D57837
LEFEBVRE
REMI

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FINGER-PRINTED

Doit être remplie en triplicata, 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
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité (Unit) LE REGIMENT DE MAISONNEUVE C.A.S.F. Matricule (Regimental Number) D-57837

DUPLICATE

~~Original~~
~~Duplicata~~
~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

Original
Duplicate
Triplicate

WSG COMPLETED

1. Nom (Surname) LEFEBVRE
2. Prénoms (Christian Names) REMI
3. Adresse actuelle (Present Address) 5931 12iem AVE ROSEMONT MONTREAL.P.Q.
4. Date de naissance (Date of birth) I ER OCTOBRE 1903
5. Lieu de naissance (Place of birth) CANADA (Pays)—(Country) ONTARIO (Comté ou province)—(County or Province) ST EUGENE (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) C.R.
7. Métier ou profession (Trade or Calling) RIGGER
8. Marié, veuf ou célibataire (Married, Widower or Single) MARIE
9. Nom du plus proche parent (Name of next of kin) AMY LEFEBVRE
10. Parenté de celui-ci (Relationship) EPOUSE
11. Adresse du plus proche parent (Address of next of kin) 5931 12iem AVE ROSEMONT MONTREAL.P.Q.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) NON
13. 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) NON
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force (Do you now belong to or have you served in the Active Militia of Canada?) NON

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

ORIGINAL DESTROYED BY FIRE
COMPLETE HISTORY FORM COMPLETED

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

Je, soussigné, LEFEBVRE REMI, 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 16-8-40

Remi Lefebvre
D.R.A/SGT. (Signature de la recrue)

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

Je, LEFEBVRE REMI, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Remi Lefebvre
(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,

à MONTREAL.P.Q. ce 16-iem jour de AOUT 1940 19 40

Ab Lamontagne Major
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

DEPOT REGIMENTAIRE LE. R.DE.M. C.A.S.F.
(Titre, grade et unité ou emploi)

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

OHF-Comp.

État de service de LEFEBVRE (Nom—Surname) REMI (Prénoms—Christian Names) Matricule D-57837

Record of Service of — Regimental Number

APTITUDES
Qualifications

Militaires (Military): NON

Professionnelles ou commerciales (Business or Professional): NON

Civiles ou de métier (Trade or Civil): RIGGER

Techniques (Technical): NON

Langues (Languages): FRANCAIS ET ANGLAIS

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies (High School or Collegiate): ST EUGENE DE ONTARIO (années complétées—years completed)

Graduation ou (or) Immatriculation (Matriculation): 5 iem ANNEE (Spécifier—Specify)

*Collège: NON

*Université (University): NON

*(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: Date	Rapport — Report: Reçu de — From whom received	État 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: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement — Joined on enlistment						
17/8/40	Civil	T.O.S. DEPOT REGIMENTAIRE LE. R.DE.M.CASF.	Pte	16-8-40	Ville de Montreal		180	17/8/40
30/8/40	Depot	S.O.S. Regt.Dep.on Trans.to 4 DD.	"	31/8/40	4DD	"	191	219
1-9-40 ~~31/8/40~~	4 DD	T.O.S. 4 DD on Trans.fr. R.D.E.M. Dep.	"	1/9/40	4 DD		220 ~~219~~	1-9-40 31/8/40
~~XXXXXXX~~	~~XX~~	~~XXXXXX

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) Lefebvre Remi — Date Aug 9 1940

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 37

2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes? (Have you ever suffered from any of the following diseases?)

a. Rhumatisme (Rheumatism)	no	j. Affection nasale (Nasal trouble)	no
b. Tuberculose (Tuberculosis)	no	k. Maladies des oreilles (Ear disease)	no
c. Bronchite ou asthme (Bronchitis or asthma)	no	l. Maladie des yeux (Eye disease)	no
d. Affection cardiaque (Heart disease)	no	m. Epilepsie (Epilepsy)	no
e. Maladie du rein ou de la vessie (Kidney or bladder disease)	no	n. Maladie nerveuse ou mentale (Nervous or mental disease)	no
f. Gastrite intestinale (Gastro-intestinal)	no	o. Syphilis	no
g. Hernie (Rupture)	no	p. Gonorrhée (Gonorrhœa)	no
h. Varices (Varicose veins)	no	q. Avez-vous déjà porté des verres? (Have you ever worn glasses?)	no
i. Pieds plats ou déformés (Flat or deformed feet)	no		

Remi Lefebvre
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Color vision Ishihara C.D.U.
Ears & reflexes N A. Delahaye Capt

URINE ✓
X RAY ✓

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) (Identification marks or scars (If operative obtain history).)
1 vac L arm L hand index finger Ampt

2. Taille (Height) 5 pieds (feet) 7 pouces (inches).
3. Poids (Weight) 150 livres (pounds)
4. Teint (Complexion) Med Yeux (Eyes) Brown Cheveux (Hair)
5. Développement (Development) good — Bon—Good / Passable—Fair / Médiocre—Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 35 pouces (inches) Degré d'expansion (Range of expansion) 1½ pouces
7. Vue, œil droit (Vision, right) 20-20 œil gauche (left) 20-20
8. Ouïe, oreille droite (Hearing, right) W.V. 20 gauche (left) W.V. 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) fair man y missing
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: (The abnormalities (congenital and pathological) found on examination are as follows:)
first finger left hand missing exellent grip varicocele left no disability

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 12-7-43

Y.O.B.	P	U	L	H	E	M	S
03	1	1	1	1	1	1	1

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A) Probably a skilled blacksmith and welder

(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

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

Date	Détails succints et signature (Brief details and signature)	Date	Détails succints et signature (Brief details and signature)
Aug.13/40	X/Ray recheck normal by J.W.KcKay Aug.12/40 W.Kaufman Maj.	28-9-42	TABT ½cc yearly Leo 2 Rutenberg Capt
		28-11-42	Rebounded Cat A Leo 2 Rutenberg Capt
		19-11-43	TABT ½cc yearly repeat Leo 2 Rutenberg Capt.
		13 May 44	Re-Vacc Leo 2 Rutenberg Maj
29-8-40	TAB/3	21.8.45	
5.9.40			
12.9.40			

YOB	P	U	L	H	E	M	S
02	1	1	5	1	1	1	1

29-8-40 - Vaccination
29-8-40 - Tetanus. 1st
29.10.40 - Tetanus 2nd

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

NO

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

Statement of the Service of No. D-57837 Rank ~~PTE.~~ A/CPL Sheet No. 1

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

Name LEFEBVRE REMI

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
19 FEB 41	4 DD	GRANTED FOURTEEN(14)DAYS FURLOUGH FROM 19 FEB 41 UNTIL 4 MAR 41. R.O.699.	PTE		4 DD	MONTREAL SOUTH	4 DD PT.II NO.41	18 FEB 41
27-9-41	"	TO BE A/L/CPL WITHOUT PAY	"	23-9-41	"	"	" " " 231	26-9-41
21-11-41	"	TO BE A/CPL WITHOUT PAY	A/CPL	20-11-41	"	"	" " " 278	20-11-41
15-5-42	4 D.D.	TO BE A/CPL.TO COMPLETE HOME WAR EST.OF NO 4 D.D. ON THE AUTHY.OF HIS COM.OFFICER.	A/CPL.	1-3-42	"	" "	" " " 114	14-5-42
30-6-42	4 D.D.	Ceases to be absorbed into the HWE and SOS on tsfr to 4 Vocational Training School Montreal Que(Ceases to be on Command to Motordrome Bkts.)	"	29-6-42	"	" "	" " "155	28-6-42
1-7-42	4 VTS	TOS on transfer from No 4 D.D. and absorbed into the HWE of No 4 VTS and is attached to No 4 D.D. (Motordrome Bkts) for rations and quarters.	A/Cpl	30-6-42	4 VTS	Motordrome	4VTS PT 11.# 1	30-6-42
		Granted 14 da ys Furlough from 27-10-42 to 9-11-42 R.O.699,is grnyd.50¢ P/D in lieu of rations while on furlough.	"		"	"	" " 39	27-10-42
		Having been reboarded is Cat. "A"	"	28-11-42	"	"	" " 62	3-12-42
		Grntd.5 days Xmas leave,50¢ P/D in lieu of rations.	"		"	"	" " 74	17-12-42
		Is confirmed in the rank of "CPL"on the authority of his Commanding Officer in acc.with C.A.R.O.2987	CPL	24 Mar 43	"	"	D.O. 72	26 Mar 43
		Is granted (14)days furlough from 14,Jun 43 to 27 Jun 43 under the prov. of R.O. 699 and (50)¢ per day allowance in lieu of Rations for the period shown."			"	"	D.O. 140	14 Jun 43.
Granted 5 days Christ.		Leave from 22 Dec 43 to 26 Dec 43 incl.						
& (50) ¢ p.d.			"		"	"	D.O. 300	15 Dec 43.
Entitled to wear the Cdn.Volunteer Serv. Medal ribbon.			"	16 Feb 42	"	"	D.O. 10	13 Jan 44

Statement of the Service of No. D-57837 Rank ~~PTE~~ CPL Sheet No. 2

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

Name LEFEBVRE Remi

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
		Granted 4 dys leave from 3 to 6 May 44 incl.& (50)% p.d.	CPL		4 VTS	Montreal	D.O. 106	3 May 44
		S.O.S. to No. 22 Gen. Pion. Coy R.C.E.	"	11 Jul 44	"	"	D.O. 165	11 Jul 44
		Reverts to the Rank of L/Cpl at his own request.	L/Cpl	12-7-44	22 Gen.	RCE "	150	13-7-44
		TOS from No 4 VTS CA and are att to No 4 VTS CA for Ration only	Cpl	12-7-44	" "	"	150	13-7-44
		Granted 14 days furlough and Rat. Allow. from 4-9-44 to 17-9-44	"		" "	" "	" #178	4-9-44

ORIGINAL DESTROYED BY FIRE

Regimental No. D-57837 Rank

Sheet No.

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name LEFEBURE Remi

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Confirmed Cpl.	Cpl.	24 Mar 43	4 U.T.S.	Montreal	~~72~~	26 Mar 43
Appd. C.V.S. 2m.	"	16 Feb 43	"	"	~~70~~	13 Jan 44
T.O.S. to 22 G.P. Coy. R.C.E.	"	1 July 44	"	"	~~165~~	1 July 44
T.O.S. from 4 U.T.S.	"	13 July 44	209 R.C.	"	150	13 July 44
Reverts to L/Cpl at own request.	"	13 July 44	"	"	150	13 July 44
~~Granted furlough 4 Sept 44 to 17 Sept 44~~	"			"	~~176~~	~~15 Sept 44~~
Relinquishes Appt. L/Cpl.	Spr.	14 Nov 44	"	N.S. 4 Sector	A.O. #8	12 Dec 44
T.O.S. to 4 D.R.	"	14 Nov 44	"	"	A.O. #9	13 Dec 44
~~T.O.S. from 22 G.P. R.C.E.~~ Conc.	"	15 Nov 44	4 D.R.	Montreal	~~297~~ 296	~~5 Dec 44~~ ~~4 Dec 44~~
Appd. L/Cpl. eff. pay to No 4 Sig. Coy. R.C.E. 15 Nov 44 to 30 Nov 44	"	15 Nov 44	Amend. "	"	~~297~~ 296	~~5 Dec 44~~ ~~4 Dec 44~~
T.O.S. from 22 G.P. R.C.E.	"	15 Nov 44	"	"	298	6 Dec 44
Admd. to Long Mil Hosp.	"	11 Dec 44	"	"	303	12 Dec 44
Disch. from Long Mil Hosp.	"	14 Dec 44	"	"	306	15 Dec 44
T.O.S. H.W.E. from Held Est.	"	21 Dec 44	"	"	311	21 Dec 44

Total posted on Page 2

Regimental No. D-57837 Rank Spr. Sheet No.

M.F.M. 1 & 2 (a)
300M—12-43 (3301)
H.Q. 177-39-1646

Name LEFEBVRE R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Granted Leave with Rations Alle. from 23 Apr 45 to 6 May 45	Spr.	23-4-45	4 DD	Montreal South	99	23-4-45
Adm sick to Mtl Mil Hosp	"	5-6-45	"	"	137	7-6-45
Disch from Mtl Mil Hosp	"	4-7-45	"	"	162	5-7-45
SOS HWE to Hold Est	"	22-8-45	"	"	204	23-8-45
TOS Hold Est from HWE	"	23-8-45	"	"	204	23-8-45
SOS DISCHARGED:- (R.O. 1029 para 10.)						
ADD. On DISCHARGE: 5931, 12th Ave, Rosemount, Mtl-36, Que	Spr.	24/8/45	"	"	205	24/8/45
Granted $100.00 Clothing Allowance (Art 186 (1) Fr & I) and 30 days pay of rank (R.O. 4415).						

Send all correspondence
in English by widow's request.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS PERSON ENTITLED TO: Mrs. Amy Lefebvre (widow) 9-1-50

ADDRESS: 5931 - 12th Ave, Rosemont, Que.

(1) Covers and folio

(2) MEMORIAL CROSS C-14 WIDOW: Mrs. Amy Lefebvre

ADDRESS: 5931-12th Avenue, Rosemount, Montreal, P. Q.

(2) DESP. MAR 16 48 REGN No. 521

(3) MEMORIAL CROSS C-14 MOTHER: Mrs. Maria Lefebvre

ADDRESS: 5843 A. Delormier Ave., MONTREAL, Quebec.

(3) DESP. MAR 16 48 REGN No. 522

DESP. REGN No. 19651

MEMORIAL BAR

DATE DESP.

REGN. NO. 14132

K. 15332*

24-12-47 PD C-14 M DJB

AWARDS—CANADIAN ARMY (ACTIVE)

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
LEFEBVRE, Remi		D-57837	Pte.	FILE No. D-57837 RCE

WAR SERVICE BADGE (CLASS) G.S.C. No. ELIGIBLE 189356(23-8-45)DD4 DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
~~CVSM~~	
~~War Medal 1939-45~~	
	6267.
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. D-57837 (Regt. No.) Cpl. (Rank) L E F E B V R E, Remi. (Name (surname first)) A. (A or R) 40 (Age) A (Med. Cat.)

French. (Main Language) English (Good) (Other Language(s)) Montreal South, Que. (Place (Unit) Interviewed) 22nd, March, 43. (Date Interviewed)

II. Revised Examination "M"

M.D.-4 (Place Tested) 19-3-43 (Date Tested) F.T.Brown, Major (By Whom)

109 (Total) IV (Group) Subtests 10 (1) 12 (2) 7 (3) 19 (4) 17 (5) 10 (6) 15 (7) 19 (8) Subtotals 29 (1-3) 36 (4-5) 44 (6-8) French. (English or French)

Other Tests

YOB PULHEMS
03 1141111
(6-12-44)

Y.O.B.	P	U	L	H	E	M	S
03	1	1	5	1	1	1	1

23/8/45
BPS C 137

III. Educational Background

Completed Grade 5 at 14 years of age. Left to help his parents. Average school work. Best subject: arithmetic.

IV. Occupational Background

2 Years apprentice cheese maker.
2 Years as clerk in a general store.
9 Years for Fraser Brace as rigger, labourer, etc.,
2 Years for Foundation Co. as rigger.
Odd jobs for many years during depression (on relief for a while).
5 Years for Steel Co. of Canada as blacksmith's helper.

V. Military Background Enlisted Active Army 16/8/40 (Regt de Maisonneuve). Has had Basic Training but did not complete it because of sore feet and kidney trouble. Guard duties, fatigue work and waiter in Officer's and Sgt's Mess for 2½ Years at Motordrome Barracks, Mtl. (In charge of the Officer's Mess for the last 2 years). Promoted to the rank of A/Cpl. 1 year ago. Conduct sheet is ~~clear.~~

VI. Other Personal History and Appraisal

Married 17 years - 2 children.
Parents are still living and in good health.
This man looks younger than 40 years old. He is neat, well mannered, polite and cheerful. Seems a little bit nervous. Appears in good health; is well built, but complains of stomach trouble and sore feet. One finger missing on left hand.
This soldier is not very active in sports; he is sociable but has almost no friends. Likes to stay home with his wife and children. Takes a glass of beer, reads, newspapers and listens to radio.
Education is rather low, but intelligence and stability seem fair. He is very willing and co-operative. Likes the Army and his work; is ambitious and wants to get ahead. The man likes gambling a little too much, but apparently he is a good worker.

VII. Recommendations

NO CHANGE. Waiter - H.W.E.

FT.

(Signed) G. Benoit Lieut.
G. Benoit, Lieut. Army Examiner

M.F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

D-57837 Cpl. LEFEBVRE Remi

YOB PULHEMS
03 1141111

Military History

Confirmed Cpl. on 24 Mar. 43. Still employed as Cpl. i/c of Officers' Mess. Has clean M.F.M. 6.

Present Situation

This man was referred to the A.E. as a result of the re-localization of No. 4 V.T.S., authorized by M. 8-1-3-5304 (A/Mov) d/10 Jul. 44. In accordance with para 3(a) of the a/m reference, he was transferred to No. 22 Gen. Pnr. Coy. R.C.E. for the purpose of carrying on in the capacity of:

Recommendation

General Duty - H.W.E. Motordrome Barracks.
Carry on as before.

H.Q.M.D. 4 13 July 44 M. R. Dufresne A.E.
M R. Dufresne, Capt.

D-57837 Spr. LEFEBVRE, R. First Interview: Mtl South, on 22 Mar 43.

YOB PULHEMS
10 12 7 19 17 10 15 19 29 36 44 Total: 109 (F) Gr. IV 03 1141111
(6-12-44)

Military Background: Since this man was last interviewed in July 44, he was employed on general duty on H.W.E. Motordrome Barracks.

Present Situation: Lefebvre is a 42 years old man who has rendered good services since 1939. Enlisted because he wantedto go O/S, he was not found to meet the required standard, and had to remain in Canada. He nevertheless tried to be valuable and served to the best of his ability. Because he is reliable, serious, temperate and has tact and judgment, he was employed mostly in regimental institutions, was in charge of the Officers' Mess at Motordrome Barracks, for over 2 years. These Barracks are now closed and Lefebvre is interviewed with a view to find another placement for him. He is L-4 for rheumatism, does not feel as young as he used to, and he estimates he has done his share. He asked to return to his civilian employment.

He has a diet to follow, requires special cares and treatment to submit to. It is the impression of this interviewer that the days when Lefebvre could be useful in the Army, are terminated. If he was kept against his will, and in spite of his ailments, he would probably not give satisfaction. He recently reverted from the rank of Cpl, lost his set of friends and abandoned long acquired habits. He would probably not readjust to a new situation. No further employment is recommended.

Suggestion: NO FURTHER ARMY PLACEMENT IS RECOMMENDED.

D.D.4 Mtl South, Que. 7 Dec 44. J.G. Perrault, Lt.
CS

W.D. 12 prepared at D.D 4 on 23 Aug 45

12. MARITAL STATUS:- Married NUMBER OF DEPENDENTS, OTHER THAN WIFE One

13. DISCHARGEE'S OWN STATEMENT OF FUTURE PLANS (IF ANY):-

I am already employed in my former employment as blacksmith's helper.

14. POST-DISCHARGE MAILING ADDRESS:-

5931 12e Avenue Rosemont.

15. BASIS FOR COUNSELLOR'S RECOMMENDATIONS:-

42 years of age. A cheerful, well-mannered and polite middle-aged man who is a little bit nervous. He is social, clean-cut and a steady worker. As far as his rehabilitation is concerned, he offers no problem as he is returning to his former employment as blacksmith's helper. Offers some complaints about his health, stating his feet are his main problem as far as work is concerned. Should this prevent him from keeping on his former duties, he is highly recommended for night watchman as this would be very much in line with M'O'S recommendation. Willy apply for small holding, and he being industrious, thrifty and seemingly a good prospect placement, he is recommended accordingly.

16. ACTION RECOMMENDED:-

Former employment already arranged as blacksmith's helper.

17. OTHER POSSIBILITIES SUGGESTED BY COUNSELLOR:-

1. - Settlement under V.L.A. (Small holding establishment).

2. - Seek employment as watchman (in-door work).

18. REFERRED TO:-

E. & S.S. PLACEMENT OFFICER - Montreal.

D.V.A. GENERAL COUNSELLOR - Montreal.

V.L.A. REGIONAL SUPERVISOR - Montreal.

19. PLACE D.D. # 4 (R.P.) DATE 23 Aug. 45

SIGNATURE OF COUNSELLOR Gerard BELANGER,

RANK OR APPOINTMENT Lieut.

NOTE:- COUNSELLOR WILL CHECK TO SEE THAT THIS FORM HAS BEEN COMPLETED AS REQUIRED.

DEPARTMENT OF VETERANS AFFAIRS - W.D. 12

IF DISCHARGEE IS REPATRIATED PRISONER OF WAR MARK "POW"	IN HOSPITAL	

CONFIDENTIAL

ATTENTION
1. - Employment.
2. - V. L. A.

	SURNAME	FIRST NAME	INITIALS	RANK	NUMBER	SEX
1.	LEFEBVRE	Remi	W.J.T.	Pte.	D-57837	M

2. DATE OF COMMENCEMENT OF ACTIVE SERVICE:-	16 Aug. 40	PLACE: Montreal	YR. OF BIRTH: 1903

	YES	NO	IN WHAT SERVICE ?
3. SERVICE OUTSIDE CANADA:-		X	N / A

4. CAUSE OF DISCHARGE:- R.O. 1029 - 10

5. PRE-ENLISTMENT EDUCATION:-

Completed grade five in Ontario at 14 years of age in 1917.

6. LANGUAGES:-

Bilingual : French and English.

7. OCCUPATIONAL HISTORY:-

1917 - 19 : Apprentice cheese-maker.

1919 - 20 : Clerk in general store.

1921 - 30 : Fraser Brace, rigger, labourer.

1930 - 32 : Foundation Co. - as rigger.

1932 - 35 : Unemployed.

8. IMMEDIATE PRE-ENLISTMENT EMPLOYMENT:- (WITH NAME AND ADDRESS OF EMPLOYER)

1935 - 1940 : Steel Co. of Canada as blacksmith's helper.

9. SHORT ACCOUNT OF SERVICE, TRAINING AND DUTIES:-

60 months of active service in Canada. Mostly with R. de Maisonneuve, and one year with R.C.E. After three months of training, was downgraded medically and employed for four years ~~as~~ a head-steward in officer's mess as A/Sgt. Was also 8 months employed as steward in another officer's mess.

10. EDUCATIONAL COURSES WHILE IN SERVICE:-

Nil.

11. MEDICAL OFFICER'S STATEMENT OF PHYSICAL LIMITATIONS (IF ANY):-

Fit for light work according to arthritis and age. Should not do long walking or standing.

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40(4227-8)
H.Q. 1772-39-1651

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

INSTRUCTIONS:

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

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

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

---

(1) Nom de l'officier, ou soldat, ou aviateur ....LEFEBVRE.... REMI....
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade ....D-57837.... PTE....

(3) Unité ....LE REGIMENT DE MAISONNEUVE C.A.S.F.....

(4) Êtes-vous marié? ....OUI....

(5) Si oui, donnez

(*a*) le nom entier de votre épouse ....AMY LEFEBVRE (TAMPLE)....

(*b*) l'adresse postale actuelle de votre épouse ....5931 rue 12 iem AVE ROSEMONT MONTREAL.P.Q.....

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

Sinon, donnez-en les raisons ....N/A....

(7) Êtes-vous veuf? ....NON....

(8) Avez-vous des enfants? ....OUI....

Si oui, indiquez le nombre de garçons et de filles ....1 GARCON 1 FILLE....

Donnez aussi leurs noms et leurs âges ....GERARD 13 ans EVELYNE 11 ans....

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

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

Nom ....AMY LEFEBVRE....

Adresse postale ....5931 12 iem AVE ROSEMONT MONTREAL.P.Q.....

(VOIR AU VERSO)

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

.....NON.....

Dans l'affirmative, donnez son nom en entier et son adresse postale.....N/A.....

.....

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

Si oui, donnez son nom, son adresse et son emploi..WILFRID LEFEBVRE.....

.....2468 A BLVD ROSEMONT MONTREAL.P.Q.....(MENUISIER)

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

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale).....N/A.....

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

.....

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

Dans l'affirmative, donnez son nom et son adresse..MARIA LEFEBVRE.....

.....2468 A BLVD ROSEMONT MONTREAL.P.Q.....

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

.....

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale).

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

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées?.....NON.....

Si oui, donnez les détails suivants: —

Degré de parenté.....N/A.....

Nom en entier.....N/A.....

Adresse postale.....N/A.....

Montant de la contribution mensuelle au cours des six derniers mois.....N/A.....

.....

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement?.....NON.....

(19) Êtes-vous assuré?.....OUI.....

Si oui, dites dans quelle compagnie?....ARTISANTS CANADIENS STEEL CO OF CANADA.

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?

.....OUI..... 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.

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

Rémi Lefebvre

(Signature de l'officier, soldat, ou aviateur)

Date.....16-8-40.....

LE REGIMENT DE MAISONNEUVE C.A.G.I.
DÉPÔT RÉGIMENTAIRE

Officier Commandant.....

Date.....16-8-40.....

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

No D.57837 Rank Corporal Name LEFEBVRE, Remi

Unit Regt. de Maisonneuve Date of death 24th December, 1947.

Died at Ste. Anne's Hospital, Montreal, P.Q.

Cause Osteogenic sarcoma multiple metastasis.

Death war Due.CPC.d 17-2-48 HQ 405-L-26733 d

N/K Mrs. Amy Lefebvre, Relationship Widow,

Address 5931 - 12th Avenue, Rosemount, Montreal, P.Q.

Remains buried in St. Eugene Cemetery

St. Eugene, Ontario.

Grave location Sect. D, Grave 9. 10M-7-47(M-1371)

CONTRACTOR'S BILL FOR THIS SOLDIER'S GRAVE DESPATCHED APR 28 1948

Dept. of Veterans Affairs
War Service Records
Referred To 3d
DEC 14 1949
File No. .....

MINISTERE DES AFFAIRES DES ANCIENS COMBATTANTS
(Archives des services de guerre)

Numero matricule... D-57837 (Pte)..... No du dossier D-57837 R.3D/D.V.A.

Nom..... Remi Levebvre ..... Ottawa... 8 December 1949....

Aux fins des archives et au cas où il y aurait des médailles ou des souvenirs à distribuer en raison du service de l'ancien militaire ci-dessus désigné, il est nécessaire de fournir les renseignements suivants sur le défunt et ses parents.

Si le militaire laisse des enfants, des frères ou des soeurs, il est essentiel d'indiquer l'âge de ces survivants.

Parents dont il faut rendre compte	Nom et prénoms du parent	Adresse complète	Date du décès du parent
Veuve du militaire	Amy LEFEBVRE NEE (TEMPLE)	5931 - 12d AVE Rosemount. Que	—
Enfants du militaire et leur âge	Evelyn LEFEBVRE (20) GERARD LEFEBVRE (22)	5931-12d AVE Rosemount Que	—
Père du militaire	WILFRED LEFEBVRE	5843A Delaunei St Mtl Que	—
Mère du militaire	MARIE LEFEBVRE	5843-A Delaunei St Mtl Que	
Frères du militaire et leur âge	ROSAIRE (47) VITAL (44) GEORGE (43) RENE (40) ALBERT (39)	5843-A Delaunei St. 21 WILFRED-ST. VALLEY FIELD. QUE 6541. LOUIS HEMON. MONTREAL 5249 PARK AVE MTL. QUE 2516 ROSEMOUNT BLVD MTL. QUE.	—
Soeurs du militaire et leur âge	—	—	—

Le militaire avait-il contracté mariage? Le cas échéant, indiquer avec précision le lieu et la date du mariage.

— NO —

A-t-il laissé un TESTAMENT? (Veuillez répondre OUI ou NON)
Le cas échéant, il faut expédier le document pour inscription et renvoi.

YES

DECLARATION

JE DECLARE, PAR LES PRESENTES, que les détails donnés ci-dessus sont exacts, que les renseignements fournis dans la présente déclaration constituent un état véridique et complet de tous les parents que le militaire défunt ait jamais eus aux degrés indiqués ci-dessus et que je suis l # WIFE du défunt.

indiquer le degré de parenté:- v.g. "veuve", "père", "frère" et le reste.

Date 12 Dec. 49 .....

Amy Lefebvre .....
(Signature du postulant)

5931 - 12d Ave. Rsmt. Que.
(Adresse)

Si et possible envoyer des formule de même en Anglais S.V.P. merci.

R. 3D 161

February 3, 1948.

List of the effects of the late R. Lefebvre, #57837, who died on December 24, 1947.

1 pair trousers & braces.
1 coat, gray, sport.
2 sweaters.
1 pair shoes.
1 mirror, shaving on stand.
1 alarm clock.
1 pair slippers.
1 comb.
1 hair brush
1 pair scissors.
2 pairs socks.
2 suits, combination.
1 undershirt, summer.
1 tie.
1 automatic pencil.
1 wallet (unfinished).
1 leather belt (unfinished).
Letters, papers.
1 toothbrush in case.
1 rosary.
1 pocket knife.
1 razor and blades.
1 razor strap.
1 dressing gown.
8 handkerchiefs.
1 canvas handbag.
1 steel carpenter's square.
1 pair glasses and 2 cases.

Effects received in good condition _____

Date _____

J. Allen

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: Remi Lefebvre. (b) Reg'l. No. D-57837
2. (a) Arm of service: Army (b) Unit: Regt. de Mais (c) Rank: A/Cpl.
3. (a) Date of birth: 1 Oct 1903 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Mtl., Que.
4. (a) Place of enlistment: Mtl., Que. (b) Date of enlistment: 16 Aug 1940.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 15 (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.): 5 years Public School.
7. If you attended a university, give name of university and standing or degree secured:
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? Eng. Fr. (b) What languages do you read well? Eng. Fr.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer: Steel Co. of Can. Address: Mtl. Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Steel Mfgrs.
20. (a) Your specific occupation: Blacksmith Helper (b) Number of years' experience at this occupation with any employer: 6
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: None

DATE 13 Mar 43 194 SIGNATURE R. Lefebvre

M.F.M. 7 (Fr.) (PAPER)
100M-2-45 (6062)
H.Q. 1772-39-1653

ARMÉE ACTIVE CANADIENNE

CERTIFICAT DE LIBÉRATION

LES PRÉSENTES CERTIFIENT que (grade) Sapeur.

(Nom et prénoms) Remi, LEFEBVRE. matricule D-57837

s'est engagé(e) ~~ou a été enrôlé(e)~~ dans ROYAL CANADIAN ENGINEERS.

de **L'ARMÉE ACTIVE CANADIENNE,** à Montreal, Que. le 16e.

jour de A out. 19 40.

Il/~~elle~~ a servi au Canada -

et est maintenant libéré(e) du service en vertu de l'ordre de service courant N° 1029 Para 10

pour cause de IL PEUT ATTEINDRE LES APTITUDES PHYSIQUES MILITAIRES REQUISES

Médailles, décorations, citations, méritées en raison du service au cours de la présente guerre: Medaille Canadienne de Service Volontaire.

SIGNALEMENT À LA DATE mentionnée ci-après:

Age 41 Ans 10 Mois

Taille 5' 7"

Teint Medium

Yeux Bruns

Cheveux Bruns

Remi Lefebvre
Signature du militaire

Date de libération

No. 4 District Depot C.A. AUG 24 1945 Montreal South, P.Q.

Marques ou cicatrices
Amputation doight main gauche

Autres périodes de service dans l'Armée active (au cours de la présente guerre)

- - - -NIL- - - - -

Officier qui délivre le certificat
(S. ECHENBERG,) Colonel,
COMMANDING No. 4 DISTRICT DEPOT, (CA).
Grade

Date 24 Aout 195

N.B.—Comme il n'est pas délivré de duplicata du présent certificat, quiconque trouve ce document est prié de le transmettre sous pli non affranchi au directeur des Archives (armée), ministère de la Défense nationale, Ottawa, Canada.

SEP 20 1945
BOARD TO C.P.C.

MEDICAL BOARD PROCEEDINGS

INSTRUCTIONS TO MEDICAL OFFICERS

A. This form will only be used in connection with the retirement of an officer or the discharge of another rank or when specially required by N.D.H.Q. If Medical Board of three members acts, all sections will be completed by them.

B. It is the responsibility of each medical officer concerned to ensure that his part of the proceedings is properly carried out, that the individual examined is correctly and completely described.

C. If space on form is insufficient, report may be carried over to an overflow sheet, which will be numbered to correspond to the section concerned, and the overflow sheet will be signed as well as the corresponding section on the form.

D. Sections 1 to 10 inclusive may be completed in Orderly Room.

E. Sections 12 to 15 inclusive will be completed by the medical officer instituting the proceedings.

F. Sections 16 to 19 inclusive will be completed by the appropriate specialists.

G. Every section is essential and each must be completed in full. Be relevant and concise. Write legibly.

Station Montreal South Que. Date 22 Aug. 45.

1. State reasons and/or authority for proceedings C.A.R.O. 1029-10

2. Regimental No. D57837 Rank Pte. Unit D.D.4 Religion R.C.

3. Name LEFEBVRE (Surname in block letters) Remi. (Christian Names)

4. Home Address 5931 12th Ave. Rst. Montreal Que. Country of Birth Canada.

5. Place of enlistment or enrolment Montreal Que. Date 16 Aug. 40

6. State whether G.S., N.R.M.A., C.W.A.C., G.O. 139, P.F., etc. G.S.

7. Category or PULHEMS Profile on enlistment or enrolment A.

YOB	P	U	L	H	E	M	S

8. Occupation in civilian life Rigger.

in Army G.D.

9. Length of Service, this war:

Canada 16 Aug. 1940 to date

Abroad to

Canada (on return) to

10. Length of Service, former wars: (Rank and Regimental No. if available)

Canada to

Abroad to

Canada (on return) to

---

11. Present Diseases or Injuries (to be filled in by the President of the Board):

Cause	Present Diseases or Injuries	Place of Origin	Date of Origin	Code No.
NH	Poor stamina	NH	NH	1819
unknown	Hypertrophic arthritis	Canada	June 44	1319

WANTED

M.F.B. 227
300M—4-44 (3593)
H.Q. 1772-39-117

UNIT MEDICAL OFFICERS SECTION

12. Present complaints (in individual's own words) Since 4 years has been complaining of pain of RT leg and in costo lumbar region During last year urinary frequency (6 to 10 times during night)

13. History of present and past disability:

This Section should outline in detail the history of the various symptoms or complaints described in Sec. 11, special consideration being given to any illness or injury suffered during army service. In the case of injuries, inquiry should be made as to whether or not M.F.M. 371 was completed or Court of Inquiry held. Give dates and other essential data such as hospitals where treated, and names of doctors or medical officers rendering treatment.

Pre enlistement: Acc. lost first finger left hand 21 years ago. Pneumonia in childhood: Otherwise past hist. irrelevant. Enlisted GS 16 aug 40 category "A"

23 mar 45 Surgical Removal of cyst of lower lip.

Admitted to M.M. H from 5 jun 45 to 4 july 45 for hypertrophic arthritis

14. Statement of Individual being examined:

(a) I, the undersigned Lefebvre R. having had Sections 12 and 13 read to me, am satisfied that they are correct to the best of my knowledge and belief.

(b) They are correct except for the following:

x Remi Lefebvre x
(Rank) (Name)

Witness R B Bm Adlington capt
(Rank) (Name)

Date 23 aug 45.

15. Objective Examination:

Individual will be completely stripped and examination will be complete in every detail, every departure from normal being noted and fully described.

Height 5'6½" Weight 147 Weight on enlistment 150 B.P. Syst. ..... Dias. .....

(History continued.)

28 nov - 42 Reboarded category "A"

july 43 Regategorized L-3 as indicated on MFB 292 but not confirmed otherwise.

17 aug 45 Reboarded - L-5 for hypertrophic arthritis (See attached MFB 1448.)

Denies accidents, V.D.

Statement of Medical Officer: (Diagnosis with recommendations as to disposal)

I believe present PULHEMS Profile should be:

YOB	P	U	L	H	E	M	S

R B Bm Adlington capt R.C.A.M.C
(Signature of Medical Officer)

SEP 20 1945

CONSULTANTS SECTION

16. This Section will be completed by E.E.N. and T. SPECIALIST.

(a) History: Eyes: wears glasses for close work. E.N.T. No complaints

(b) Examination: Vision O.D. 20/20 O.S. 20/20 Corrected O.D. ..... O.S. .....
Hearing A.D. 20 A.S. 20 Normal fundi & reflexes
Gen. Med. Surg.

(c) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:
Eyes NAD 1898 R Bedard Capt
EM MNB (1792)

Recommended Grades: P. 1 H. 1 E. 1

R.C.A.M.C.
(Signature of E.E.N. and T. Specialist)

17. This Section will be completed by the SURGEON.

(d) History: as in Sec. 13.
The index finger of left hand has been amputated at metacarpo-phal. joint.

(b) Examination: Spine — limitation of movements of lumbar spine and tenderness in this region. There is fine crepitus on movements of right knee. Diagnosis of hypertrophic

(c) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:
arthritis made in M.M.H. June 1945 to July/45.
(See M.F.B. 1478 attached, dated 17 Aug./45.)
Physical exam. otherwise neg.

Recommended Grades: P. 1 U. 1 L. 5
Hypertrophic arthritis 1319.
Aug. 23rd 1945.

R.C.A.M.C.
(Signature of Surgeon)

18. This Section will be completed by INTERNIST.

(a) History: as in Sect. 12 & 13. No other complaints — Denies serious medical illnesses — Is awakened several times each night because of his pain — & urinates usually — small quantity — Is not awakened c̄ desire to urinate, no urgency — no difficulty in starting stream — no dysuria — no history of haematuria or G.C. — Denies V.D. —

(b) Examination: Good physique — Blood Pressure, Sys. 128 Dias. 78 Age 42.
Head & neck neg. No glandular pathology — Lungs resonant — no adventitious sounds — Heart no enlargement or murmurs — normal rate & rhythm — Abdomen & skin — neg. Reflexes normal range.
Urinalysis — 23/aug/45 — neg.

(c) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:
No medical findings — age 42 — P3 accorded — (1818) 2

Recommended Grade P. 3 S. 1

R.C.A.M.C.
(Signature of Internist)
23 Aug/45

X Ray neg. No 16498
URI E Neg 23-8-45
B. W. 23/8.45

19. This Section will be completed by the PSYCHIATRIST.

(a) History .....

.....

.....

(b) Examination .....

.....

.....

(c) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.

.....

.....

.....

..... Recommended Grades: P.....M.....S.....

.....

....R.C.A.M.C.
(Signature of Psychiatrist)

---

20. This Section will be completed by the PRESIDENT of the Medical Board.

(b) Recommendations of Medical Board as to treatment and disposal .....

Cancer

To D.V.H. for hypertrophic arthritis

(a) Approved PULHEMS Profile

YOB	P	U	L	H	E	M	S
03	3	1	5	1	1	1	1

23-8-45 ..... R.C.A.M.C.
President, Medical Board

---

21. Approved by: Confirmed by (when indicated)

A. Macdonald capt
A.D.M.S., D.M.O., C.M.O. D.G.M.S.

Date aug 23-45 Date.....

---

22. Certified True Copy of the Original Proceedings:

Date..... Signature.....R.C.A.M.C.

---

23. Re-examined and PULHEMS Profile confirmed.

YOB	P	U	L	H	E	M	S

Remarks.....

.....

.....

Date..... .....R.C.A.M.C.
(Signature of Examining Officer)

FRENCH TRANSLATION PLEASE

Ottawa, Ont.,

27 January 1949.

Mrs. Marie Lefebvre,
5843 A. Delormier Ave.,
Montreal, Que.

D-57837 Pte. Remi LEFBVRE

Dear Mrs. Lefebvre:

The Honourable, the Minister of Veterans Affairs, wishes to extend his sincere sympathy on learning of the death of your son which has recently been reported to this Department.

As the death of your son was related to his service in the Canadian Army (Active), you will shortly receive a Silver Memorial Cross given by the Canadian Government as a slight token of appreciation of the sacrifice you have made.

Yours truly,

A.C.Chadwick,
for Director,
War Service Records.

ACC/LS

January 27/47

National Defence
Ottawa

Messieurs

Seriez vous assez bon de me envoyer un bouton de licencier S'il vous plaît. J'ai perdu le mien

Je serais très reconnaissant

mon. no état.

189356.

En espérant avoir une réponse sous peut.

Votre tous dévoué

R. Lefebvre

5931-12 ave.

Rosemont.

Montréal

LR

(French letter forwarded 15-2-47)

Quote No. 405-L-26,733
Records 3d

DEPARTMENT OF NATIONAL DEFENCE

ARMY

OTTAWA, Canada.
February 15th, 1947.

Remi Lefebvre, Esq.,
5931-12th Avenue,
ROSEMONT, MONTREAL, Que.

REPLACEMENT OF: WAR SERVICE BADGE "GENERAL SERVICE CLASS"

Dear Sir:-

With reference to your application of recent date relative to the marginally noted subject.

If you will be good enough to complete and return to this Department on the expiration of three months from date of the loss of Badge, the attached Statutory Declaration duly signed by either a Commissioner for Oaths, Notary Public, Justice of the Peace, Minister or Parish Priest, the question of replacing your Badge will be given consideration.

Yours truly,

(A.C. Chadwick) Major,
for Director of Records,
for Adjutant-General.

H.A. 53

50M-10-44 (5756) (FR.)
H.Q. 1064-81-3

6
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

NAME Remi (CHRISTIAN NAMES) LEFEBVRE (SURNAME)

REGISTER NO. 167041
FILE NO. 405-L-26733
DATE 2-10-45
SERVICE NO. D-657837
FINAL RANK OR RATING Spr.
DATE OF DISCHARGE 24-8-45

ADDRESS 5931, 12eme Ave., ROSEMONT, MONTREAL, 36, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE — $ 457.50 ¢

NO. OF DAYS 1835 / 30 EQUAL TO 61 COMPLETE PERIODS AT $7.50

B. QUALIFYING OVERSEAS SERVICE

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

SEE PAR. 2 OVERLEAF FOR EXPLANATION

SUB TOTAL 457.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $ _____

TOTAL $ X7 = $
NO. OF DAYS _____ / 183 X$

D. WAR SERVICE GRATUITY — 457.50

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES $
DEPENDENT'S ALLOWANCE AND ASSIGNED PAY $
OTHER DEDUCTIONS $

F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN 4 MONTHLY INSTALMENTS OF $ 114.37 EACH) — 457.50

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A. B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES $ 4.45 X30 $ 133.50

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
GL	

TREASURY	
CHECKED BY	DATE

Capt.
SERVICE REPRESENTATIVE

ΔTR

THE CANADIAN PENSION COMMISSION

MEMORANDUM

TO Director of War Service Records.

FROM The Canadian Pension Commission.

OTTAWA, Feb. 17th, 1948.

DEPARTMENT OF VETERANS' AFFAIRS
FEB 19 1948
WAR SERVICE RECORD
OTTAWA - CANADA

405-f-26,733

ATTENTION - W.S.R.D.

~~Canadian Agency, Imperial War Graves Commission.~~

#D-57837 - Pte. R. Lefebvre.

~~C.W.G.C.~~

The marginally named died

at St. Anne de Bellevue, P.Q.

on Dec. 24th, 1947.

Cause of Death Fibro-sarcoma right tibia with extensive metastasis especially marked in lungs.

In the opinion of the Commission,

death was related to military service.

Next of Kin Mrs. Amy Lefebvre (Widow), 5931, 12th Ave., Rosemount, Montreal, P.Q.

Noted H.S.R.4(B)

Noted W.S.R.(11)

E. Lackey.

~~VM~~
Died on strength

for
Secretary.

Memorial Cross Widow & Mother H.S.R. 3rd, 26-2-48

THE CANADIAN PENSION COMMISSION

MEMORANDUM

TO Director of War Service Records.

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Died on strength

for
Secretary.

Memorial Cross Widow & Mother H.S.R. 3rd, 26-2-48

Lefebvre R. Pte 20 Jan. 1945

Name Initials Rank

D-57837 R.C.E

Regimental No. Unit

REPORT— RA on 5] - For Diagnosis

CANADIAN DENTAL CORPS

Dental Officer

M.F.M. 51—50M-11-43 (2819)—H.Q. 1772-39-1715

LEFEVRE R. PTE 22-3 194..

Name Initials Rank

D-57837 C.A.S.F.

Regimental No. Unit

REPORT—

14-5-6 RA.

R G Smith Capt

Dental Officer

24 Coy C.D.C. (A)

CANADIAN DENTAL CORPS

M.F.M. 51—100M-8-44 (5326)—H.Q. 1772-39-1715