

D51081  
FAILLE  
AIME



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MEMORANDUM FOR

P. 64

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

Mrs. R. Blain,  
2642 Allard,  
Montreal, Que.

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

and the following number quoted:—

H.Q. 405-F-1101 FD.61

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

September 15, 1942. 194

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

FAILLE, Aime Joseph Alphonse, Pte.

No. D.51081, 21st Div'l Petrol Coy. R.C.A.S.C.

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

*R. G. Phelan Lieut.*

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





ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	NON		
2	Children of the Deceased and dates of their Births.....	NON		
3	Father of the Deceased.....	Mr. C. P. Faile		Dead
4	Mother of the Deceased.....	Mrs. Marianne Chapman		Dead
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		Bernadette
		Half Blood		Robertine Ernestine
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

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

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased...			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Genevieve Faile Marionville P. Du	55	



FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Joseph Alphonse Aimé Gaille
11	Give the month and year of his birth.	Le 19 Avril 1915
12	Where and when were his parents married?	Belœil jusqu'à l'annulation de la date
13	If deceased was married, state place and date of marriage.	Non
14	Did he leave a Will? If so, a copy should be attached hereto.	Non
15	Did he leave a bank account? If so, give full particulars.	Non
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	Non
17	State your own postal address in full.	Mad. Richard Blain 2642 Allard

PARTICULARS OF DOMICILE

18	Where was deceased born?	Belœil Qué
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Belœil jusqu'à Beauport Montréal ensuite
20	What was the nature of his employment?	plombier
21	Did he own the premises in which he lived? If so, where?	Non
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Non

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Non
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.  (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	



DECLARATION

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

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

\* *Mad. Richard Blain sister* of the deceased.

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

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief *Mad. Richard Blain*

"See above" *Blain 2642 Ireland* { Name of Informant } is the \* *sister* of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at *Montreal* this *8* day of *October* 19*12*

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

*R. J. Albert Arnold* Qualification *Cure de St Jean de Mont*

Address *2706 rue Allard*

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

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

*Monsieur la fonction n'est peut-être pas très bien rempli mais je ne comprend pas l'anglais et si vous aviez d'autres papiers à remplir voulez-vous être assez bon d'envoyer en français.  
Merci. Mad. Blain*



Received.....Checked.....Card.....Observations.....

18F

Doit être remplie en triplicate, désignant chaque exemplaire en biffant les deux termes inutiles.  
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 (Fr.)  
A.F.B. 271  
30M-11-36 (0859)  
H.Q. 1772-46-18

Unité **Le Régiment de Châteauguay** Matricule **D- 51081**  
Unit (MIT) C.A.S.F. Regimental Number **SERVICE ACTIF**

DUPLICATA

**ARMÉE ACTIVE DU CANADA**  
**CANADIAN ACTIVE SERVICE FORCE**

DUPLICATA

**ACTIVE SERVICE**  
**FORMULE D'ENRÔLEMENT**  
**ATTESTATION PAPER**

- Nom **FAILLE**  
Surname
- Prénoms **Aimé Joseph Alphonse**  
Christian Names
- Adresse actuelle **910 rue Panet, Montréal, P.Q. Canada**  
Present Address
- Date de naissance **19 Avril, 1914**  
Date of birth
- Lieu de naissance **Canada** **Prov. de Quebec** **Béloeil**  
Place of birth (Pays)-(Country) (Comté ou province)-(County or Province) (Ville ou canton)-(Town or Twp.)
- Religion **Catholique Romain**  
(state denomination)
- Métier ou profession **Journalier**  
Trade or Calling
- Marié, veuf ou célibataire **Célibataire**  
Married, Widower or Single
- Nom du plus proche parent **Mad. Richard Blain**  
Name of next of kin
- Parenté de celui-ci **sa soeur**  
Relationship
- Adresse du plus proche parent **2642<sup>1</sup>/<sub>2</sub> rue Allard, Montréal, P.Q. Canada**  
Address of next of kin
- Avez-vous servi dans les forces navales, militaires ou aériennes? **Nil**  
Have you served in any Naval, Military or Air Force?
- Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires.....  
If previous war service, state arm, force and regimental particulars  
**Nil**
- Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? **Oui**  
Do you now belong to or have you served in the Active Militia of Canada?  
**20 Sept. 1939**

**LE RÉGIMENT DE CHATEAUGUAY**  
**MITRAILLEUSES**

**DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT**  
**DECLARATION TO BE MADE BY MAN ON ATTESTATION**

Je, soussigné, **FAILLE Aimé J.A.**, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, 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 la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date **2 Octobre, 1939** *Aimé Faille*  
(Signature de la recrue)

**SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT**  
**OATH TO BE TAKEN BY MAN ON ATTESTATION**

Je, **FAILLE Aimé J.A.**, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

*Aimé Faille*  
(Signature de la recrue)

**CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT**  
**CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER**

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par 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 serment devant moi, **39**  
à **Montréal, P.Q.** ce **deuxième** jour de **Octobre** 19**39**

*Gaston Beaudry*  
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

**Le Régiment de Châteauguay**  
(Titre, grade et unité ou emploi)  
**(MITRAILLEUSES)**

**M. F. M. RECEIVED**  
**DEC 5 1940**

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.  
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

TEMOIN. Paul E. Beauvais 2/1



Etat de service de **FAILLE** **Aimé Joseph Alphonse** Matricule **D- 51081**  
 Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

**APTITUDES**  
Qualifications

**QUALITÉS ÉDUCATIONNELLES**  
Educational qualifications

Militaires **Nil**  
 Military  
 Professionnelles ou commerciales **Nil**  
 Business or Professional  
 Civiles ou de métier **Journalier**  
 Trade or Civil  
 Techniques **Nil**  
 Technical  
 Langues **Français**  
 Languages

Académies **3 Ans** Graduation } **Nil**  
 High School ou (or) }  
 or Collegiate (années complétées—years completed) } Immatriculation }  
 Matriculation } (Spécifier—Specify)  
 \*Collège **Nil**  
 \*Université **Nil**  
 University

**Nil**  
 (Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)  
 (Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin.  
 All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

RAPPORT REPORT		Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on strength of Field Force	Grade indiqué Rank shown	Prenant date le Effective date	Unité Unit	Endroit Place	Autorisation Authority	
Date	Reçu de From whom received						N° Partie II, Ordres du jour Liste des morts et blessés, etc. Part II D.O. No Cas. List, etc.	Daté le Dated
20sep39		Affecté lors de son enrôlement Joined on enlistment Posted Guard duty at St-Hubert	Pte.	20sep39	R. de Chât CASF (Mit)	Montreal	R.O. Part II No 25	20sep39
5oct39		" " " " Ste-Helen's Island	"	5oct39	" "	St-Huber St-Helen	" " " No 40	5oct39
26oct39		" " " " St-Hubert	"	26oct39	" "	Island	" " " No 61	26oct39
8nov39		On discharge transferred to N.P.A.M. T.O.S. on transfer from R. de Chabanguay	"	7nov39	" "	Montreal	" " " No 74	8nov39
28/13/40	R. de C. Z. M. R.	Reurlaugh après 6 mois service	"	29/13/40	B. M. R.	"	23/40 29/40	28/13/40
30/6/40	"	S.O.S. CASF Canada au Embarcation	"	30/6/40	"	Halifax	186/40	5/8/40
7/7/40	"	T.O.S. CASF. Ordesas au Embarcation	"	7/7/40	"	Island	186/40	5/8/40
4-11-40	"	Embarcation - Island	"	26-10-40	"	Reykjavik	261/40	6-11-40
2-11-40	"	Disembarkation - Scotland	"	3-11-40	"	Gourock	261/40	6-11-40

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a)  
 For additional entries use M.F.M. 1 and 2 (a)

Recevez-vous ou avez-vous

deja reçu une pension ou

compensation pour invalid-

ite. Si oui, donnez details.

Observ Examiner  
 1. Age  
 a. Rhum  
 b. Tub  
 c. Bron  
 d. Affe  
 e. Mal  
 f. Gass  
 g. Heri  
 h. Var  
 i. Piec  
 Pa  
 P  
 1. Mar  
 2. Tail  
 3. Height  
 4. Tei  
 5. Com  
 6. Tou  
 7. Vue  
 8. Vision  
 9. COI  
 10. Le  
 Th  
 P  
 de la  
 aux in  
 et il p  
 Observ  
 Special r  
 (Présiden  
 NO  
 23-4  
 10-5  
 16-4  
 16-4  
 12-6  
 Date



**CERTIFICAT DE L'EXAMEN MÉDICAL**  
**CERTIFICATE OF MEDICAL EXAMINATION**

Nom en entier FAILLE, Aime  
 Name in full

Date Sept. 20/39

**PARTIE 1. Renseignements obtenus de la recrue.**

Part 1. Information obtained from the applicant.

1. Age 25 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?  
 Have you ever suffered from any of the following diseases?
- |  |   |
|--|---|
| a. Rhumatisme..... <u>No</u><br>Rheumatism                                     | j. Affection nasale..... <u>No</u><br>Nasal trouble                               |
| b. Tuberculose..... <u>No</u><br>Tuberculosis                                  | k. Maladie des oreilles..... <u>No</u><br>Ear disease                             |
| c. Bronchite ou asthme..... <u>No</u><br>Bronchitis or asthma                  | l. Maladie des yeux..... <u>No</u><br>Eye disease                                 |
| d. Affection cardiaque..... <u>No</u><br>Heart disease                         | m. Epilepsie..... <u>No</u><br>Epilepsy   |
| e. Maladie du rein ou de la vessie..... <u>No</u><br>Kidney or bladder disease | n. Maladie nerveuse ou mentale..... <u>No</u><br>Nervous or mental disease        |
| f. Gastrite intestinale..... <u>No</u><br>Gastro-intestinal                    | o. Syphilis..... <u>No</u>  |
| g. Hernie..... <u>No</u><br>Rupture  | p. Gonorrhée..... <u>No</u><br>Gonorrhoea   |
| h. Varices..... <u>No</u><br>Varicose veins                                    | q. Avez-vous déjà porté des verres?..... <u>No</u><br>Have you ever worn glasses? |
| i. Pieds plats ou déformés..... <u>Yes</u><br>Flat or deformed feet            |   |

A. Faille  
 (Signature de la recrue) (Signature of recruit)

Observations des examinateurs.....  
 Examiners remarks re above

**PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.**

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

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)..... Vaccin  
 Identification marks or scars (if operative obtain history)  
au bras gauche
2. Taille 5 pieds 4<sup>5</sup>/<sub>8</sub> pouces. 3. Poids 134 livres  
 Height feet inches. Weight pounds
4. Teint Brown Yeux Brown  
 Complexion Eyes  
 Cheveux Brown Hair
5. Développement Good { Bon — Good  
 — Passable — Fair  
 — Médiocre — Poor
6. Tour de poitrine—Circonférence, pleine expansion 38 pouces Degré d'expansion 2 pouces  
 Chest measurement—Girth on full expansion inches Range of expansion inches
7. Vue, œil droit 20/20 œil gauche 20/20 8. Oïe, oreille droite Good gauche Fair  
 Vision, right left Hearing, right left
9. Condition de la bouche et des dents.....  
 Condition of mouth and teeth
10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:  
 The abnormalities (congenital and pathological) found on examination are as follows:  
Little toe of right foot not in line

**PARTIE 3.** Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits", et il peut être classé dans la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A.....  
 Special remarks when category lower than A

Charles J. ... (Président) (President) ... (Membre) (Member) ... (Membre) (Member)

**VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE**  
**VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY**

Date	Détails succincts et signature Brief details and signature	Date	Détails succincts et signature Brief details and signature
<u>23-4-40</u>	<u>T.A.B. et Gaboury</u>	<u>24-1-40</u>	<u>X Ray chest negative et Gaboury</u>
<u>3-5-40</u>	<u>3 et Gaboury</u>	<u>3-11-39</u>	<u>Reboard cat A et Gaboury</u>
<u>10-5-40</u>	<u>et Gaboury</u>	<u>18 Jan - 41</u>	<u>T.A.B. 5cc T.T. 1cc</u>
<u>16-4-40</u>	<u>Vaccinations et Gaboury</u>	<u>16 Jan 41</u>	<u>T.A.B.T.</u>
<u>16-4-40</u>	<u>Tuberc. Bacill. 1cc et Gaboury</u>		<u>1/2</u>
<u>12-6-40</u>	<u>TET TOX. 1cc et Gaboury</u>		

6-11-40  
3-11-40  
Dismembered - Scotland

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a)  
 For additional entries use M.F.M. 1 and 2 (a) **EVIOUS**  
**Recevez-vous ou avez-vous**  
**deja recu une pension ou**  
**compensation pour invalid-**  
**ite. Si oui, donnez details.**







UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23  
100M-4-42 (4370)  
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

VM.

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No.	D-51081	Rank	Pte.
Surname	FAILLE		
Christian name	A. J. A.		
<small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Unit or Corps	F.M.R., C.A.(A).		
Date of discharge	19-8-42.		
Place of discharge	United Kingdom.	Mil. Dist. No.	
1. DESCRIPTION AT DATE OF DISCHARGE			
Age	25 years	months	Descriptive marks vaccination left arm.
Height	5 feet	4 3/4 inches	
Complexion	brown		
Eyes	brown		
Hair	brown		
Trade	Labourer.		
Intended place of residence	}		
		Street and Number	P.O., City or Town, etc.
		Province	
2. The above-named man is discharged in consequence of			
"killed" in United Kingdom.			
Authority for discharge.....			
<small>N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.</small>			
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.	3. Conduct while in the service has been, according to the records, etc.		
	<small>N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.)			

(OVER)



5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)  
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

.....  
.....  
.....  
.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... *(Signature of Soldier)*

(Date)..... *(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army)..... *2-10-39*.....

(Date of discharge—Canadian Army)..... *19-8-42*.....

(Total Service—Canadian Army)..... years..... days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... *(Signature)*.....

(Date)..... *Commanding*.....

Field Com  
Certified  
Casualty  
Proceedin  
Medical C  
Dental H  
Last Pay  
Duplicate

*I hereby c*



No D.51081 Rank Private Name FAILLE, Aime Joseph Alphonse

Unit R.C.A.S.C. Date of death 19th August, 1942.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-F-1101 d 21-8-42

N/K Mrs. R. Blain, Relationship Sister

Address 2642 Allard, Montreal, P.Q.

Remains buried in Brookwood Cemetery

Woking, Surrey, England.

Grave location Grave 7, Row "C", Plot 38.

**CHK**

✓



DEATH CERT. TO N.K. 16-9-42

BURIAL REPORT TO N.K. 26-4-43.

RETURN TO BUR. OF STAT. 4-5-43

ROYAL MESSAGE DESP'D. NOV 30 1942

CAN. MESSAGE DESP'D. 3-9-42.

AUG 22 1946

Photographs  
Despatched



28-8-42  
(O.C.L.-140)

AWARDS—CANADIAN ARMY (ACTIVE)

M

100M—10-41 (2195)  
H.Q. 1772-45-8

FAILLE, Aime Joseph Alphonse		D.51081	Pte.	FILE NO. 405-F-1101 R.C.A.S.C.
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 Defence Medal	6074      14/3/50
War Medal CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO

Mrs. Bernadette BLAIN (SISTER)

ADDRESS:

2642 Allard,  
Montreal, Que. ,

(2) MEMORIAL CROSS

WIDOW

Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Deceased.

ADDRESS:

MEMORIAL BAR  
(1)  
DATE DESP.....  
REGN. NO. 2368

(2)

(3)







# SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit..... Regiment de Chateauguay, C.A.S.F. (mit.) ..... Regimental Number..... D51081 .....

<p>1. Surname..... <u>FALLIE</u></p> <p>2. Christian Names..... <u>Aime Joseph Alphonse</u></p> <p>3. *Substantive Rank and Appointment.....</p> <p>    *Acting Temporary or Local Rank.....</p> <p>        giving date.....</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... <u>Beloeil, P.Q. Canada</u></p> <p>5. Date of birth as declared on attestation..... <u>19/4/14</u></p> <p>    (A).....</p> <p>6. Date of enlistment..... <u>2/10/39</u></p> <p>7. Place of enlistment..... <u>Montreal, P.Q. Canada</u></p> <p>8. Residence at time of enlistment..... <u>910 Panet, Mtl. P.Q.</u></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..... <u>C.R.</u></p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment..... <u>Journalier</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps..... <u>Regiment de Chateauguay</u> ..... Unit (Battn., etc).....</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 style="text-align: center;">"A"</td> <td style="text-align: center;">20/9/39</td> <td style="text-align: center;">Med. Board Mtl.</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil).....</p> <p style="font-family: cursive; font-size: small;">M. Richard Blain 2642 Allard, Mtl. P.Q.</p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	20/9/39	Med. Board Mtl.
Category	Date	Authority					
"A"	20/9/39	Med. Board Mtl.					

**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
		F.M.R.	Embarkation	Halifax	30/6/40	Sol.	186/40
		"	Disembarkation	Iceland	7/7/40	"	186/40
4/11/40		"	Embarkation Iceland	Reykjavik	26/10/40	"	261/40
4/11/40		"	Disembarkation Scotland	Dunrobin	3/11/40	"	261/40
20/11/40	O.C.	"	Granted landing and privilege leave				
5/3/41	"	"	Privilege Leave (9 days)	Eng.	19/11/40	"	2/25-11-40
9-2-42	"	"	Priv. Leave P. 3-11 (14 days) U. W.	"	25/12/41	"	18/7-3-41
27 Feb. 42	"	"	Entitled to wear Good Conduct Badge	"	4-2-42	"	10-17-2-42
4-3-42	"	"	Att. F.O.P. resp. pay To AA & P.M.S. school	"			13/12/42
23/7/42	"	"	Landed British	"	1-3-42	"	15-13-9-42
		"	PL 5 <del>26</del> 23/7/42	"	7-3-42	"	42 d/6 Aug 42
		"	KILLED IN ACTION S.O.S.	✓	16/7/42	✓	46/30 Aug 42
		"	Embarked for France (Jubilee Operation)	✓	19/8/42	"	49/10-9-42
		"			15-10-42		



## CERTIFICAT DE SERVICE ACTIF AU CANADA

LA PRÉSENTE CERTIFIE QUE

NOM (en entier) FAILLE AIME J. A.

N° matricule D 51081 Grade SOLDAT

a été engagé pour servir dans LE REGIMENT DE CHATEAUGUAY  
une unité de l'armée active du Canada, appelée en vertu des dispositions de l'ordre général N° 135 de 1939.

A été en service actif au Canada de 20 SEP 39

A 7 NOV 39; il réintègre maintenant son unité de la Milice

active non permanente, au même titre qu'auparavant et à dater de 8 NOV 39

Aimi Faille  
(Signature du soldat)

Manuel  
Officier certificateur

Picub. Colonel  
(Grade et unité)

Date 7 novembre 19 39

(A être fait en deux exemplaires dont l'ORIGINAL sera remis au soldat et le DOUBLE, envoyé au Chef du service des archives, Q.G.D.N.)



Pour être fait en double exemplaire.  
To be made out in duplicate.

M.F.M. 5 (Fr.)  
100M — 8-39 (1702)  
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DANS  
L'ARMÉE ACTIVE DU CANADA

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE  
CANADIAN ACTIVE SERVICE FORCE

INSTRUCTIONS

(a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada.

This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.A.S.F.

(b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.  
All questions, etc., must be completed.

(c) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.

Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

(1) Nom de l'officier ou du soldat..... *Sauve Anne*  
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)  
(Surname first — Christian names in full — Block capitals)

(2) Matricule..... *D 51081*  
Regimental Number.

(3) Unité..... *Les Fus. M.R. C.A.S.F.*  
Unit.

(4) Etes-vous marié?..... *Non*  
Are you married?

(5) Dans l'affirmative, donnez  
If married, state,  
(a) Le nom de votre épouse en entier..... *N.P.*  
Full name of your wife.

(b) L'adresse postale actuelle de votre épouse..... *N.P.*  
Present Postal Address of wife.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?..... *N.P.*  
If married, have you been regularly supporting your wife?  
Si non — donnez-en les raisons..... *N.P.*  
If not — state reasons.

(7) Etes-vous veuf?..... *N.P.*  
Are you a widower?

(8) Avez-vous des enfants?..... *N.P.*  
Have you any children?  
Si oui, faites connaître le nombre des garçons et des filles..... *N.P.*  
If so, give number of boys and girls.  
Donnez aussi leur nom et leur âge..... *N.P.*  
Also their names and ages.

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins  
If Separation Allowance is claimed in respect of children — state whether you have been regularly supporting them.  
..... *N.P.*

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —  
Give particulars of Guardian to whom Separation Allowance should be paid — if authorized —

Nom..... *N.P.*  
Name.

Adresse postale..... *N.P.*  
Postal Address.

[VOIR AU VERSO]  
[SEE OTHER SIDE]



(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?  
Have you a common-law wife — whom you have been regularly supporting and publicly representing as you wife?

*N. A.*  
.....  
Dans l'affirmative, donnez son nom en entier et son adresse postale..... *N. A.*  
If so, state her full name and Postal Address.  
.....  
.....

(11) Est-ce que votre père vit encore? *Don*  
Is your father alive?

Si oui, donnez son nom et son adresse..... *N. A.*  
If so, state name and address.  
.....

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? *N. A.*  
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne..... *N. A.*  
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the ~~C.C.F.~~ C.A.S.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance..... *N. A.*  
Also state reason he has no other means of support.  
.....

(14) Est-ce que votre mère vit encore? *Don*  
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse..... *N. A.*  
If so, state name and address.  
.....

(15) Si votre mère est veuve, êtes-vous son seul soutien? *N. A.*  
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne.  
If sole support of widowed mother — state what amount per month you have given her prior to joining ~~C.C.F.~~ C.A.S.F.

*N. A.*  
.....  
Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance..... *N. A.*  
Also state reason why she has no other means of support.  
.....

(17) Etes-vous assuré? *Don*  
Are you insured?

Si oui, dites dans quelle compagnie?..... *N. A.*  
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?..... *N. A.*  
Have you made arrangements for payment of your Insurance Premium?

Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

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.

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

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

*Ami Failla*  
.....  
(Signature de l'officier ou de l'homme)  
(Signature of officer or man)

Date..... *20 Juin 1940*.....

*Robert L. G. G.*  
.....  
Officier Commandant.....  
Officer Commanding

Date..... *20 Juin 1940*.....



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

W 84. 512  
8055  
2  
ARMY

DECEASED  
MEMBER'S  
NAME

**Aime Joseph Alphonse**  
(CHRISTIAN NAMES) (SURNAME)

**FAILLE**

REGISTER NO. **D-14167**  
FILE NO. **405-F-1101**  
DATE **21-11-45**  
SERVICE NO. **D-51081**  
FINAL RANK OR RATING **Pte.**  
DATE OF DISCHARGE **19-8-42**

PAYEE **Director of Estates**  
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE **19-8-42**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **1047** EQUAL TO **34** COMPLETE PERIODS AT \$7.50

\$ **255.00**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **780** LESS **27** INELIGIBLE DAYS, EQUAL TO **753** DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

**188.25**

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY \$ **1.30**  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ **1.00**  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **2.30** X7 = \$ **16.10**  
NO. OF DAYS **780** X \$ **16.10**  
183

**443.25**



**D. WAR SERVICE GRATUITY**

**511.87**

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

**F. TOTAL AMOUNT PAYABLE**

**511.87**

**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  
**KRM**

CHECKED BY

TREASURY  
CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

*Kurbei Cant*  
SERVICE REPRESENTATIVE



FORM No. 1

Register No. D 14167

Nominal Roll No. D339

To: P.M.G.

H.Q. File No. 405 F 1101

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D51081</u>	<u>PTE</u>	<u>FAILLE</u>	<u>HIME JOSEPH ALPHONSE</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... KILLED IN ACTION ..... CARO..... ( )

2nd Enlistment..... CARO..... ( )

3rd Enlistment..... CARO..... ( )

**Total Service**

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>20 SEP 39</u>	T.O.S. <u>20 NOV 39</u>	T.O.S. ....
S.O.S. <u>7 NOV 39</u> MD <u>4</u>	S.O.S. <u>19 AUG 42</u> MD <u>0/5</u>	S.O.S. .... MD .....
Total Days..... <u>49</u>	Total Days..... <u>1004</u>	Total Days.....
<u>CO 135</u>		

**Total Service** ..... 1053 DAYS

	Total Service	Less Non-qualifying Service	Net Service
<b>Western Hemisphere</b> .....	<u>213</u>	<u>6</u>	<u>207</u>
<b>Overseas Service</b> .....	<u>780</u>		<u>780</u>
Totals.....	<u>1053</u>	<u>6</u>	<u>1047</u>
Add Non-qualifying Service.....			<u>6</u>
<b>Total Service</b> .....			<u>1053</u>

EMBARKATION DETAILS: 105 1 Jun 40

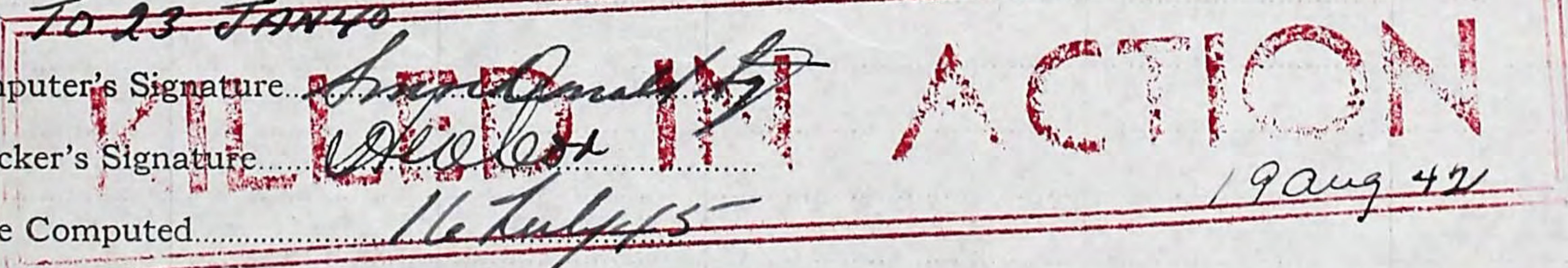
1. Date S.O.S. Overseas. 19 AUG 42 2. Date S.O.S. Overseas.....

REMARKS: FIRST ENLISTMENT UNDER CO 135 ALSO CO 135 FROM 20 NOV 39

Computer's Signature..... [Signature]

Checker's Signature..... [Signature]

Date Computed..... 16 July 45



*all docs show Christian names to read as above*

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

[Signature]  
**C. L. LAURIN,**  
 Colonel,  
 DIRECTOR OF RECORDS.







**CANADIAN ACTIVE SERVICE FORCE**  
**OVERSEAS**  
**LAST PAY CERTIFICATE**  
**(All Ranks)**

District.....  
Dispersal Area.....

Regtl. No. D. 51081 Rank and Name PTE. FAILLÉ A. (Deceased)  
of (Unit) Les Fusiliers Mont Royal on.....  
(Transfer or Discharge)..... to..... on 19 Aug 1942  
Reason Death Authority: C.C.L. "A" No. 185 d/22 Aug 42

The following is a statement of the account of the above-named from 1 Aug to 31 Aug 1942 the inclusive date of transfer or discharge.

Dr.		Cr.	
Particulars	Amount	Particulars	Amount
Balance Dr. from last account.....		Balance Cr. from last account.....	500 37
First Monthly Payment.....		Regimental Pay <u>31</u> days at..... \$ <u>1.30</u>	40 30
Casual Payments.....		Technical Pay..... days at..... \$.....	
Payments on Transfer or Discharge.....		Additional Pay (Give particulars)..... days at..... \$.....	
Assigned Pay.....		Allowances (Give particulars)..... days at..... \$.....	
Regimental Charges.....		Cash Effects J.V. 435.....	2 24
Public Stoppages (Give particulars):		Deferred Pay Interest.....	17 40
AR. 81 d/15 Aug 42 U.C. 149.....	6 71		
I. & I Roll Aug 42 U.C. 149.....	1 16		
To Balance Cr. { Free.....	32 44	By Balance Dr. ....	
{ Deferred.....	520 00		
	<i>552 44</i>	Total.....	560 31
Total.....	560 31		

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

Remarks:



Compiled by E.W. Armstrong.  
Checked by [Signature]  
Date 1 Dec 42 19.....

Certified correct [Signature]  
for Chief Treasury Officer, Overseas.



The Administrator of Estates

Regimental No... D-51081 ..... Rank... Private.....

..... FAILLE ..... Aime Joseph Alphonse .....  
Surname Christian Names

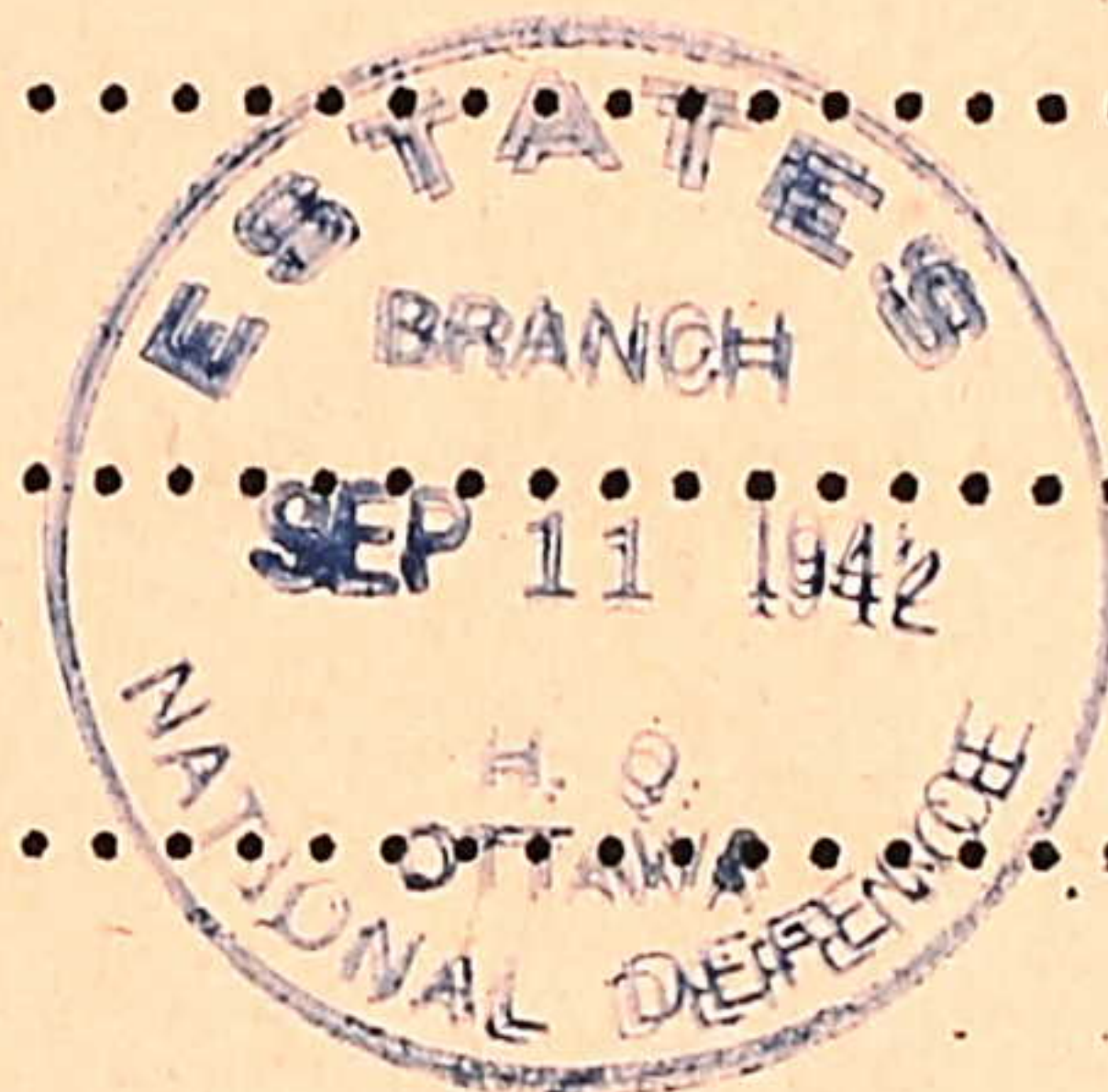
Unit... 21st Div'l Petrol Coy., R.C.A.S.C. ....

Date of Death. 19-8-42. .... Place of Death... Overseas.....

Next-of-kin. Mrs. R. Blain ..... Relationship... Sister.....

Address..... 2642 Allard.....

..... Montreal, Quebec.....



M.F.M.5... No record of M.F.M. 5 in Record Office to date.....

Will..... Original Will herewith.....

Date... September 10, 1942.....

*[Handwritten signature]*

*W.E.L. Coleman*

(W.E.L. Coleman) Lt.-Col.,  
Officer i/c Records,  
for Adjutant-General.

HMG/WKA



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH		Municipal county		IN THE FIELD (FRANCE)		Official name of civil municipality or township		Hospital or Institution		Place an X over the word which applies to this municipality or this territory		City   Town   Village   Parish   Township				
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	(d) In Canada (if immigrant)	Years	Months	Days	
3. NAME OF DECEASED		Surname		FAILLE		Given names		Aime Joseph Alphonse		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH				
4. RESIDENCE		Street		910 Panet		Official name of civil municipality or township		Montreal,		Municipal county		Quebec.		Province		
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)		M.		Quebec.		Single.		22. Date of death		August 19th, 1942.		(Month) (Day) (Year)	
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country)		Quebec.		11. DATE OF BIRTH		April 19th, 1914.		12. AGE OF DECEASED		Years	Months	Days	If less than one day old	
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		Labourer.		15. Date deceased last worked at this occupation		16. Total years spent in this occupation		28		4	1	hrs. or	min.	
17. NAME		18. BIRTHPLACE (Province or Country)		FATHER		MOTHER (Maiden Name)		19. Place of burial, cremation or removal		England.		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		22. Date of death		August 19th, 1942.		(Month) (Day) (Year)		
23. I HEREBY CERTIFY that I attended deceased from		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.		Killed in action.		25. If a woman, was there a puerperal condition?		26. Was there a surgical operation? Date of		19		
and last saw h..... alive on..... 19.....		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).		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		27. If death was due to external causes (violence) fill in also the following:—		Accident, suicide or homicide Date..... 19..... (State which)		
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.		J. B. Radine		This signature authorizes the collector to accept this form as authentic.		(Voir l'autre côté pour le français)		for Director of Records, Dept. of National Defence.		Signed..... M.D.		Address..... Date..... 19.....		



/HB

CERTIFICAT DE DECES

LES PRESENTES CERTIFIENT que d'après les renseignements que le Ministère de la Défense nationale a recus des autorités outre-mer, le soldat Aimé Joseph Alphonse FAILLE, numéro matricule D.51081, de l'Intendance militaire royale canadienne, Armée canadienne, a été tué à l'ennemi le 19 août 1942.

Pour l'adjudant-général,  
le chef des archives,

*J. B. Radin*  
for (W. E. L. Coleman) lieutenant-colonel.

Ministère de la Défense nationale,  
Ottawa, Canada.  
Le 15 septembre 1942.



/HB

le 3 septembre

2.

Chère madame,

Je regrette profondément de vous faire savoir que votre frère, le soldat Aimé Joseph Alphonse Faille, numéro matricule D.51081, a donné sa vie au service de sa patrie à la bataille de Dieppe.

Soyez assurée que dès que nous recevrons des renseignements supplémentaires, nous vous en ferons part.

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

Nous lui rendons hommage pour son vaillant sacrifice.

Votre bien dévoué,  
L'adjudant-général,

(H.F.G. Letson),  
major-général.

Mme R. Blain,  
2642, rue Allard,  
Montréal, Qué.





CANADA

QUOTE NO. H.Q. 405-F-1101 (D.R.)

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

OTTAWA, CANADA,

September 1st, 1942

For Translation Please

Mrs. R. Blain,  
2642 Allard,  
MONTREAL, Quebec.

Dear Madam;

I deeply regret to inform you that your brother D-51081 Private Aime Joseph Alphonse Faille, gave his life in the Service of his Country in the Action at Dieppe.

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,

(H.F.G. Letson),  
Major-General,  
Adjutant-General.

GR/CWF