

D46757
BALDWIN
WILLIAM STEWA

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St. Permalys

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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

Section A—GENERAL INFORMATION

1. (a) Print name in full Baldwin William Stewart (b) Reg'l. No. D-46 757
 2. (a) Arm of service Infantry (b) Unit Sherbrooke Fusilier Regt (c) Rank Private
 3. (a) Date of birth 16 Dec 1920 (b) Have you any dependents? No (c) Place of residence at time of enlistment Glen Sutton Que
 4. (a) Place of enlistment Place Victoria Montreal (b) Date of enlistment 31 Oct 1940

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 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.) Public School 5 yrs.
 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? No (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
 9. (a) What languages do you speak fluently? (b) What languages do you read well?

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? Nil
 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. Nil
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. Nil
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment. Nil
 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 Wyss Paul Address Glen Sutton Que
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farming
 20. (a) Your specific occupation Farm Hand (b) Number of years' experience at this occupation with any employer 6 yrs
 21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment?

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? Nil
 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? Yes (c) If so, in what kind of farming? Mixed
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 6 yrs (c) In what provinces did you have experience? Quebec

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

DATE April 10th 1941 SIGNATURE

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Louisa BALDWIN (MOTHER)

ADDRESS: Box 291 W., 678 Court St.,
WATERLOO, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Louisa Baldwin (ENGLISH)

1911

ADDRESS: Box 291 W., 678 Court St., Waterloo, Que.,

MEMORIAL BAR

(1)
DATE DESP.....

REGN. NO *2182*

(2)

(3)

DESP. APR 16 1945

REGN No. *17718*

20-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

M

1911

500M-1-44 (3467) FEB.
H.Q. 1772-45-8

BALDWIN, William Stewart		D.46757	Tpr.	FILE No 405-B-31443 4th Armd. Bde.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	2127
Defence Medal	13-10-49
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

NO D.46757 Rank Trooper Name BALDWIN, William Stewart

Unit RC.A.C. H.Q. 4 ARM'D BDE Date of death 20th Aug., 1944.

Died at WESTERN EUROPE
Previously reported missing in action has now for
Cause official purposes been presumed killed in action.

Death occurred on strength of Forces H.Q. 405-B-31443

N/K Mrs. Louisa Baldwin Relationship Mother

Address Box 291 W. 678 Court St., Waterloo, Quebec.

Remains buried in _____ Cemetery

BAYEUX MEMORIAL

CHK

Grave location _____

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. **OCT 25 1946**

ROYAL MESSAGE DESP'D. **APR 11 1945**

CAN. MESSAGE DESP'D. **APR 6 1945**

No. RANK NAME

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
5	29-1-44	awarded C.V.S. M.C. w. ef. 18-1-44	
9	25-2-44	attd fap to 3 C.A.C.R.V. while on wireless Crse w. ef. 18-2-44	
12	17-3-44	Beases attd fap to 3 C.A.C.R.V. w. ef. 9-3-44	
14	31-3-44	On 21-3-44 awarded 10 days forf of pay for an offence under A.A. 4D.	
16	14-4-44	grd 7 days P.L. & 48 hr pass with P.A. w. ef. 21 to 30-3-44	
14	31-3-44	forfeits one Good Conduct Badge w. ef. 21-3-44	
18	28-4-44	attd fap to 3 C.A.C.R.V. while on wireless Crse w. ef. 16-3-44	
20	12-5-44	Beases attd fap to 3 C.A.C.R.V. w. ef. 3-5-44.	
21	19-5-44	Qua "Q-1" in wireless crse CAC - op 4 w. ef. 29-4-44	
23	3-6-44	Qua op crse "c" w. ef. 1-5-44	
23	3-6-44	estd T.P. op CAC "c" w. ef. 1-5-44	
33	5-8-44	S.O.S. UK eff 20-7-44 T.O.S. France w. ef. 22-7-44	
CR110	23-8-44	S.O.S. HQ CAB. to X6 List w. ef. 20-8-44 "op CAC "C" "Missing"	

4 C.A. Bde

Sherbrooke Fusiliers Regiment CASF

NAME..... BALDWIN WILLIAM STEWART

REGIMENTAL No. D-46757 RANK..... ~~Pte.~~ Tpr.

ENLISTED AT..... Montreal, Que. CANADA PROMOTIONS, ~~SALES~~ ETC. AND DATE.....

DATE..... 15 October 1940.

IF SERVED PREVIOUSLY, STATE UNIT, ETC.....

MARRIED, WIDOWER OR SINGLE..... Single

NEXT OF KIN..... ~~Andrew Baldwin~~ RELATIONSHIP..... ~~Father~~

ADDRESS OF..... ~~Glen Sutton Que. - Canada (Post Office)~~

ASSIGNMENT OF PAY, \$ 20.00 November 1940. *1.00 Mar*

ADDRESS..... Same as above *w/s*

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT..... N-E AMOUNT OF AWARD.....

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER..... M. F. M. 14

IN WHOSE FAVOUR..... Mother (Mrs. Louisa Baldwin) 120M - 7-40 (6128-9) H. Q. 1772-39-1662

WB

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
TOS DD 4	260	15-10-40	eff 15-10-40
SO.S tran to Sherbrooke	273	30-10-40	eff 30-10-40
T.O.S. Sher. Fus. Regt	65	1/11/40	w.e.f. 31/10/40
Granted furlough	87	25-4-41	from 17 to 30-4-41
Att. 16th AA rations	19	26-1-42	for four days
Transf. HQ 4th Div.	9	27-3-42	w.e.f. 26-3-42
Att. for all purposes	9	27-4-42	w.e.f. 27-3-42
Ceases to be att.	25	17-4-42	w.e.f. 17-4-42
Att'd H.Q. 4 C.A. Bde all purp	25	17-4-42	w.e.f. 17-4-42
Ceases to be attached to 27 Cdn. Armd ^{bde}	34.	18-4-42.	Regt. for pay eff 17-4-42
On command to Cdn Army Trades School and ceases attached to			27 Cdn. Armd Regt. for duty, ration & quarters eff. 17-4-42.

M. F. M. 14

300M-5-41 (323-4)

H. Q. 1772-39-1662

NO. **D46757**

CARD TWO
N-O-K. Mrs *Louisa Baldwin* (Mother) *678 Court St., Waterloo, Que.*

RANK **Tpr.**

NAME

BALDWIN

WM.

Stewart

*MARRIED

*WIDOWER

*SINGLE

PLACE OF ENLISTMENT

MONTREAL

P.Q.

DATE

15-10-40

RATE OF PAY

op CAC "C"

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
260	15-10-40	TPR.			1.30		
<i>13</i>	<i>30-3-43</i>				<i>1.50</i>		<i>WEF 1-1-43</i>
<i>23</i>	<i>3-6-44</i>	<i>Tpr.</i>	<i>C</i>	<i>A.S.</i>	<i>1.75</i>		<i>wef 1-5-44</i>

ASSIGNMENTS

DEPENDENTS' ALLOWANCES

NO.

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL	DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
WAR SAVINGS	1-3-	1 00		OTTAWA			
Mrs. Louisa Baldwin	1-11-40	20.00		Olen Sutton, P.Q.	(Mother)		
				P O Box 53, Waterloo, Que.			
TOTAL		21 00					

OUTFIT OR CLOTHING } ALLOWANCE \$

PAID ON

REHABILITATION GRANT \$

PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) \$ P.A.

OCCUPATIONAL FORM COMPLETED *Yes*

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, William Stewart BALDWIN, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County of Hochelaga
District

Province of Quebec, Canada, Farmer
(Civil Occupation) Reg't (CASF)

Regimental No. D-46757, Unit Sherbrooke Fusiliers, 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 Mother, Mrs. Louisa BALDWIN, residing at, Glen Sutton, Quebec, Canada, (Post Office) all my real and personal property and my personal effects."

W. S. B.

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

W. S. B.

(4) I appoint _____
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 15 day of Oct.
1940.

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.

Wm Stewart Baldwin
(Signature of soldier)

First witness sign here.

(5) Signature Jos Parent jr
Civil Address 3972 Masson Montreal Que
Civil Occupation musician

Second witness sign here.

Signature L. B. Dunning jr
Civil Address 5642-14 St Hfe
Civil Occupation jechain

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

X



H
17-4-A

Mrs. Louisa Baldwin,
Box 291 W. 678 Court St.,
Waterloo, Quebec.

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

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

and the following number quoted:—

H.Q. 405-B-31,443 FD 291

B.F.H.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.



April 16 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BALDWIN, William Stewart, Tor. D. 46757

Canadian Army

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

WR Howard Capt
Director of Estates.

WRH/HO

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	/		
2	Children of the Deceased and dates of their Births.....	/		
3	Father of the Deceased.....	Andrew Baldwin	57	678 Court St Waterloo - Que
4	Mother of the Deceased.....	Louisa Lloyd Baldwin	64	do
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		Mary Elizabeth
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any).	Address of their children	
	Mary Elizabeth July 21 - 1921	/	/	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Stewart Baldwin
9	Date of his birth.	Dec 16 th - 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Montreal - May 15 - 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Brome Co 6 years Glen Sutton (c) 13 do Town of (d) Mount Royal
14	Nature of employment before enlistment.	Farming
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Presumably with parents

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No account
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$50 ⁰⁰ (Fifty Dollars) Held by parents
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None in Canada. Did not mention any bought overseas
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life Ass Co of Canada \$1000 ⁰⁰ (One Thousand Dollars) Father
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs. Louisa L. Baldwin } Signature of Informant
678 Court St., Waterloo, Que. } Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief That

See above. Mrs. Louisa L. Baldwin Name of informant } is the Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Waterloo, P. Que. this 24th day of April 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Ernest W. Mitchell Qualification Minister of Religion
Address Waterloo P. Que.

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

Personal belongings - Not required withof exception Letters + photographs

OTHER PARTICULARS

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
450M-5-40 (5237)
H.Q. 1772-39-1645

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

Unit Sherbrooke Fus. Reg't. CASP..... Regimental Number D-46757 01.....

WSG
COMPLETED

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname..... BALDWIN
2. Christian Names..... WILLIAM STEWART
3. Present address..... 3741 Hutchison St. Montreal Que. Can.
4. Date of birth..... 16 December 1920
5. Place of birth..... Canada..... Quebec..... Montreal
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... Presbyterian
7. Trade or Calling..... Farmer
8. Married, Widower or Single..... Single
9. Name of next of kin..... Mr. Andrew Baldwin
10. Relationship..... Father
11. Address of next of kin..... ~~Glen Sutton Que. Can.~~ Post Office See change inside
12. Do you belong to, or have you served in the Active Militia of Canada?..... No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force?..... No
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force?..... No
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?..... Nil
(If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, WILLIAM STEWART BALDWIN.....do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 15th October 1940..... Wm Stewart Baldwin
McNicoland. Re..... (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION
I, WILLIAM STEWART BALDWIN.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Wm Stewart Baldwin.....(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER
The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.
The above questions and answers were then read to the recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,
at Montreal.....this 15th.....day of October.....19 40

.....W. Miller..... (Signature of Magistrate, Justice or Attesting Officer)
.....Capt..... (Office or Rank and Unit or appointment.)

NO. 4 DISTRICT DEPOT, C.A.S.F.

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

FINGERPRINTED

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BALDWIN, William Stewart Date Oct. 10th. 1940

Part 1. Information obtained from the recruit.

1. Age 19 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|--|-----------|
| a. Rheumatism..... | <u>no</u> | k. Ear disease..... | <u>no</u> |
| b. Tuberculosis..... | <u>no</u> | l. Eye disease..... | <u>no</u> |
| c. Bronchitis or asthma..... | <u>no</u> | m. Epilepsy..... | <u>no</u> |
| d. Heart disease..... | <u>no</u> | n. Nervous or mental disease..... | <u>no</u> |
| e. Kidney or bladder disease..... | <u>no</u> | o. Syphilis..... | <u>no</u> |
| f. Gastro-intestinal..... | <u>no</u> | p. Gonorrhoea..... | <u>no</u> |
| g. Rupture..... | <u>no</u> | q. Have you ever worn glasses?..... | <u>no</u> |
| h. Varicose veins..... | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>no</u> |
| i. Flat or deformed feet..... | <u>no</u> | | |
| j. Nasal trouble..... | <u>no</u> | | |

W. M. Stewart Baldwin
Signature of Applicant

ears & reflexes N.

col. vis. Ishihara CN Capt. Delahaye

URINE N
XRAY N

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
one vac. left arm
moles on back
2. Height 5 feet 7 1/2 inches. 3. Weight 140 pounds.
4. Complexion fair Eyes blue 5. Development good Good Fair Poor
- Hair Light brown
6. Chest measurement—Girth on full expansion 34 inches.
Range of expansion 3 inches.
7. Vision, right 20-20 left 20-20 8. Hearing, right WV 20 left WV 20
9. Condition of mouth and teeth good
10. The abnormalities (congenital and pathological) found on examination are as follows
moderate left varicocele

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"

Special remarks when category lower than A.....

W. COHEN LT.

J. E. MATHIEU CAPT.

W. TREMBLAY LT. COL.

William Cohen Lt. *J. E. Mathieu Capt.* *W. Tremblay Lt. Col.*
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
OCT 15 '40	TAB <i>H. P. Macey Lt.</i>	22-7-42	N.V.T. 28 Points
OCT 15 '40	VACCINATION <i>H. P. Macey</i>		
OCT 15 '40	TETANUS TOX <i>loc</i>		
	TETANUS TOX <i>loc</i>		
6/15/41	no change in Cat. Eyes (Leit)		
	CAPT 21 41 TABT <i>H. P. Macey</i>		
	normal vision - eyes - reflexes		
21-5-42	cat. "A" <i>H. P. Macey</i>		
25-6-42	TABT <i>loc</i>		

Statement of the Service of No. D-46757

Rank Trooper

Sheet No. 2

Name. BALDWIN, William Stewart

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

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
27 Mar. 42	27 CAR	S.O.S. this Unit on transferred to H.Q. 4 Cdn Armd Bde	Tpr.	26 Mar 42	27 CAR	DEBERT	Part 2 No. 9	27 Mar. 42
27 Mar. 42	HQ 4 CAD	Attached to this Unit for all purposes and posted to "C" Squadron	"	27 Mar 42	"	"	Part 2 No. 9	27 Mar. 42
17 Apr. 42	27 CAR	On returning to H.Q. 4 Cdn Armd Bde, ceased to be attached to this Unit for all pur poses	"	17 Apr 42	"	"	Part 2 No. 25	17 Apr. 42
		Attached "On Command" f.a.p. except pay from H.W. Squad 4th Can. Armd. Bde.	"	18/4/42	GATS	Hamilton	D.O., No. 106	6/5/42
		Ceases to be att. "On Command" f.a.p. on attachment f.a.p. to M.T.C. London, Ont.	"	23/5/42	"	"	D.O., No. 120a	22/5/42
		TOS of MTS for A/P on transfer from GATS Hamilton (except pay)	"	23-5-42	MTS	London	D.O. #123	25-5-42
		SOS of MTS for all purposes on transfer to 4th Army Can. Armd. Regt. Debert N.S.	"	5-6-42	"	"	D.O. # 133	5-6-42
		Returned from On Command and is att. in 22 Can Armd. Regt. for rations and quarters.	"	11 Jun 42	4 CAB	Debert	Pt. II No. 65	11 Jun 42
		Granted Annual Furlough from 9th Jun 42 until 22 Jun 42.	"	9 Jun 42	4 CAB	"	Pt. II No. 66	14 June 42
		<i>exchange</i> Change of address of Next-of-kin to P.O. Box 53, Waterloo, Que.						
		Qualified Driver Class III Wheeled by Unit Trade Testing Board	"	18-7-42	"	"	Pt. II No. 86	20-7-42
		Granted Special Leave from 14-8-42 to 18-8-42 and issued with T/W A.195514	"	14-8-42	"	"	Pt II No. 100	15-8-42
		S.O.S. Canadian Army (Canada)	"	25-9-42	"	At Sea	Pt II No. 1	30-9-42
		T.O.S. Canadian Army (Overseas)	"	26-9-42	"	At Sea	Pt II No. 1	30-9-42
		DISEMBARKE D	TPR.	7 Oct 42	HQ 4 CAB	U.K.	1	30 Sep 42
		Admit to 16 Fed Amb.	Tpr	20 Nov 42	HQ 4 CAB	UK	5	20 Oct 42
		Disch from 16 Fed amb.	Tpr	15 Nov 42	HQ 4 CAB	UK	2	20 Nov 42

Statement of the Service of No. **D 46754** Rank.....

Name **Baldwin W. S.**

Sheet No.....

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

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Pri leave MIA	2nd Lt	20/26 Nov 42	HQ 4 CAB	UK	3	28 Nov 42
		Admit to 3 B.M. 6	2nd Lt	29 Nov 42	HQ 4 CAB	UK	4	3 Dec 42
		Disch. from 3 C.M.C.	TPR	16 Dec 42	H.Q. 4 CAB	UK	7	23 Dec 42
		P. leave to 12 Feb 43. In	2nd Lt	5 Feb 43	H.Q. CAB	UK	8	25 Feb 43.
		Receipt Rate of Pay \$1.50 Per Diem	2nd Lt	1 Jan 43	4 CAB	UK	13	30 Jan 43
		Ord. one good conduct Badge.	2nd Lt	15 Oct 43	4 CAB	UK	30	16 Feb 43
		Add of M.O.K Mrs Louisa Baldwin (mother) Box 53, Waterloo, Quebec, Canada.			HQ 4 CAB	UK	1	7 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		CHANGE ADDRESS N. Kin Mrs Louisa Baldwin (mother) 678 Court St. Waterloo P.Q. CANADA.			HQ 4 CAB	UK	7	11 Feb 44
		6th Special Wireless Case. AH. to 3 CACRU. FAP	2nd Lt	15 Feb 44	HQ 4 CAB	UK	9	25 Feb 44
		C104 Ret from Spec. Wireless Case at 3 CACRU/FAP	2nd Lt	9 Mar 44	HQ 4 CAB	UK	12	17 Mar 44
		C57 6th AFWD. awarded for 10 days pay.	2nd Lt	21 Mar 44	HQ 4 CAB	UK	14	31 Mar 44
		for one Good Conduct Badge.	2nd Lt	21 Mar 44	HQ 4 CAB	UK	14	31 Mar 44
		Qual. Q1 on Wireless Case.	2nd Lt	11 Mar 44	3 CACRU	UK	63	16 Mar 44
		X30 Failed to qualify as CAC. opv.	2nd Lt	21 Apr 44	3 CACRU	UK	94	24 Apr 44
		C29 having att. Wireless Case Qual "Q1"	2nd Lt	16 Mar 44 to 3 May 44	HQ 4 CAB	UK	21	19 May 44

Regimental No. D-46757 Rank Spr

Sheet No.

MFM 1 & 2a
40/P & S/119 (4398)

Name Baldwin William Stewart

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—		Rank Shown	Effective Date	Unit	Place	Authority	
						DO Number	Dated
625.	Proc on Spec Wireless Base & att to 3 cases f.a.p.	Spr	16 Mar 44	Gr. J. L. Bohn Armed Sigs	U.K.	18	28 April 44
684	Retd from Spec Wireless Base - cases att'd to 3 cases	Spr	3 May 44	HQ 4CAB	U.K.	20	12 May 44
(7106)	Qual. U.K. op "C"	Spr	1 Dec 44	3 EACU	U.K.	102	4 Dec 44
622	Transfer pay open - case - C	Spr	1 May 44	HQ 4CAB	U.K.	23	8 June 44
DO-36	Embark UK 26 Jul 44						
19 Aug 44	Disembark FRANCE 26 Jul 44	Spr		HQ 4CAB	21 A. Gp	33	5 Aug 44
19140	Missing		20 Aug 44		RAF	AWB	
	Resumed killed	Spr	20 Aug 44	HQ 4CAB	G.L. 19555		16 Mar 45

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (WESTERN EUROPE) • No.		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				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	BALDWIN														
	Given names	William Stewart.														
4. RESIDENCE	Street	Hutchison St., No. 3741														
	Official name of civil municipality or township	Montreal.														
	Municipal county	Province. Quebec.														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
M.			Single.													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country)																
Quebec.																
11. DATE OF BIRTH																
December 16th, 1920.																
12. AGE OF DECEASED																
23																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.															
	Farmer.															
	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																
BALDWIN, Andrew.																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal																
Body not recovered.																
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) (Year)																
22. Date of death																
August 20th, 1940.																
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) For official purposes due to presumed Killed in action.																
(b) due to																
(c) due to																
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																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																
This signature authorizes the collector to accept this form as authentic.																
(Voir l'autre côté pour le français)																

Director of Records, Dept. of National Defence.

OCT 25 1946

SERVICE AND CASUALTY FORM

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

H.Q. SQN 4 CDN. ARMD BDE

PART I (For all ranks)

Unit..... SHERBROOKE FUSILIERS REG'T (CASE)

Regimental Number..... D-46757

<p>1. Surname..... BALDWIN</p> <p>2. Christian Names..... WILLIAM STEWART</p> <p>3. *Substantive Rank and Appointment..... *Acting Temporary or Local Rank..... giving date.....</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... MONTREAL, QUEBEC, CANADA</p> <p>5. Date of birth as declared on attestation..... 16 December 1920</p> <p>(A).....</p> <p>6. Date of enlistment..... 15 October 1940</p> <p>7. Place of enlistment..... Montreal, Quebec, Canada</p> <p>8. Residence at time of enlistment..... 3741 Hutchison Street, Montreal, Quebec, Canada</p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... Presbyterian</p> <p>12. If married, state date..... Single</p> <p>13. Trade on enlistment..... Farmer</p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries..... <i>Driver, r.c.</i> <i>CAC-OP "C"</i></p>	<p>(17) Regiment or Corps..... <i>C. A. C.</i></p> <p>Unit (Battn., etc)..... <i>1st. Q. Sqdn 4th Cdn. Armd. Bde.</i></p> <p>(18) Medical.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td><i>confined A</i></td> <td><i>21-5-42</i></td> <td><i>M. Board</i></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)..... <i>MRS. LOUISA BALDWIN (MOTHER)</i> <i>678 COURT ST, WATERLOO, P.Q.</i> <i>CANADA.</i></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p> <p style="text-align: right;"><i>7 d/ 11 FEB 44.</i></p>	Category	Date	Authority	<i>confined A</i>	<i>21-5-42</i>	<i>M. Board</i>
Category	Date	Authority					
<i>confined A</i>	<i>21-5-42</i>	<i>M. Board</i>					

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		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
30 Sept 41		S.F.	Embarkation Disembarkation	Ottawa Nfld	10-8-41 14-8-41	Pte	
		4 CAB	Reservist 2 Oct 42 S.O.S. Cdn Army Canada	At Sea	25/9/42	Tpr.	Part II DD No 1
		"	T.O.S. " " (Overseas)	"	26/9/42	"	" " "
		"	Adm. 16 Cdn Hd. Hd. Amk.	Aldershot	20/10/42	"	" " " No 5
		"	Disch 16 Hd. Amk.	U.K.	15-11-42	"	" 2" d/20-11-42
		"	Att'd for rations to 101 sup. Co. Coy BCOC.	"	15-11-42	"	" 2" d/20-11-42
		"	7 days P.L. with money allow. in lieu of rations to 26-11-42	"	20-11-42	"	#3 d/28-11-42
		"	C.T.B.A. for rations to 101 sup. Co. Coy BCOC	"	30-11-42	"	#4 d/3-12-42
		"	Adm. 13 C.M.C.	"	29-11-42	"	#4 d/3-12-42
		"	Disch 3 C.M.C.	"	16 Dec 42	"	#7 d/23 Dec 42
		"	Att. for B. to 101 sup. Co. Coy BCOC	"	17 Dec 42	"	#7 d/23 Dec 42
		"	7 days P.L. with money allow. in lieu of rations	"		"	
26 May 43	C.R.	4 CAB	Granted daily Rates of pay of \$1.50 per diem	Field	5 Feb 43	"	DO - 8 d/25 Feb 43
12 May 43	"	"	7 days P.L. & m/b for 10 May 43	"	14 Jan 43	Tpr.	#13 d/30 Mar 43
7 July 43	Reds Anton	"	Awarded 1 Good Conduct Badge	"	31 May 43	"	21-21 May 43
		"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Oct 43	"	30-16 July 43
16 Feb 44	C.R.	"	PRO. ON WIRELESS CASE - ATT FAP TO 3CACRU	"	15 JAN 44	"	5 d/24 Jan 44
11 MAR 44	"	"	RET. FROM ABOVE CASE - CEASES ATT.	"	15 FEB 44	"	9-25 FEB 44
24 Mar 44	"	"	AWARDED A FORF OF 10 DAYS PAY - AA40 -	"	9 MAR 44	Tpr.	12-17 MAR 44
"	"	"	FORFS. ONE Good Conduct Badge	"	21 Mar 44	"	14-31 Mar 44
15 APR 44	CA	"	PRO. ON WIRELESS CASE - ATT FAP TO 3CACRU	"	21 Mar 44	"	14-31 Mar 44
8 May 44	CA	"	RET. FROM ABOVE CASE - CEASES ATT.	"	16 Mar 44	"	18-28 APR 44
11 May 44	"	"	Qual Q1. ON ABOVE CASE.	"	3 May 44	"	20-12 MAY 44
23 May 44	"	"	Qual CAC-OP "C" TT8 17568 d/1 May 44	"	3 May 44	"	21-19 May 44
"	"	"	Granted T.P. CAC-OP "C"	"	1 May 44	"	23-3 JUN 44
		"	Emb U.K. 20 JUL 44	"	1 May 44	"	23-3 JUN 44
		"	Disemb France 26 JUL 44				DO 33-5 Aug 44
		"	SOS to X-6 List CAC(C) (Missing) (Op CAC "C")	"	20 AUG 44	Tpr	40-SEP 44
		x6-CAC (c)	To S from HQ 4 Cdn Army Bd. Pte.				
20 Jul 45	x-6 list	CAC (c)	op. CAC "C" SOS X-6 list (presumed killed 30 Aug 44) (ap CAC "C")	U.K.	21 Aug 44	Tpr.	40 Sept 44
				"	21 Aug 44	"	16.5 d/Jul 45

To be made out in duplicate

M.F.M. 5
200M-7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

(1) Name of Officer or Other Rank..... BALDWIN WILLIAM STEWART
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank..... D-46757 Pte.

(3) Unit..... Sherbrooke Fusiliers Regiment (CASF)

(4) Are you married?..... No.

(5) If married, state,

(a) Full name of your wife..... N/A

(b) Present postal address of wife..... N/A

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

..... N/A

(7) Are you a widower?..... No.

(8) Have you any children?..... No. Number of boys..... N/A Girls..... N/A

Names and ages..... N/A

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

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

Name..... N/A

Postal Address..... N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....No.....

If so, state her full name and Postal Address.....N/A.....

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....Andrew BALDWIN, Glen Sutton, Quebec, Canada. (Post Office).....(Farmer).....

(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.....

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

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mrs. Louisa BALDWIN, Glen Sutton, Quebec, Canada. (Post Office).....

(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.....N/A.....

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?.....N/A.....

(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.....N/A.....

Full Name.....N/A.....

Postal Address.....N/A.....

Amount contributed monthly during the past six months.....N/A.....

(18) Are you insured?.....Yes.....

If so, in what Company?.....Mutual Life Insurance Co. (No. Unknown).....
(Give number of policy)

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

Wm Stewart Baldwin
(Signature of officer or man)

Date.....October 15 1940.....

.....
Officer Commanding.....*W. P. Miller*
Capt

Date.....October 15 1940..... NO. 4 DISTRICT DEPOT, C. A. S. 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.

CANADIAN NATIONAL TELEGRAPHS

BL

FILE H.Q.

405-B-31,443

CASUALTY (REPORT DELIVERY)

OTTAWA

MARCH 16 1945

TO:- MRS LOUISA BALDWIN
BOX 291 678 COURT ST
WATERLOO QUE

65401 DEEPLY REGRET TO INFORM YOU THAT D46757 TROOPER WILLIAM
STEWART BALDWIN PREVIOUSLY REPORTED MISSING IN ACTION HAS NOW FOR
OFFICIAL PURPOSES PRESUMED TO HAVE BEEN KILLED IN ACTION ON THE
TWENTIETH AUGUST 1944 STOP WHEN FURTHER INFORMATION BECOMES
AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

all
PREPAID

21
DIRECTOR OF RECORDS

29th March, 1945.

Mrs. Louisa Baldwin,
Box 291 W 678 Court Street,
Waterloo, Quebec.

Dear Mrs. Baldwin:

I deeply regret to inform you that no further news has been received relative to your son, D46757 Trooper William Stewart Baldwin, who has been officially listed as missing since the 20th day of August, 1944.

The Army Council have been regretfully constrained to conclude that he gave his life in action against the enemy in the Western European Theatre of War, and it is consequently being recorded that D46757 Trooper William Stewart Baldwin is now for official purposes presumed to have been killed in action on the 20th day of August, 1944.

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,

M. E. WALFORD
Major-General
Adjutant-General

(MAR 29 1945)
(M. E. Walford),
Major-General,
Adjutant-General.

Mem. X. Mather
6-4-45
25

1/111A
ATR

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D-46757** RANK **Trooper** SERVICE UNIT **Headquarters**
4th Armoured Brigade C.A.C.
(C.A.)
 NAME **BALDWIN, William Stewart**

DATE OF BIRTH DAY **16th** MONTH **December** YEAR **1920** Date Enlisted: **15-10-40**

MARITAL STATUS **Single** Religion: **Presbyterian**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother** NAME **Mrs. Louisa Baldwin,**
 ADDRESS **Box 291 W. 678 Court St.,** ADDRESS D.A.B.
Waterloo, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
 ADDRESS
 (IF SOLDIER
 MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **Canrecords - 9938 7152A H.Q.405-B-31,443**
 CASUALTY DETAILS **Previously reported missing in action** DATE **20-8-44**
has now for official purposes presumed to
have been killed in action

WESTERN EUROPEAN THEATRE OF WAR

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

MM YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

[Signature] O/S with H.Q.&H.Q. Squad

[Signature] 4th Armd Bde S/L1987

COPY FOR DOCUMENT FILE

DATE **23-3-45**

[Signature] **Mallobis** **Lieut** **30**

[Signature] OFFICER I/C RECORDS

6

Director of Estates

Regimental No. D-46757 Rank. Trooper

..... BALDWIN William Stewart
Surname Christian Names

Unit..... Hdq. 4th Armoured Brigade C.A.C. (C.A.)

Date of death. 20 Aug 44 Place of Death. OVERSEAS (Western European Theatre of War)

Casualty Details. Previously reported missing in action has now
for official purposes presumed to have been
killed in action.

Next-of-kin..... Mrs. Louisa Baldwin ... Relationship... Mother

Address..... Box 291 W. 678 Court St., Waterloo, Quebec

Will..... Will d/15 Oct 40 herewith

Date... 9 Apr 45



EXCERPT OF M.F.M.5 dated. 15 Oct 40

(1) Are you married? NO Children?

Wife's name) Names and
and address) Ages

(2) Is your father alive? YES If so, state name and address.....
Andrew Baldwin, Glen Sutton, Quebec

(3) Is your mother alive? YES If so, state name and address.....
Mrs. Louisa Baldwin, Glen Sutton, Quebec

(4) Are you insured? YES If so, in what company?

Mutual Life Insurance Co.

[Handwritten Signature]
ESTATES LIAISON

JEC/EML

DISTRIBUTION OF SERVICE ESTATES

Inv.

Estates Form "P. 4"

army

Name: BALDWIN, Surname William S. Christian Names No.: D-46757

Rank Pr. Unit C.A. O/S Date of Death 20 Aug 44

AMOUNT

Date: 26 June 45

L.P.C.....\$	97.55
Other Credits.....	<u>2.00</u>
Total.....	99.55

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Louisa Baldwin, 678 Court St., WATERLOO, Que.</p> <p>(Sole beneficiary under Will)</p>	99.55

P4. TO TREAS. 21-7-45
BW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$ 99.55
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

[Signature]
.....
(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

CD1608

APPLICATION FOR WAR SERVICE GRATUITY BY
DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

- (a) Surname Baldwin
- (b) Christian Names William Stewart
- (c) Regimental No. D 46757
- (d) Rank at time of decease Trooper, Headquarter Sqdn.

2. Please indicate below whether application is made as a dependent or otherwise by striking out the sentence which does not apply.

- (a) I am applying as a person who was dependent upon the above named soldier and to whom pay was assigned by him.
- (b) There being no person dependent upon the above named I request that the War Service Gratuity form part of the soldier's estate and be distributed accordingly. Yes

3. I hereby submit the following particulars in support of my application:-

- (a) Surname Baldwin
- (b) Christian Names Louise Lloyd Stewart
- (c) Relationship to deceased Mother

- (d) Address in full P.O. Box 291
678^a Court Street
Waterloo, Que., Shefford Co.,
Province of Quebec, Canada.

Yours truly,

Date March 30th 1946

Mrs Louise L. Baldwin

(Signature of Applicant)

nearly complete ✓

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

William Stewart (CHRISTIAN NAMES) BALDWIN (SURNAME)

REGISTER NO.

D-21254

FILE NO.

405-B-31443

DATE

11-4-46

PAYEE Mrs. Louisa BALDWIN,
ADDRESS P.O. Box 291, 678 A. Court St.,
Waterloo, Shefford Co. P.Q.

SERVICE NO.

D-46757

FINAL RANK OR RATING

Tpr

DATE OF TERMINATION OF OVERSEAS SERVICE

20-8-44

DATE OF DISCHARGE

20-8-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1380 EQUAL TO 46 COMPLETE PERIODS AT \$7.50

\$ 345.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 685 LESS 16 INELIGIBLE DAYS, EQUAL TO 669 DAYS @ 25c. PER DAY

167.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.00 X 7 = \$ 21.00
NO. OF DAYS 685 X \$ 21.00 = \$ 78.61

512.25

D. WAR SERVICE GRATUITY

590.86

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ 20.00
OTHER DEDUCTIONS \$

20.00

F. TOTAL AMOUNT PAYABLE

570.86

G. YOUR PORTION OF GRATUITY IS—

100%

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

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

PREPARED BY		CHECKED BY		TREASURY	
KRM		MJK		G. Petalero	
				DATE	
				12/4/46	

Kurbin Capt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME WILLIAM STEWART BALDWIN Register No. D-21254
(Christian Names) (Surname)

PAYEE'S NAME MRS LOUISA BALDWIN File No. 405-B-31443
(Christian Names) (Surname) Date 9-4-46

ADDRESS P.O. BOX 291, 678^A COURT ST., Service No. D-46757
WATERLOO, SHEFFORD CO., P.O. Final Rank 1PR

DATE OF TERMINATION OF OVERSEAS SERVICE 20-8-44 Date of Discharge 20-8-44

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE No. of day <u>1396</u> = <u>46</u> Periods @ \$7.50 <small>30</small>		345	00
B. QUALIFYING OVERSEAS SERVICE No. of days <u>685</u> less <u>16</u> Ineligible days, equal <u>669</u> Days @ 25c. per day		167	25
C. SUPPLEMENT FOR OVERSEAS SERVICE		512	25
Daily Rate of Pay	\$ <u>1.50</u>		
Subsistence Allowance	\$ <u>1.25</u>		
Additional Pay	\$ <u>25</u>		
Dependents' Allowance 1/30	\$ <u>✓</u>		
TOTAL \$ <u>3.00</u> × 7 = \$ <u>21.00</u>			
No. of Days <u>685</u> × \$ <u>21.00</u> <small>183</small>		78	61
D. WAR SERVICE GRATUITY		590	86
Computed By	<u>zib</u>		
E. DEDUCTIONS			
Overpayment of (1) Pay & Allowance	\$		
(2) D.A. & A.P.	\$ <u>20.00</u>	20	00
Other Deductions	\$		
Entered By	<u>zue</u>		
F. AMOUNT PAYABLE (This amount is payable in.....monthly instalments of \$.....each)		570	86
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$..... × 30 = \$.....			

REMARKS