D61238
HOGUE
LOUIS GEORG

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

MH

PROCEEDINGS ON DISCHARGE

DECEASED.

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

Regimental No. D-61238	Rank CSM

Surname HOGUE

Christian name Louis Georges

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps Fusiliers, Mont-Royal, C.A.(A).

Date of discharge 19-8-42

Place of discharge Overseas. Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

		Descriptive marks
Age	25 years ..... months	
Height	5 feet 6¾ inches	
Complexion	Fair	
Eyes	Brown	
Hair	Brown	
Trade	Baker.	

Intended place of residence { ..... Street and Number ..... P.O., City or Town, etc.

(To be given as fully as practicable: *i.e.*, mailing address) Province

2. The above-named man is discharged in consequence of DECEASED

DECEASED.

Authority for discharge .....

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.

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.

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.

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) 9-9-39

(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*.....

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

AWARDS—CANADIAN ~~ARMY~~ (ACTIVE) M 1438

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-H-8677

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
HOGUE, Louis Georges	D.61238	C.S.M.	Regt. de Quebec

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal	
War Medal CVSM & Clasp	
	3072

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED ~~PERSO~~NNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Pauline HOGUE (Widow)

ADDRESS: 5351 - 5th Ave, Rosemount, Montreal, P.Q. Apr-43

(1) 4-6-49

(2) MEMORIAL CROSS

WIDOW Mrs. Pauline Hogue

DESP. MAR 16 1943
REGN No. 1219

ADDRESS: 5351 - 5e Ave., Rosemount, Montreal P.Q.

(3) MEMORIAL CROSS

MOTHER Mrs.Mary Louise Hogue

DESP. MAR 16 1943
REGN No. 1220

ADDRESS: Ste.Thiele, Co.Laviolette, P.Q.

MEMORIAL BAR

DATE DESP

REGN. NO 436

No D.61238 Rank C.S.M. Name HOGUE, Louis Georges

Unit Fusiliers Mont-Royal Date of death 19th August, 1942.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-H-8677 d 23-8-42

N/K Mrs. Pauline Hogue, Relationship Widow

Address 5351 - 5th Avenue, Rosemont, Montreal, P.Q.

Remains buried in Cemetery

Grave location BROOKWOOD MEMORIAL

C.W.K.

DEATH CERT. TO N.K. 15-10-42

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. 22-4-43

ROYAL MESSAGE DESP'D.

FEB 5 1943

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

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

Les Fusiliers Mont-Royal C.A.S.F.

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
30M—11-36 (9359)
H.Q. 1772-45-18

Unité Les Fus. Mt-Royal C.A.S.F. Matricule P61238
Unit Regimental Number

SERVICE ACTIF

~~Original~~
Duplicata
~~Triplicata~~

TROUPES CANADIENNES DE CAMPAGNE
CANADIAN FIELD FORCE
ACTIVE SERVICE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

~~Original~~
Duplicate
~~Triplicate~~

61238

1. Nom (Surname) Hogue
2. Prénoms (Christian Names) Louis Georges
3. Adresse actuelle (Present Address) 5630 9th Ave Rosemont
4. Date de naissance (Date of birth) Aug5 / 14
5. Lieu de naissance (Place of birth) Montreal (Pays)—(Country) Maisonneuve Quebec (Comté ou province)—(County or Province) Montreal (Ville ou canton)—(Town or Twp.)
6. Religion (state denomination) Roman Catholic
7. Métier ou profession (Trade or Calling) Baker
8. Marié, veuf ou célibataire (Married, Widower or Single) Marié
9. Nom du plus proche parent (Name of next of kin) Desrochers Pauline Pauline Hogue
10. Parenté de celui-ci (Relationship) ~~Femme~~ Epouse
11. Adresse du plus proche parent (Address of next of kin) 5630 9th Ave Rosemont
12. Avez-vous servi dans les forces navales, militaires ou aériennes? ~~XXXXXXXXXX~~ no
    (Have you served in any Naval, Military or Air Force?)
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires..... no
    (If previous war service, state arm, force and regimental particulars)
    Aucun
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?)
    F.M.R. Com. A ..... Oui ..... 9 ans ..... F.M.R.
    Dec 30, 1930 (Indiquez l'unité et la date de l'enrôlement) (Give unit and date of attestation)

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

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

Je, soussigné, Louis Georges Hogues, 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.

September 9, 1939 Sgt. Louis Georges Hogue

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

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

Louis Georges Hogue
(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 ce 9e jour de September 1939

René Tanchaud
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Capt F.M.R.
(Titre, grade et unité ou emploi)

M.F.M. RECEIVED (A) 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.

SOS Deceased Widow 1942

Etat de service de HOGUE (Nom—Surname) LOUIS. GEORGE (Prénoms—Christian Names) Matricule 61238 Regimental Number
Record of Service of

APTITUDES
Qualifications

Militaires SERGENT. JUL. 1939
Military Qualified Q1. Army Gas Sch. Regtl. Instr. Course. Certificate 21 Mar 41

Professionnelles ou commerciales
Business or Professional

Civiles ou de métier BOULANGER.
Trade or Civil

Techniques
Technical

Langues FRANCAIS. ANGLAIS.
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies L. P. AUBERT DE GASPE 9 ans
High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation
Matriculation (Spécifier—Specify)

*Collège

*Université
University

*(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 enrolées 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	Reçu de — From whom received	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: N°, Partie 11, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No Cas. List. etc.	Daté le — Dated
5600 — 9sep.39	FMR	Affecté lors de son enrôlement / Joined on enlistment — Ajoute a l'effectif Fus. M. R.	soldat	9sep.39	FMR	Montreal	R.O. part11 no.17	11sep.39
— 11/9/39	F.M.R.	Appointed C.Q.M.S.	C.Q.M.S.	9/9/39	F.M.R.	"	Part 11/17	11/9/39
— 16 sep. 39.	F.M.R.	Appointed C.S.M.	C.S.M.	16/9/39	"	"	17/39	16/9/39
— 28/3/40	F.M.R.	Furlough after 6 months service	"	28/3/40	"	"	78/40	28/3/40
1	"	Embarkation SOS. CASF. Canada	C.S.M.	30/6/40	"	Halifax	186/40	5-8-40
36-20/8/2	" ✓	Disembarkation SOS. CASF. Overseas	C.S.M.	7/7/40	"	Iceland	186/40	5-8-40
4-11-40	"	Embarkation - Iceland	"	26-10-40	"	Reykjavik	261/40	6-11-40
4-11-40	" ✓	Disembarkation - Scotland	"	3-11-40	"	Gourock	261/40	6-11-40
4-11-40	"	Reported for duty at Talavera Barracks	"	4-11-40	"	Aldershot	261/40	6-11-40

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

Recevez-vous ou avez-vous
deja recu une pension ou

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) Hogue, Louis Georges. Date Sept. 8, 1939.

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 (Rheumatism)	No	j. Affection nasale (Nasal trouble)	No
b. Tuberculose (Tuberculosis)	No	k. Maladie 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		

Louis Georges Hogue
(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)
Identification marks or scars (If operative obtain history).

2. Taille (Height) 5 pieds (feet) 6¾ pouces (inches). 3. Poids (Weight) 131 livres (pounds)

4. Teint (Complexion) Fair Yeux (Eyes) Brown Cheveux (Hair) Brown

5. Développement (Development) Good { Bon —Good; Passable —Fair; Médiocre—Poor }

6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 36¼ pouces (inches) Degré d'expansion (Range of expansion) 1 pouces (inches)

7. Vue, œil droit (Vision, right) 20-20 œil gauche (left) 20-20 8. Ouïe, oreille droite (Hearing, right) Good gauche (left) Good

9. Condition de la bouche et des dents (Condition of mouth and teeth) Some Teeth need Extraction.

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:

Nil.

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 Paul Fiset Maj. (Président)—(President) E. E. Robbins Lieut-Col. (Membre)—(Member) Capt Ryan Capt (Membre)—(Member)

compensation pour invalidité. Si oui, donnez détails. No.

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
5-12-39	R & Ey - o.k. - Urinalysis - o.k. A Capt E Pleurdeau Med.	14-12-39	Vaccination Capt Gahan, Major
		19-12-39	Tetanus Toxoid 1 cc. Capt Gahan
		17-11-39	X Ray chest negative Capt Gahan
28-11-39	T.A.B 3 Capt Gahan, Major	17 Jan. 40	T.A.B. 2 cc. T.T. 1 cc.
20-11-39	Capt Gahan		
13-11-39	Capt Gahan		
16-2-40	Tetanus Toxoid 1 cc.		

Matricule / Regtl. No. W 61238 Grade / Rank ..... Nom / Surname HOGUE Prénoms / Christian Name LOUIS GEORGE

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer

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

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No. D.61238 Rank C.S.M. Sheet No.

Name HOGUE, Louis Georges

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
		Confirmed in rank	C.S.M.	7 Jan 41	F.M.R.	Field	3	10 Jan 41
Qualified Q.1. Cert. 21 Mar 41		On command to Winterbourne Wing Crse. Ser. #32.	C.S.M.	6 Mar 41	F.M.R.	Field	19	14 Mar 41
		Off command	C.S.M.	23 Mar 41	F.M.R.	Field	21	28 Mar 41
		Att'd. f.a.p..to Bisley Camp on P. Weapons Course	C.S.M.	1 Sep 41	F.M.R.	U.K.	51	12 Sep 41
Qual. Q.1.	21.10.41	C.T.B.A. to Bisley Camp	C.S.M.	7 Oct 41	F.M.R.	U.K.	58	24 Oct 41
		Embarked U.K. for France (Jub. Oper)	C.S.M.	18 Aug 42	F.M.R.	U.K.	49	10 Sep 42
cancelled Db 9-24 Feb 43. S.O.S.		~~S.O.S. to X List. (Missing Believed Killed)~~	~~CSM~~	~~19 Aug 42~~	~~F.M.R.~~	~~U.K.~~	~~53~~	~~30 Oct 42.~~
Jub completed TOS cancelled. Db 6 20 Feb 43		~~TOS from 7 m R. (Missing B K)~~	~~C S M~~	~~20 Aug 43~~	~~7 m R~~	~~U K~~	~~6~~	~~31 Aug 43~~
S.O.S		S O S Killed in Action	C S m.	19 aug 42	7 m R	U K	9 CL A/193 24 aug 42	24 Feb 43

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No. D.61238 Rank C.S.M. Sheet No.

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		Att'd. f.a.p..to Bisley Camp on P. Weapons Course	C.S.M.	1 Sep 41	F.M.R.	U.K.	51	12 Sep 41
Qual. Q.1.	21.10.41	C.T.B.A. to Bisley Camp	C.S.M.	7 Oct 41	F.M.R.	U.K.	58	24 Oct 41
		Embarked U.K. for France (Jub. Oper)	C.S.M.	18 Aug 42	F.M.R.	U.K.	49	10 Sep 42
cancelled by S.O.S.	24 Feb 43	~~S.O.S. to X List. (Missing Believed Killed)~~ CSM		19 Aug 42	F.M.R.	U.K.	53	~~30 Oct 42.~~
	SOS	SOS Killed in Action	CSM	19aug42	FMR	UK	9	24 Feb 43.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		F.M.R.	Embarkation S.O.S. C.A.S.F. Canada.	Halifax	30/6/40.	C.S.M.	186-40
		"	Disembarkation	Iceland	7/7/40	C.S.M.	186.-40
4-11-40		"	Embarkation Iceland.		26-10-40		261-40
4-11-40.		"	Disembarkation Scotland	Gourac	3-11-40		261-40
20-11-40.	C.O.	"	Granted landing leave and Privilege				
	"	"	leave -	Eng.	19/11/42	"	2/25/11/40
8 Jan 41.	"	"	Confirmed in his rank of C.S.M.	"	7 Jan 41	"	3/10 Jan. 41
8/3/41	"	"	Water Course - Wing Course Serial				
	"		No 32.		6/3/41	"	19/14-3/41
7/3/41	"	"	Privilege Leave (9 days) (P.-1)	"	24/2/41	"	19/14-3/41
25/3/41	"	"	Returned from Command.	"	23/3/41	"	21/28 Mar 41
15 sept 41	"	"	Att for all purposes to Bisley Camp				
			Uhlicon. Platoon Weapons Course.	"	1 Sept 41	"	51/12 Sept 41
14 oct 41	"	"	leaves to be atta to Bisley Camp on				
			return from course.	"	7 oct 41	"	58/24 oct 41
28/10/41	"	"	Privilege Leave. 14 days.	"	27/10/41	"	60/7 nov 41
			KILLED IN ACTION SOS	"	19/8/42	"	46/30 Aug 42
	(Jubilee Operation).		Embarked for France (Jubilee Operation)	U.K.	18 Aug. 42	"	49/10-9-42

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 Les Fusilliers Mont-Royal, C.A.S.F. Regimental Number D 61738

1. Surname HOGUE
2. Christian Names Louis- Georges
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank C.S.M.
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, P.Q. Canada.
5. Date of birth as declared on attestation 5/8/14
   (A)
6. Date of enlistment 9/9/39
7. Place of enlistment Montreal, P.Q. Canada.
8. Residence at time of enlistment 5630-9e Ave. Rosemont, P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C.R.
12. If married, state date
13. Trade on enlistment Boulanger.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: Les Fus, M.R. — Unit (Battn., etc): C.A.S.F.

(18) Medical

Category	Date	Authority
"A"	8/9/39	Med. Board Mtl.

(19) Next of kin (entries to be made in pencil)

Mrs. Pauline Hogue (Louis)
5690 9e Ave. Rosemont, P.Q.

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

NOTES—

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

CASUALTIES, ETC.

15-114-64

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
C.Q.M.S.	17	11/ 9/39	
C.S.M.	31	25/ 9/39	
Confirmed C.S.M. WO II	~~C.R.~~	~~9-1-41~~	D.O. 3 of 10-1-41
att. for all purposes to Bisley Camp Brookwood whilst on Platoon Weapons course	51	12-9-41	W.e.f. 1-9-41.
Cease to be att. from above	58	24-11-41	w.e.f. 7-10-41
S.O.S. on posting to No 2 C.D. I.R.U. P.E. Training Coy.	22	15-4-42	eff. 15-4-42
S.O.S. to No 2 C.D. I.R.U.	32	3-6-42	eff. 3-6-42
~~[illegible]~~ Privilege Leave	43	14-8-42	from 25 Jul to 1 Aug 42
Canc. of DO 32/42	43	14-8-42	
S.O.S. Killed in action	46	30-8-42	W.e.f. 19-8-42.
Embarked in U.K. for France (Jubilee operation)	49.	10-9-42	W.e.f. Aug. 18-42.

KILLED A-193 24 Aug 42

D-61238

NAME HOGUE Louis-Georges

REGIMENTAL No. D-61238 RANK C.S.M.

ENLISTED AT Montreal, P.Q. PROMOTIONS, ETC. AND DATE 16/9/39

DATE Sept. 9th., 1939

IF SERVED PREVIOUSLY, STATE UNIT, ETC. No

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Hogue Pauline RELATIONSHIP Wife

ADDRESS OF ~~4333 Des Erables~~ 535 1/2 St., Montreal, P.Q., Canada.
~~535 1/2 Ave. Rosemont.~~

ASSIGNMENT OF PAY, $ 45 C. 00

ADDRESS ~~4333 Des Erables~~ St., Montreal, P.Q. Canada.
~~535 1/2 Ave Rosemont.~~

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT
445 St François Xavier

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER SEPT-39/

IN WHOSE FAVOUR ~~HOGUE~~ Pauline Mrs.

Le Bureau d'Assistance sociale aux Familles

M. F. M. 14
50M—1-40 (3878)
H.Q. 1772-39-1662

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? no

If so, state her full name and Postal Address —

(11) Is your father alive? ~~yes~~ no

If so, state name and address ~~Hector O. Hogue~~

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? —

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. —

Also state reason he has no other means of support —

(14) Is your mother alive? yes.

If so, state name and address Mary Louise Hogue. Ste. Thiele County Laviolette P.Q.

(15) If your mother is a widow, are you her sole support? no.

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F.

Also state reason why she has no other means of support no. Lives with Uncle.

(17) Are you insured? no

If so, in what Company? —

Have you made arrangements for payment of your Insurance Premium? —

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Louis Georges Hogue
(Signature of officer or man)

Date Sept 9th 1939

L. Trudeau Lt. Col.
Officer Commanding Les Fusiliers Mont-Royal

Date

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE.
ACTIVE SERVICE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and 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) Name of Officer or Soldier Hogue, Louis Georges
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number les Fus. Mt-Royal C.A.S.F.

(3) Unit D61238

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Pauline Hogue.

(*b*) Present postal address of wife 5630 9ave Rosemount Montreal.

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

yes.

(7) Are you a widower? —

(8) Have you any children? yes

If so, give number of boys and girls 1 boy 1 girl

Also their names and ages Jean Paul Hogue 2 yrs Monique Hogue 3 months.

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name —

Postal Address —

(SEE OTHER SIDE).

File No 402-H-8677

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. A-61238 Name Rogue Louis Georges

Rank on Discharge C. S. M. Date of Discharge 19 Aug 42

Authority for Discharge or Retirement **Deceased**

Served in:

				Non-qualifying service
Canada	from	9 Sept. 39	to 20 June 40	
	from		to	
United Kingdom	from	July 40	to 18 Aug. 42	
	from		to	
Italy	from		to	
Northwest Europe	from		to	
~~Dieppe~~	from	19 Aug. 42 (killed in action	to 19 Aug. 42	
---------	from		to	

Eligible for award of:

1939 - 45 Star ok V

---------- ----------

~~Italy Star~~ ----------

~~France-Germany Star~~ ----------

Defence Medal ok V

War Medal ok

Canadian Volunteer Service Medal ok V

with clasp ----------

M

Verified by Georgette Labrie

Date 18 July 46

Carded JUL 18 1946

NO RIBBON DESPATCH

HA 165

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Louis Georges Hogue (Christian Names) (Surname) — Register No. D 5065

PAYEE'S NAME Mme. Pauline Hogue (Christian Names) (Surname) — File No. 405-H-8677

ADDRESS 5351 - 5e Avenue - Rosemont, Montreal — P.Q. — Date 16-2-45

DATE OF TERMINATION OF OVERSEAS SERVICE ..... — Service No. D 61238

Final Rank C.S.M.

Date of Discharge 19-8-42

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 1075 / 30 = 35 (25) Periods @ $7.50	262	50
B. QUALIFYING OVERSEAS SERVICE No. of days 780 less 25 Ineligible days, equal 755 Days @ 25c per day	188	75
C. SUPPLEMENT FOR OVERSEAS SERVICE	451	25
Daily Rate of Pay $ 3.00 Subsistence Allowance $ 1.00 Additional Pay $ ✓ Dependents' Allowance 1/30 $ 6.800 $ 2.27 TOTAL $ 6.27 × 7 = $ 43.89 No. of Days 780 / 183 × $ 43.89	187	07
	638	32
D. WAR SERVICE GRATUITY Computed By Yates deWinter		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 638.32 each)	638	32

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

$ ..... × 30 = $ .....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

Form No. 1

#1973

Register No. D-5065

Nominal Roll No. D-104

H.Q. File No. 405-H-8677

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D-61238	C.S.M.	HOGUE,	LOUIS, GEORGES.

Reason for Termination of Service:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 10 SEPT 39	T.O.S.	T.O.S.
S.O.S. 19 AUG 42 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1075	Total Days	Total Days

TOTAL SERVICE 1075 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	295	—	295
OVERSEAS SERVICE	780	—	780
Totals	1075	—	—
Add Non-qualifying Service			—
TOTAL SERVICE			1075

EMBARKATION DETAILS:

1. T O S O/S / JUL 40
Date S.O.S. Overseas 19 AUG 42

2.
Date S.O.S. Overseas

REMARKS:
T. O. S.
9 SEPT 39

KILLED IN ACTION
19 AUG 42

Computer's Signature J. St. O'Leary

Checker's Signature C Flood

Date Computed 2ND FEB 45

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

(C.L. Laurin) Colonel,
Director of Records.

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

Register No. D5065

File No. H.Q.405-H-8677

WAR SERVICE GRANTS ACT 1944

Ottawa January 31st 1945

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

Service No. D61238

Name L.G. HOGUE
Christian Name Surname

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

K.W. Rice Lieut

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

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award	Mrs Lorlin Hogue wife + 3 children	$ 68.00
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment		
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

FEB 8 - 1945 194

G. Tue Labine
For chief Treasury Officer,
D.A. & A.P. Branch

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

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

194

for C.T.O.

405-H-8677 (Records-HA)

Ottawa, Canada,

11th September 1944

To: F.T.
For: Translation, please.

Mrs. Pauline Hogue,
5351 - 5th Avenue,
Rosemont,
Montreal, P.Q.

D.61238, W.O.CLII(C.S.M.) L.G. Hogue,

Dear Mrs. Hogue:-

I am directed to forward to you the Canadian Efficiency Medal awarded your husband in respect of his faithful and meritorious service in the N.P.A.M. and the Canadian Army (Active), for which he was recommended prior to his unfortunate death, and to express the sincere regret of the Minister of National Defence that your husband did not survive to wear the Medal so faithfully earned.

Will you please be so good as to acknowledge receipt at your convenience.

Yours truly,

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

ACC:PS

M. F. B. 1433a
5M—1-33
HQ. 1772-39-1577

MILICE DU CANADA

*LA DÉCORATION CANADIENNE POUR BONS SERVICES—LA MÉDAILLE CANADIENNE POUR BONS SERVICES

La demande pour le décernement de la Décoration ou de la Médaille doit être faite par écrit, sur la présente formule B. 1433A, par le commandant du réclamant ou, si ce dernier est retraité, par l'officier qui commande actuellement l'unité avec laquelle le réclamant a servi en dernier lieu, et doit être accompagnée d'un ou de plusieurs certificats. Un certificat doit être soumis en rapport avec chacune des unités auxquelles le réclamant prétend avoir été affecté, et ce certificat doit porter la signature des commandants actuels de ces unités.

H.Q. 23 MAY 1944 — 2 (R) BDE

DÉCLARATION de service de D-61238 (Grade) CSM (WO II) (Nom) HOGUE, Louis Georges

avec le Régiment LES FUSILIERS MONT-ROYAL

Le lieu de résidence du candidat est .....

GRADE ET UNITÉ	DU Jour	DU Mois	DU Année	AU Jour	AU Mois	AU Année	SERVICE TOTAL Années	SERVICE TOTAL Mois	SERVICE TOTAL Jours
"A" (Indiquez ici la durée complète du service avec l'unité en question de la milice active non permanente)									
#1400 CQMS HOGUE, L.G. LES FUSILIERS MONT-ROYAL M.A.N.P.	21	jan	1931	8	sept	1939	8	7	19
Service total avec cette unité							8	7	19
"B" Le candidat réclame également le service accompli en temps de guerre sous D-61,238 (Numéro matricule) C.S.M. (Grade) avec FUS. M.R. (Dernière unité des T.E.C.) du 9-9-39 au 19-8-1942							5	10	22
Service de guerre (D.T.)									
SERVICE TOTAL DANS CETTE UNITÉ FOR E. M. ONLY							~~8~~ 14	7 6	~~19~~ 11

Je certifie que le service réclamé au paragraphe "A" a été réellement accompli par #1400 CQMS HOGUE, Louis Georges avec le Régiment LES FUSILIERS MONT-ROYAL MANP et que son service dans cette unité a été méritoire et tel qu'il lui donne droit de prétendre à *~~La Décoration canadienne pour bons services~~—La Médaille canadienne pour bons services.

(Le certificat suivant n'est exigé que s'il s'agit de la Médaille canadienne pour bons services).

Je certifie de plus que #1400 CQMS HOGUE, L.G. a suivi au complet l'instruction annuelle avec son unité au cours des années 1931-32-33-34-35-36-37-38-39 et que son nom apparaît sur les *listes de solde—ou ordres de la Partie II de cette unité pour les dites années.

Endroit MONTREAL, QUE.,

Date 20 mai 1944

(J.A. GUINDON) Lieut.-Colonel,
Commandant du Régiment 2 (R) Fus M R

(Pour être rempli par le quartier général de la Défense Nationale seulement)	Années	Mois	Jours
Service total dans la M.A.N.P. donnant droit à la décoration ou à la médaille - 9 C.A. (D.T.)	8	7	19
Service total en temps de guerre donnant droit à la décoration ou à la médaille	5	10	22
Service total donnant droit à la décoration ou à la médaille	14	6	11

Périodes d'exercices annuels complétées 15

Vérifié par DCB. Date 17-2-44

*Biffez les mots inutiles.

FOR E. M. ONLY.

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
10 M—1-40 (3574)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, Louis Georges Hogue C.S.M. de la Cité
(Nom au long)
de Montreal, dans le Comté / District de Rosemont,
Province de Québec, Poseur de tuile,
(Occupation civile)
N° matricule 61238, Unité Fusiliers Mt Royal révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à mon épouse Mme Louis-Georges Hogue (Pauline Desrochers) tous mes biens, argent, assurances, meubles. etc.
adresse de mon épouse 5351. 5e ave.
Rosemont.

Noms et adresse des bénéficiaires résiduaires

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

1-H-HYO

(4) Je nomme Mendoza St Denis
(Nom)
8298 ave Des Belges
(adresse)
exécuteur / exécutrice de mon présent testament.

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

En foi de quoi j'ai signé ce 19ème jour de Juin A.D. 1940

(5)

Signature du premier témoin: Marcel Gauvin 920 Bld Décarie app. 3
(Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin: [illegible]
(Adresse) 1113 Bonnet

Louis-Georges Hogue C.S.M.
(Signature du soldat)

(VOIR AU VERSO)

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRATION CARD

DATE. No.

NAME HOGUE Louis Georges DATE OF BIRTH Quebec. 5 AUG.1914.

RANK CSM. REGIMENTAL NO D.61238

UNIT LES FUSILIERS MONT ROYAL. NEXT OF KIN ADDRESS WIFE.

Mrs.Pauline Hogue

5351 - 5th Avenue, Rosemount, Montreal.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 19 Aug.42. PLACE OF DEATH

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL CEMETERY

DEATH CERTIFICATE NO LOCATION OF CEMETERY

PLOT NO. DATE OF REGISTRATION

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS Admor of Estates, Ottawa 8 Mar.43.

RELIGION R.C.

Extracted from Burial Records;
RECORDS OFFICE OVERSEAS,
ACTON, LONDON, W.3.

N.B. This burial report contains all information at present available, but is subject to revision by this office.

OCT 7 1943

(H.F.BALSDON) Lieut.

For (R.T.E.Hicks-Lyne) Lt.Colonel
Officer i/c Records
Canadian Military Headquarters.

Noted

Deceased

PERSONNEL EFFECTS OF

C.S.M. Hogue George D61038

7-6-43
1 carton
Parcels
A.R.

— ✓ Sunglasses ✗
— ✓ pr. scissors ✓
— ✓ 1 Coat Sweater ✓
— ✓ 1 Pair leather gloves ✓
— ✓ 2 Khaki Hankies ✓
— ✓ 1 Regimental Forage cap ✓
— ✓ 1 Leather Belt ✓
— ✓ 13 Miscelleaneous Books ✓
— ✓ 1 Wrist Watch ✓ Damage N/R
— ✓ 1 Box of Photo ✓
— ✓ pen ✓ pencil set ✓ not set ✗
— ✓ flashlight. ✗

J Blatchford Sgt
B38209
28/9/42

B26364
Spr. W.E. Fulmer
24/Jan/43
Complete

29/1/43

(Capt E.O. Delorme)

President Committee of
Adjustment

ESTATES
BRANCH
JUN 7 1943
H.Q.
OTTAWA.
NATIONAL DEFENCE

PERSONNEL EFFECTS OF

C.S.M. Horne George DR1038

1 Coat Sweater

1 Pair Leather Gloves

1 Knapsack Haversack

1 Regimental Forage Cap

1 Leather Belt

1 Identification Books

1 Metal Match

1 Box of Photo

(Capt E.O. Defoime)

President Committee of
Adjustment

1 Framed photo
1 Flash Light.
1 Pen & Pencil Set. Not Set
8 Lead Pencils.
1 Pocket comb & file.
1 Pr. Sun Glasses.
1 Hockey Puck.
1 Pr. Scissors.
1 Regtl Photo.

Unlisted effects of D.61238
C.S.M. Hogue, G. - F.M.R.

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name HOGUE Louis G. No: D.61238
Surname Christian Names

Rank: C.S.M. | Unit: Les Fusiliers Mont Royal | Date of Death: 19/8/42.

Date March 22, 1943.

AMOUNT
L. P. C. $
Other Credits
19.99
Total .....

SHARE	RELATIONSHIP	NAME AND ADDRESS 19.99	AMOUNT
all	widow	Mrs. Pauline Hogue. 5351 5th Ave., Rosemont. Montreal, P.Q. (sole beneficiary under Will)	19.99

AUTHORITY

H.Q. F.E. No.	DIV.	EST	VOTE	PRI	DA OR HQ SUB	OBJ.	AMOUNT
1999			831	10	10	101	19 99

CLASSIFIED BY

EXAMINED BY

FOR TREASURY OFFICER

TOTAL 19 99

Distribution approved and authorized

L. M. Firth

(L.M. Firth) Lt.-Col.,
Administrator of Estates.

AUDITED FOR PAYMENT

for Chief Treasury Officer

MEMORANDUM FOR

P. 64

Emile Gagnon, Esq., LL.B.,
39 Notre-Dame East,
Montreal, Quebec.

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

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

and the following number quoted:—

H.Q. 405-H-8677 FD.93

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

September 28th 1942

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

HOGUE, Louis Georges, C.S.M.

No. D.61238, Les Fusiliers Mont-Royal.

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.

ESTATES BRANCH OCT 7 1942 H.Q. OTTAWA. NATIONAL DEFENCE

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

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		Desrochers Pauline	26	Montreal, 5351, 5ème Ave, Rosemont,
2	Children of the Deceased and dates of their Births		Raymond Hogue	8	" "
			Jean-Paul Hogue	6	" "
			Monique Hogue	#3	" "
3	Father of the Deceased		Armand Desrochers	50	" " "
4	Mother of the Deceased		Eva Beaudoin	49	" " "
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

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).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Louis · Georges Hogue
11	Give the month and year of his birth.	Le 5 août 1914
12	Where and when were his parents married?	À Montréal —
13	If deceased was married, state place and date of marriage.	Le 21 décembre 1935 à Montréal
14	Did he leave a Will? If so, a copy should be attached hereto.	—
15	Did he leave a bank account? If so, give full particulars.	—
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	—
17	State *your own* postal address in full.	5351, 5e Avenue, Rosemont, Montréal.

PARTICULARS OF DOMICILE

18	Where was deceased born?	À Montréal —
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.	Montréal, Québec jusqu'à la présente guerre.
20	What was the nature of his employment?	Avant de s'engager, il était ouvrier de brique (moulage)
21	Did he own the premises in which he lived? If so, where?	—
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Montréal — Québec

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.)

(PLEASE TURN OVER)

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

*.....Femme.....~~of~~ the deceased.

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

Pauline Desrochers Pauline Hogue {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....that madame

*See above Pauline Desrochers {Name of Informant} is the *.....femme.....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 4th day of October 19 42.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Emile Gagnon Qualification Avocat

Address 39 est, rue Dame

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

KB

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank HOGUE, Louis Georges
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank Les Fus. Mont Royal

(3) Unit D61238

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Pauline Hogue

(*b*) Present postal address of wife 5630 9th Ave., Rosemount, Montreal

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

(7) Are you a widower?

(8) Have you any children? Yes Number of boys 1 Girls 1
Names and ages Jean Paul Hogue 2 yrs. Monique Hogue 3 months

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

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

Name

Postal Address

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address

(11) Is your father alive? No

If so, state name and address, occupation

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment

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

(14) Is your mother alive? Yes

If so, state name and address Mary Louise Hogue
Ste. Thiele County Laviolette, P.Q.

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

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

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? No lives with uncle.

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

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? No

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

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

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

(Sgd) Louis Georges Hogue
(Signature of officer or man)

Date Sept. 9, 1939.

(Sgd) P. Grenier, Lt.-Col.,

Officer Commanding Les Fusiliers Mont-Royal

Date

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

FORM 6

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

Street: — No. — Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: HOGUE,
Given names: Louis Georges (Block letters)

Do not write in this space

4. RESIDENCE

Street: 5630 9th Avenue, No.
Official name of civil municipality or township: Rosemont,
Municipal county: Montreal, Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: August (Month) 5th, (Day) 1914. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	28	-	15	....hrs. or....min.

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank**, etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	HOGUE, Hector O.	
MOTHER (Maiden name)		

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:
(b) Civil municipality of:
(c) Municipal county:
(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 19th, (Day) 19 42. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....
and last saw h.... alive on ....19....

24. CAUSE OF DEATH

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

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b)
due to
(c)

II **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance ....19.... (b) Duration of disease ....days

OVERSEAS CASUALTY
CANADIAN ARMY

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....19....
State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide (State which) Date ....19....
Manner of injury. (How sustained)
Nature of injury.
Specify whether injury occurred in **industry, in home, or in public place**

Signed ....M.D.

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

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

J. B. Radine

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

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

(Voir l'autre côté pour le français)

for Director of Records, Dept. of National Defence.

405-H-8677
(D.R.)

/HB

le 3 septembre 2.

Chère madame,

Je regrette profondément de vous faire savoir que votre mari, le sergent-major de compagnie Louis Georges Hogue, numéro matricule D.61238, a donné sa vie au service de sa patrie à la bataille de Dieppe le 19 août 1942.

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 Pauline Hogue,
5630 - 9e avenue,
Rosemont,
Montréal, Qué.

CANADA

QUOTE NO. 405-H-8677
(D.R.)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

For French Translation

OTTAWA, CANADA,

September 1st, 1942

Mrs. Pauline Hogue,
5630 - 9th Ave.,
Rosemont, Montreal, P.Q.

Dear Madam:

I deeply regret to inform you that your husband, D-61238 Company Sergeant-Major Louis Georges Hogue, gave his life in the Service of his Country in the Action at Dieppe on the 19th day of August, 1942.

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,

GR/FC

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

Nat. Def. A-168-A
500M—6-41 (733)
H.Q. 1772-39-376