aug 43	"	176 - 26 Aug 43.
		"	~~S.O.S. to Hosp (attd Andale 289/280)~~	"	~~11 Sep 43~~	"	~~191 - 12 Sep 43~~
		"	Granted P.L. 9 days	"	17 Sep 43	"	200 - 22 Sep 43
		OCIHU	SOS on posting to "HOT-DOG" (Auth 269/CO)	U.K.	25 Oct 43		229-26 Oct 43
			SOS QA (UK) ON EMBARKATION AT UK ON 27 Oct 43				
			TOS QA (M) ON TRANSFER ON 25 Oct 43 AND DISEMBARKED AT ITA				9 Nov 43
	dd	X4	SOS X-4 Unit BD	M	28 Oct 43	Pte	38 A/43
	~	X4	AA24(2) Hosp 2/9 t to 12 days pay AR 144(2)	~	12 Nov 43	~	~
	~	BD	Posted to X4 Unit (4 Bn)	~	21 Dec 43	~	44A/43
	L	Bn	SOS to R22eR	~	23 " 43	~	~
	~	R22eR	TOS from X4 Unit (4 Bn)	~	24 " 43	~	61/43.
	R22eR	~	SOS 6 X-3 Unit	~	15 Jan 44	~	5/44
	~	X3	TOS from R22eR	~	16 Jan 44	~	8A/44
	~	4 Bn	Posted to X4 Unit (4 Bn)	~	23 Jan 44	~	~
	~	R22eR	SOS to R22eR.	~	24 Jan 44	~	8/44
			TOS from X4 Unit 4 Bn	2d	25 Jan 44	"	6/44
		X3	adm 4 CFA Unity		15 Jan 44		{17/44
					22 Jan 44		
8 Apr 44.	3011B	R22eR	SOS to X3 Unit R22eR	"	8 Apr 44	"	16/44
	K22eR	X3	TOS from R22eR	M.	9 Apr 44	Pte	x31/44
2 Apr 44	"	X4 (1Bn)	Posted to X4 (1Bn)	M.	24 Apr 44	Pte	x38/44
8 May 44	CR64	~	SOS to R22eR	~	8 May 44	~	x42/44
9 May 44	3011A.	R22eR.	T.O.S from X4 Unit R22eR (1 BN)	Fld.	9 May 44.	Pte	20/44.
15 May 44	3011a	R22eR	Awarded a forf. of 7 days for an off. under (1) Sec A.A. 15 (1) (Absent 10 hrs) (2) Sec A.A. 40 (3) Sec A.A. 15 (1) (Absent 23 hrs 45 mins). Forfs 2 days pay under FR & I 149 (1) (a). Forfs 7 days pay under FR & I 149 (2) Total forfs 9 days pay.				
AFW 3014 Ser	3619 P.64	R22eR	SOS - Killed in action.	Fld.	13 Sep 44	Pte	22/44
				Field	14 Sep 44		52/44.

SERVICE AND CASUALTY FORM

M.F.M. 4 (a) (Part II)
40/P & S/412 (2640)

(PART II)

Regiment or Corps R22eR Regimental Number D-163067

Substantive Rank PTE Surname SOULIERES Christian Names J.A.R.

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 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 shown
	R22R	X3	Admitted to 1 C.C.S.	Field	10 apr 44	Pte	X37/44
	"	"	" " 2 Div 1 C.C.D	"	18 apr 44	"	X40/44
	"	"	" " 151 F.A.	"	8 apr 44	"	
	"	"	Discharged 2 Div 1 C.C.D	"	23 apr 44	"	

No. D163067 Name SOULIERES, R. Sqn., Battery, or Company HC Corps C. I. C. Date of enlistment 17/7/42 G.C. Badges Service or Proficiency Pay

M.F.M. 6 C
(A.F.B. 122)
40/P & S/136 (2637)

Date of last entry in Company Conduct Sheet | No. and date of last drunk | Period not reckoning towards freedom from extra fine | Sheet No. 2 | Signature O.C. Company, etc. [signature] Character

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
OLD SHEET DESTROYED				17/1/43 LAST ENTRY 5/6/43		NO CASE OF DRUNKENESS		NIL	[signature]
FIELD	29/1/43	PTE.		Neglect to prejudice of good order etc. (AA 40.)	SGT. DUHAMEL L/CPL HOUDE	7 days C.B.	29/1/43		[signature]
FIELD	8/3/43	PTE.		A.W.L. from 1200 hrs. 8/3/43 till 2200 hrs 23/3/43 - Total absence 15 days, 8 hrs. A.A. 15(1)	~~CPL CHIASSON~~, CPL BLANCHET	7 days pay 14 days C.B.	24/3/43	Lt Col. J.A.G. Roberge	Forfeit 16 days pay FR 149(1)(a) Total forf. 23 days pay [signature]
FIELD	5/7/43	PTE.		Overstayed his leave from 3/7/43 at 0010 mins, till 1200 hrs. 5/7/43 - Total absence 2 days, 12 hrs. A.A. 15(1)	SGT. TURGEON	2 days C.B.	6/7/43	Maj. J.M. Corbett	Forf. 2 days pay [signature]

(P.T.O.)

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	3/10/43	PTE.		AA 15(1) A.W.L. Absented himself from Church Parade at 0900 hrs. till 1000 hrs. 3 Oct (1 HRS).	SGT. J.E. LEFEBVRE L/CPL. DUBREUILLE	3 days C.B.	~~14/10/43~~	~~Maj. J.E.M. Strickland~~	
In the Field	11 Nov 43	Pte		AA Sec 24(2) was found deficient of one emergency ration		2 days pay	12 Nov 43	W.P. Bristowe Lt-Col.	stoppage 2/9 for 2 days pay FR. 149(2)
In the Field.	18 Nov 43	Pte.		AA Sec 40 - found to have arranged his kit in an improper manner.	csm Lafortune.	5 days C B.	19 Nov 43	PE Beaudoin Capt.	

No D.163067 Rank Private Name SOULIERES, Rene Joseph Albert

Unit Royal 22e Regt. Date of death 14th Sept., 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-S-27386

N/K Mr. Ernest Soulieres, Relationship Father

Address 3456 Cartier Street, Montreal 24, Quebec.

Remains buried in R22eR Cem. Grave 7 MR 963882 Italy Cemetery
1/50,000 109/1 Pesaro.

Grave location

GMK ✓

OVER

REBURIAL

Gradara British Empire Cemetery,
Gradara, Italy.

Plot 1, Row G, Grave 39

H1 & CR Form Despd. JAN 29 1947

Photographs
Despatched
JUN 21 1947

Town BR sent to N.K. & Map

CAN. MESSAGE DESP'D. OCT 17 1944

ROYAL MESSAGE DESP'D. OCT 30 1944

RETURN TO BUR. OF STATS. OCT 15 1945

BURIAL REPORT TO N.K. OCT 6 1945

Part II D.O. No.	Date	
172	17-7-42	TOS DD4 & Posted to "E" Wing wef 17-7-42
174	20-7-42.	POC to his unit 2nd Bn FMR Westmt. Brks. and is posted to "C" Wing. w.e.f. 20-7-42.
195	13-8-42	SOS on trans to 3 Bn FMR Westmt Brks. wef 13-8-42
5	14-8-42	TOS 3 Bn. FMR wef 14-8-42
11	31-8-42	AçWçLç from 2230 hrs wef 28-8-42
11	31-8-42	Awarded 3 days forfeiture of pay for being absent from 2230hrs 28-8-42 to 2245hrs 30-8-42
14	11-9-42	Granted 4 days R/ALL
65	15-11-42	5 days. R/A
26	13-2-34	SOS on transfer to Serial 1035 Sussex N.B. wef 14-2-43
38	16-2-43	TOS this unit from F.M.R. w.e.f. 15-2-43
48	1-3-43	7 days F/A from 1 to 7-3-43 inc.
60	15-3-43	AWL. from 1200 hrs. 8-3-43.
70	26-3-43	Forfeits 7 days of ord. pay for AWL. from 1200 hrs. 8-3-43 to 2000 hrs. 23-3-43 Total for. feiture of pay 23 days pay.

No. D-163067 RANK Pte NR NAME SOULIERES Jos. Albert Rene *Married *Widower *Single

Place of {*Appointment *Enlistment} Montreal South, Que. Date of {*Appointment *Enlistment} 17 Jul 42

RATE OF PAY NR 213

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
172	17-7-42	Pte		A.S.	1.30		enl 17-7-42
16	28-1-43	"		a	1.40		wef 1-1-43
23	10-2-43	"		a.	1.50		wef 1-2-43

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Mrs. Bernadette SOULIERES		20.00
3456 Cartier St.,		
Montreal, Que.	Aug. 42	
~~4th. Vic. Boul~~	1-8-42	~~8.40~~
(Mother)		28.40
Total.....		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

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

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

*Delete words which are inapplicable.

JPM

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed..... Yes.

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

CARD SEQUENCE NO:

NO: RANK NAME

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
145	22-6-43	7 Days F/A from 23 to 29 Juin 43 inc.	
157	6-7-43	A.W.L. from 0010 min 3-7-43 to 1200 hrs 5-7-43 To forfeit 3 days pay.	
168	20-7-43	S.O.S. Canada eff. 21-7-43.	
1	4-8-43	T.O.S. Overseas eff 22-7-43	
13	25-8-43	S.O.S to No 6 C.R.U Eff-25-8-43	
176	26.8.43	Tos 6 C.R.U p Vall de Que wef. 26.8.43	
191	12.9.43	SOS-6 C.I.R.U to Airectale 12.9.43	
200	22.9.43	Grant 9 days. P.L + R/A = fr 17 to 26.9.43	
229	26.10.43	SOS 6 C/RU to Hot Dog eff 26.10-43	
38A	23-11-43	TOS 1 Bn 1 CBRD wef 9 Nov 43.	
38A	23-11-43	Forfeits 2 days pay & stop of 2/9 wef 12 Nov 43. SOS to 4 Bn 1 CBRD wef 17 Dec 43.	
CR		Tos fm 4 Bn CBRD 24.12.43	
CR.	17.1.44	Sos to R22cR x 3 List wef 15-1.44. Sick	
CR		Tos fm 4 Bn CBRD 25.1.44	
12	17-3-44	Awarded CVSM + clasp 18-2-44	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
CR	8-4-44.	Sos to R22eR X-3 List wef 8-4-44.	Sick
38	30.4.44	TOS 1 Bn 1 CBRD X-4 R22R.	24 apr 44.
		SOS to R22R	8.5.44
CR	9-5-44	Too R22R 9-5-44	
22	26-5-44	On 13 may 44 forf 9 dys pay.	
CR	18-4-44	Killed in Action 14-4-44	

LOWE-MARTIN CO. LIMITED D85951

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Ernest Souliers Father

ADDRESS: 3456 Cartier St., Montreal 24, Que.

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 2951

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS (FRENCH)

MOTHER Mme. Bernadette SOULIERES, (MFM-5)

1788

ADDRESS: 3456, rue Cartier, MONTREAL 24, P.Q.

(3)
DESP. JAN 23 1945
REGN No. 11745

aw

14-9-44

AWARDS—CANADIAN ARMY (ACTIVE)

1788

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SOULIERES, Joseph Albert Rene	D.163067	Pte.	Royal 22e Regt.

FILE NO. 405-S-27386

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	384 25/1/50
War Medal CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D163067 RANK Private SERVICE UNIT Royal 22nd Regiment (CA)

NAME SOULIERES, Joseph Albert Reno

DATE OF BIRTH
DAY 1st MONTH October YEAR 1922 Religion Roman Catholic

MARITAL STATUS Single Date of Enlistment 17-7-42

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

ADDRESS 3458 Cartier St., Montreal 24, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1242A H.Q. 405-S-27,386

CASUALTY DETAILS Killed in Action DATE 14-9-44

MEDITERRANEAN

French

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NAS YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 7-10-44

S/L 2940
O/C with Les Volt de Que.

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

To be made out in duplicate

M.F.M. 5
45M—6-41 (664-5)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

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

---

(1) Name of Officer or Other Rank SOULIERES
(Surname first—Christian names in full—Block capitals)
JOSEPH ALBERT RENE

(2) Regimental or Official Number and Rank D-163067 PTE

(3) Unit F.M.R. (2nd BN) CA.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife
NIL

(*b*) Present postal address of wife

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

(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

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?.....

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

NIL

.....

(11) Is your father alive? YES

If so, state name and address, occupation Mr Ernest Soulieres Shoe maker

3456 Cartier St, Montreal, Que Can.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(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.....

.....

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

(14) Is your mother alive? YES

If so, state name and address Mrs Bernadette Soulieres

3456 Cartier St, Montreal, Que Can.

(15) If your mother is a widow, are you her sole or partial support? NO

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

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?.....

(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 .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? YES

If so, in what Company? Metropolita Life Ins Co.

(Give number of policy)

.....

Have you made arrangements for payment of your Insurance Premium? NO ~~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.

René Soulieres

(Signature of officer or man)

Date 16-7-42

L P Bastien Jr

Officer Commanding.....

Date 17-7-42

NO. 4 DISTRICT DEPOT A.F.

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

F.T.

F1

Mr. Ernest Soulieres,
3456 Cartier Street,
Montreal 24, Quebec.

Dear Mr. Soulieres:

It was with deep regret that I learned of the death of your son, D163067 Private Joseph Albert Rene Soulieres, who gave his life in the Service of his Country in the Mediterranean Theatre of 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

7

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

Street: | No. | Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: SOULIERES (Block letters)

Given names: Joseph Albert Rene

Do not write in this space

4. RESIDENCE

Street: Cartier St. No. 3456

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: Oct. (Month) 1st (Day) 1922 (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.: Cordonnier

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	SOULIERES, Ernest	
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.....19..... (Month) (Day) (Year)

OCT 5-

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Sept. (Month) 14th, (Day) 1944 (Year)

23. I HEREBY CERTIFY that I attended deceased from

.....19..... to.....19.....

and last saw h.....alive on.....19.....

24. CAUSE OF DEATH

I

Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) 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**.....

OVERSEAS CASUALTY CANADIAN ARMY

OCT 15 1945

Signed.....M.D.

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

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

[signature]

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 Natl. Defence

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
35M—7-41 (1218)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, René Soulière (Nom au long), de la paroisse de Immaculée Conception, dans le Comté / District de Montréal, Province de Québec, Shoe maker (Occupation civile), N° matricule D-163067, Unité Voltigeurs de Q., révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à

mon père
Mr. Ernest Soulière
3456 Rue Cartier
Montréal P.Q.

tous mes biens.

Noms et adresse des bénéficiaires résiduaires

(3) Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) Je nomme Mr. Ernest Soulière (Nom)
3456 Rue Cartier Montréal P.Q. (adresse) exécuteur / exécutrice de mon présent testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

En foi de quoi j'ai signé ce 10 ème jour de aout A.D. 19 43

René Soulière
(Signature du soldat)

(5)

Signature du premier témoin ..... (Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin ..... (Adresse)

(VOIR AU VERSO)

File No 405-5-27386

R E B U R I A L

NO 163067 D.~~63067~~

RANK Private

NAME SOULIERES, J. A. R.

NAME OF CEMETERY GradaraBritish Empire Cemetery

LOCATION OF CEMETERY Gradara, Italy

GRAVE LOCATION Plot 1, Row G, Grave 39

AUTHORITY 54-27-88-2 Vol. 16

Reburial list.

2nd

QG 405-S-27386 D.R. 2(d).

le 6 octobre 1945.

Monsieur,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le soldat Joseph Albert René SOULIERES, matricule D-163067, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 39, rangée G, lot 1, du cimetière de l'Empire Britannique de Gradara, à Gradara en Italie. 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,

M. Ernest Soulières,
3456, rue Cartier,
Montréal 24, Qué.

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

/MA

24

Q.G.405-S-27386 R.4(b)

le 21 juin 1947.

Monsieur,

Je vous envoie sous ce pli une photographie de la tombe et du monument commémoratif qui marque la sépulture de votre regretté fils, le soldat Joseph Albert René SOULIERES, matricule D-163067, inhumé dans la fosse 39, rang G, lot 1, du cimetière de l'Empire Britannique Gradara, à Gradara, en Italie.

Toute erreur paraissant dans l'inscription sera corrigée au moment de l'érection de la pierre tombale permanente.

Veuillez agréer, monsieur, mes respectueuses salutations.

Pour l'adjudant général,

Pièces jointes

(H.M.Jackson) lt-colonel,
directeur des archives.

M. Ernest Soulières,
3456, rue Cartier,
Montréal, 24,
P. Qué.

/BP

Montreal 10/9/45

Monsieur

En reclamation pour gratification de service de guerre dont je crois avoir droit mon fils soldat. Joseph. Albert Rene Soulieres no D163067 tue au combat en Italie 14 sept 1944 Rene s'enrola volontairement en juin 1942 fut envoyer outremer en juillet 1943 et rapporte tue officilement 14 sept 1944

Je vous donne ces details croyant vous aider a retracé son dossier j'espere que vous prendrez ma reclamation en consideration

Bien a vous

Mr Ernest Soulieres

3456 Rue Cartier

Montreal (24)

Jne

RECEIVED
SEP 12 1945
PAYMASTER GENERAL
W.S.G. Branch

Montreal le 7

Monsieur.

Je vous ecris pour vous demander si vous voulez bien me faire parvenir tous les effets qui appartenait a mon fils tué en Italie le 14 Sept 1944 ainsi que l'argent dont j'ai droit de reclamé et j'ai confiance que vous me ferai parvenir tout ce qui me revient et vous connaissez beaucoup mieux que moi se qui me revient Mon fils portait le Nom. Joseph Albert Rene Soulieres No D163067 Je viens de voir qu'il y a une erreur dans notre lettre que je vous retourne elle porte le No D163 967. peu être cela vous évitera des recherches

Bien a Vous

Mad Ernest Soulière

3456 Cartier. Street

Montreal 24

Qué

ESTATE BRANCH NOV 7 1944 N.D.Q. OTTAWA

SOULIERE, J.A.A.

Montreal 20/8/45-

ESTATES BRANCH
AUG 20 1945
N.D.H.Q.
OTTAWA
NATIONAL DEFENCE

Monsieur.

Je vous ecris pour vous demander des
resengement sur la succession du
soldat. Joseph Albert. Ernest Soulière
No. D. 163067. Mort en Italie 14 Sept 1944
Je nai rien reçu encore ni de ces effets
personel ni la balance de son due Je
comprends tres bien qu'il faut beau
coup de temps pour regler tout cela
mais je suis impatient d'avoir
des nouvelles. Je voudrais savoir
aussi si un soldat tué outre mer
a droit a $15.00 par mois de plus
que sa paye le temps qu'il ont servis
outre mer et $7½ pour le temps
de leur son entrainement au Canada

Je demeure Votre tout

Devoue

Mr. Ernest Soulière
3456 Rue Cartier
Montreal

DISTRIBUTION OF SERVICE ESTATES

ARMY

AM Estates Form "P. 4"

Name: SOULIERES, Joseph A.R., No.: D-163067
Surname Christian Names

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

AMOUNT

L.P.C. ..... $ 134.89

Date: 26 July 45 Other Credits .....

Total 134.89

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Ernest Soulieres, 3456 Cartier St., Montreal 24, P.Q. (Sole beneficiary under will)	134.89 R

P4. TO TREAS. 1-10-45, Q.M.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	134.89

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name SOULIERES Joseph A.R. No. D.163067
Surname Christian Names

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

AMOUNT W.S.G. 332.88
L.P.C. $ 134.89

Date 29-3-46

Other Credits.....

Total..... 467.77
Prev dist. 134.89
Prev dist. 332.88

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Ernest Soulieres 3456 Cartier St., Montreal 24, Que.	332.88
		(Sole beneficiary under will	
		DO NOT REMOVE FROM FILE	
		P4. TO TREAS. 10-4-46 N.R#104	W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	332.88

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.W.K.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

File No 405-8-27386

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. H-163067 Name Souliéres, Joseph Albert Rene.

Rank on Discharge pte. Date of Discharge 14-9-44.

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 17-7-42.	to 21-7-43	
	from	to	
United Kingdom	from 22-7-43.	to 27-10-43	
	from	to	
Italy	from 28-10-43	to 14-9-44	N/a
Northwest Europe	from	to	
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star oh

Italy Star oh

~~France-Germany Star~~

Defence Medal NE

War Medal oh

Canadian Volunteer Service Medal Soh

with clasp

M

Verified by D Baker

Date 22-8-46

Carded AUG 23 1946

AD

NO RIBBON DESPATCH

HA 165

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.163067 Rank and Name Soulieres, J.A.R. Pte.

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

(Transfer or Discharge).....to.....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 Sept. to 30th Sept. 1944. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	109	89
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	20	00	Allowances (give particulars) .....days at $		
Regimental Charges					
Public Stoppages (give particulars) :					
To Balance Cr — Free	134	89	By Balance Dr		
To Balance Cr — Deferred					
Total	154	89	Total	154	89

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

Remarks

Assigned Pay $20.00 (M) Stopped eff. October, 44.

Compiled by A. Bell,

Checked by O.M.Burns

Date 18th April, 1945.

Certified correct for Chief Treasury Officer, Overseas

AR.