D62334
ST. GERMAIN
JEAN PAUL

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MEMORANDUM FOR **P. 64**

Mrs. O. St. Germain,
4329 Bordeaux Street,
Montreal, P.Q.

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-S-11025 FD.163

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

December 29, 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

ST. GERMAIN, Jean Paul, Pte.

No. D.62334, 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
JAN 11 1943
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		Single.		
2	Children of the Deceased and dates of their Births				
3	Father of the Deceased		Omer St Germain	54	4329 Bordeaux
4	Mother of the Deceased		Florida St Germain	54	4329 Bordeaux
5	Brothers of the Deceased	Full Blood	Roland St Germain	30	4329 Bordeaux
			Adrien St Germain	29	4313 Boyer
			Maurice St Germain	28	4329 Bordeaux Dame l'Amie.
			Marcel St Germain	28	Chemin St Foye Quebec
			Antonio St Germain	26	Valleyfield.
			Hubert St Germain	17	4329 Bordeaux
		Half Blood			
6	Sisters of the Deceased	Full Blood	Jeannette St Germain	24	
			Jacqueline St Germain	23	
			Pierrette St Germain	16	
			Madeline St Germain	13	
			Giraldine St Germain	12	
		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
	Claude St Germain 11 days 1921 September				
	Marthe St Germain 2 months 1922 August				
	Pauline Paulette St Germain 3 days and 15 days. 1923 October. SAME ADDRESS.				

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)	Narisse Miron	~~Age~~ 57	unknown
		Armand Miron	48	unknown
		Adonzia Senical	58	2201 Desmarteaux
		Amanzia St Martin	50	8723 Soulignyf.
		Laura Mercier	44	unknown.

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Jean Paul St Germain
11	Give the month and year of his birth.	19 Novembre 1916
12	Where and when were his parents married?	St Nom de Jesus à Maisonneuve Montreal. September 10th. 1912
13	If deceased was married, state place and date of marriage. Was there a marriage contract (Quebec)?	
14	Did he leave a Will? If so, a copy should be attached hereto.	Yes. But a Will of Soldier. We try to get it from his regiment.
15	Did he leave a bank account? If so, give full particulars.	No. But only what the Government ~~owes him~~ owes him.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State *your own* postal address in full.	4329 Bordeaux Montreal P. 2. Station Dilorimier.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal.
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.	Province of Quebec. Canada. All his life.
20	What was the nature of his employment?	Waiter.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.

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.	No. No.
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.)	No. ~~Anny~~ Nobody.

(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

*Mother of the deceased.

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

Florida St Germain — Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Dame Florida St Germain (Name of Informant) is the *Mother 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.

*See above

Dated at Montreal this 9th day of January 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: Gerard Amiot

Qualification: Notaire

Address: 4213, Deborniner

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

La Mère Mad. ~~Dame~~ Florida St Germain désirerait à avoir tout son linge personnel, ainsi que toutes ses épargnes qu'il avait fait au Gouvernement.
Ainsi qu'une pauvre Mère qui a fait le sacrifice de son enfant mériterait quelque chose, une petite pension en toute justice car mon enfant me donnait vingt Dollars par mois. J'espère que vous prendrez ma demande en considération.

Votre tout dévoué,
une pauvre maman,

Mrs. Florida St Germain

Received JUL 9 - 1941 Checked P. PM "E" Card ✓ Observations

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
450M—5-40 (5287)
H.Q. 1772-39-1645

INSPECTED
62334
JAN 29 1941
Military District No. 5 Record Office

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

Unit: Les Fusiliers Mont-Royal C.A.S.F. Regimental Number: D-62334

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname: ~~St-Jacques~~ ST. GERMAIN
2. Christian Names: Jean Paul
3. Present address: ~~4329 Bordeaux, Mtl.~~ 4546 Messier St Montreal Que. Canada.
4. Date of birth: 19 NOVEMBRE 1916
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination): Catholique Romain
7. Trade or Calling: Waiter.
8. Married, Widower or Single: SINGLE
9. Name of next of kin: ST. GERMAIN Omer
10. Relationship: Pere
11. Address of next of kin: 4329 Bordeaux 4546 Messier St. Montreal P.Q.
12. Do you belong to, or have you served in the Active Militia of Canada? non
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? N.A. (Yes or No) (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? N.A. (If Yes, specify Regimental No., Unit and Dates of Service)

Pierre Bourque adjt

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date: 2, juillet 1940 Jean-Paul St Germain (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, ST. GERMAIN Jean Paul do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Jean-Paul St Germain (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Montreal this 2nd. day of July 1940

Jos Boisvert — Signature of Magistrate, Justice or Attesting Officer.

Lieut. M. R. C. A. S. F. — Office or Rank and Unit or appointment.

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

Record of Service of ST GERMAIN (Surname) JEAN PAUL (Christian Names) Regimental Number [redacted] D62334

Qualifications

Military: Non

Business or Professional: N.A.

Trade or Civil: Waiter

Technical: N.A

Languages: FRANCAIS ANGLAIS

Educational Qualifications

High School or Collegiate: Sieme (years completed)

Graduation or Matriculation: N.A. (specify)

*College: N.A.

*University: N.A.

*(Name of institution, courses or years completed, and degrees obtained to be shown)

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.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
2-7-40 [redacted]	F.M.R.	Joined on appointment Ajoute a l'effectif	pte	2-7-40	F.M.R.	MONTREAL		
8-7-40	Do	T.O.S. C.I.R.T.C. On Attachment	"	7-7-40	"	Valcartier	D.O. Pt II #163	8-7-40
6-3-41.	"	Sorti de l'Hopital Isoàtion le 5-3-41.	"	5-3-41.	"	"	" " " #57	6-3-41.
7-3-41	C.I.R.T.C.	Cesse d'etre place sous arret de solde	"	5-3-41	"	"	" #58	7-3-41
7-4-41.	"	Perd 1 jours de sole pour A.W.L.	"	23-4-41.	"	"	" " " #85	7-4-41.
22-4-41	"	" 1 " " " " "	"	19-4-41	"	"	" #97	22-4-41
1-5-41	"	Nouvelle adresse: 4329 Bordeaux, Mtl.	"	1-5-41	"	"	" #105	1-5-41
22-5-41	"	Obtenu un conge du 22-5-41 au 2-6-41	"	22-5-41	"	"	" " #124	22-5-41
19-6-41	"	Ceases to beattached Refmt. F.M.R.	"	19-6-41	"	"	" #148	19-6-41
		S.O.S. to O.S.	"	20-6-41	2/CIHU	WITLEY		
		T.O.S. Cdn Army O.S. & posted to 2/CIHU	"	21-6-41	"	"	154	2-7-41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full St Germain, Jean Paul Date June 26, 1940

Part 1. Information obtained from the recruit.

1. Age 23 2. Have you ever suffered from any of the following diseases?

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

Jean-Paul St Germain
Signature of Applicant

Ears normal, col vis Ishihara(CN) A. Delahaye, Capt.
Reflexes normal

THINE
X RAY N

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

1. Identification marks or scars. (If operative obtain history.)
1 vacc lt

2. Height 5 feet 4¼ inches. 3. Weight 130 pounds.

4. Complexion med Eyes brown Hair brown 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 34 inches.
Range of expansion 3 inches.

7. Vision, right 20-30 left 20-30 8. Hearing, right WV20 left WV20

9. Condition of mouth and teeth good

10. The abnormalities (congenital and pathological) found on examination are as follows

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

Special remarks when category lower than A

President Lt Col Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
7-7-40	Vacc		
7-7-40	TAB		
26-8-40	2		
22-1-41	TB		
7-7-40	Tetanus 1cc		
22-1-41	Tetanus		
18-6-41	Cat A reassessed A		
	Boucher Capt		
8-7-41	TE 1 1cc TAB ½cc		

Regtl. No. D-62334 Rank pte. Surname ST. GERMAIN Christian Name JEAN PAUL

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	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 of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

No D.62334 Rank Private Name ST. GERMAIN, Jean Paul

Unit Fusiliers Mont-Royal Date of death 19-8-42

Died at France

Cause Killed in action

Death occurred on strength of Forces.HQ 405-S-11025 d

N/K Mr. Omer St. Germain Relationchip Father

Address 4329 Bordeaux Street, Montreal, Quebec.

Remains buried in Des Vertus Cemetery

Hautot-sur-Mer, France.

Grave location Grave 637.

CHK ✓

OVER —

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 24-6-43.

RETURN TO BUR. OF STAT. 6-5-43

ROYAL MESSAGE DESP'D. FEB 5 1943

CAN. MESSAGE DESP'D. 15-12-42

Redesignation

Hautot-sur-Mer Cdn Mil Cem.
Hautot-sur-Mer, France.
Grave 16, Row F.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Florida St. Germain Mother

ADDRESS: 4329 Bordeaux St., Montreal, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Florida St.Germain

ADDRESS: 4329 Borleaux St., Montreal, P.Q.

MEMORIAL B^R

(1)

DATE DESP

REGN. NO 2604

(2)

DESP. APR 15 1943

REGN No. 1791

(3)

9-12-42
(O.C.L.-215)

AWARDS—CANADIAN ARMY (ACTIVE)

1445 M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-S-11,025

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
St.GERMAIN, Jean Paul	D.62334	Pte.	Regt.de Quebec

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Defence Medal	691 26/1/50
War Medal, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Statement of the Service of No. D62334 Rank ..... Sheet No. .....

Name St. Germain J. P.

M.F.M.1 & 2A
40/P & S/119

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
		5 days Landing Leave (with warrant)	Pte	14/19 July 41	2/1HU	U.K.	164	14 July 41
SOS		S.O.S. on posting to Sigs. 1 H.U.	Pte	15 Sept 41	2/1HU	U.K.	219	16 Sept 41
	T.O.S.	T.O.S on ceasing to be attd from 2 C.A.H.U	Pte	16 Sept 41	Sigs 1 H.U.	UK	198	22 Sept 41
		Proceeded on 1 Pm Leave Without Warrant	Pte	27 Oct 41 3 Nov 41	S.1HU	UK	229	28 Oct 41
		Posted as Regt Signaller	Pte	2 Feb 42	SRU	UK	48	25 Feb 42
		Pm leave w.w. to 9 Mar 42	Pte	2 Mar 42	SRU	UK	53	3 Mar 42
SOS		SOS To Les Fusiliers Mont-Royal	Pte	15 Apr 42	SRU	UK	90	16 Apr 42
also to read 1-2-43								
DO 1-9-43								
DAS 31-12-42	T.O.S	T.O.S from S.R.U.	Pte	16 Apr 42	F.M.R.	U.K.	25	28 Apr 42
		Priv. Leave to 31 July 42	Pte	25 July 42	FMR	UK	45	29 Aug 42
		Embarked U.K for France (Jub. oper)	Pte	18 Aug 42	F.M.R	U.K	49	10 Sep 42
		S.O.S to "X" List Missing	Pte	19 Aug 42	F.M.R	U.K	46	30 Aug 42
		TOS from FMR	Pte	20 Aug 42	X List FMR	UK	1	5 Oct 42
		SOS Killed in action	Pte	19 Aug 42	X CIST FMR	UK	10	21 Dec 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 Regimental Number: D-62334

1. Surname: ST. GERMAIN
2. Christian Names: JEAN PAUL
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: Cte
   giving date: 2-7-40
   *To be entered in pencil to facilitate alteration.
4. Place of birth: MONTREAL P.Q. CAN.
5. Date of birth as declared on attestation: 19 Novembre 1916
   (A)
6. Date of enlistment: 2 juillet 1940
7. Place of enlistment: Montreal Cananda
8. Residence at time of enlistment: 4546 Messier Montreal.
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: N.A.
13. Trade on enlistment: WAITER
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: LES F.M.R. CASF
Unit (Battn., etc):

(18) Medical

Category	Date	Authority
A	2-7-40	Med. Board M

(19) Next of kin (entries to be made in pencil)
St-Germain Ernest
Père
4329 Bordeaux, Montreal, 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.

(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
		2/C.I.H.U	SOS to O/S	Wirley	20-6-41	Pte	
		"	SOS Canadian O/S posted to 2/CIHU	"	21-6-41	"	154/2-7-41
*		"	SOS to Signals Field Unit	"	14/7/41	"	164 14/7/41
			S.O.S to Signals Field Unit	"	15-9-41	"	219 16-9-41
			Att'd for all purposes from 2 C I H U	Cowl	16-9-41	"	194 17-9-41
			T.O.S. No. 1 SIGNALS HOLDING UNIT C.A. on closing to be att'd from 2 C I H U	"	16-9-41	"	198 22-9-41
			1st Privilege Leave (W.O.W) 7 days	"	27-10-41	"	229 28-10-41
			QUALIFIED REGT'L SIGNALLER	"	21-2-42	"	48 24-2-42
			2nd Privilege Leave (W.W) 7 days	"	2 Mar 42	"	53 2 Mar 42
		1 C S R U	S.O.S. ~~to 2nd Cdn Div Sigs~~ to Fusilier Mont Royal		16-4-42	"	90 16-4-42.
17-4-42	O.C.	F.M.R.	T.O.S. from No 1 C.S.R.U. (Auth Demand 260 of 12-4-42)	"	17-4-42	"	25 - 28-4-42
25/7/42	✓	✓	P.L. - 7 days - P3	✓	25/7/42	✓	45 d/29-8-42
	(Jubilee Operation).		Embarked for France (Jubilee Operation)	U.K.	18 Aug. 42	"	49/10-9-42
			S.O.S. Missing	U.K.	19 Aug. 42	"	46/30-8-42
			T.O.S. x-Lat F/R	✓	20/8/42	✓	1/5-10-42
14-12-42	Ech		S.O.S. having been killed		19/8/42	"	10/21-12-42

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.

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(1) Nom de l'officier, ou soldat, ou aviateur ..... ST. GERMAIN Jean Paul
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade ..... D- 62334

(3) Unité ..... Les Fusilliers Mont Royal CASF.

(4) Êtes-vous marié? ..... NON

(5) Si oui, donnez

(*a*) le nom entier de votre épouse ..... N.A.

(*b*) l'adresse postale actuelle de votre épouse ..... N.A.

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

Sinon, donez-en les raisons ..... N.A.

.....

(7) Êtes-vous veuf? ..... ~~N.A.~~ non

(8) Avez-vous des enfants? ..... ~~N.A.~~ non

Si oui, indiquez le nombre de garçons et de filles ..... N.A.

Donnez aussi leurs noms et leurs âges ..... N.A.

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

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

Nom ..... N.A.

Adresse postale ..... N.A.

(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?

~~N.A.~~ 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 ST. GERMAIN OMER

4546 Messier Montreal, aucun

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? ~~N.A.~~ 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 ST. GERMAIN MIRON Florida

4546 Messier Montreal, Can.

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

~~N.A.~~ Non

(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? ~~N.A.~~ 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? N.A.

(19) Êtes-vous assuré? OUI

Si oui, dites dans quelle compagnie? Metropolitan Life

(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.

Jean-Paul St Germain

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

Date 2 JUILLET 1940

Joel Boivin Maj.

Officier Commandant Depot Regimentaire

Les F.M.R. CASF.

Date 2 juillet 1940

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.

Lire la formule en entier et les instructions au verso avant de commencer à remplir.

TESTAMENT

M.F.M. 10a
10M—5-40 (4931)
H.Q. 1772—39-1657

(1) Je, ST. GERMAIN JEAN PAUL (nom au long), de la VILLE (cité, ville, village, paroisse)

Adresse dans la vie civile.

de MONTREAL, dans le Comté / District de MONTREAL

Province de QUEBEC, WAITER (occupation civile)

N° Matricule D-62334, Unité F.M.R. CASF. révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon dernier testament.

Parenté, noms et adresse des bénéficiaires et ce que chacun doit recevoir.

(2) Je lègue à ST.GERMAIN Florida mere

Tous mes biens , meubles et effets.

4546 Messier , Montreal P.Q. Can.

Parenté, noms et adresse des bénéficiaires résiduaires.

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

(4) Je nomme ST.GERMAIN FLORIDA (nom) 4546 ~~$~~ MESSIER (adresse), Montreal,

mere (occupation civile), Exécuteur / Exécutrice de mon présent testament.

EN FOI DE QUOI J'AI SIGNÉ, ce 2ieme ème jour de juillet

19 40

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.

Jean-Paul St Germain
(Signature du soldat)

Pierre Lorange
Signature du premier témoin.

(5) Signature

Adresse civile

Occupation civile

Signature du deuxième témoin.

Signature

Adresse civile

Occupation civile

(Les bénéficiaires ne peuvent être témoins.)

[VOIR AU VERSO]

M.F.[illegible]
40/P &[illegible] (1-43)

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

District.....

Dispersal Area.....

Regtl. No. D.62334 Rank and Name PTE. ST. GERMAIN J.P. (Deceased)

of (Unit) Les Fusiliers Mont Royal. on

~~(Transfer or~~ Discharge) to on 19 Aug 19 42

Reason Death Authority: C.C.L."A" No.226 d/10 Dec 42.

The following is a statement of the account of the above-named from 1 Aug to 31 Aug 19 42 the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	79	07
First Monthly Payment			Regimental Pay 31 days at $ 1.30	40	30
Casual Payments			Tradesmen's Pay days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	20	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):					
AR.81 d/15 Aug 42 U.C.149	6	71	Def. PayInterest	2	10
MFM.513 Aug 42 U.C.149		29			
To Balance Cr. Free	14	47			
Deferred	80	00	By Balance Dr.		
687	94	47			
Total	121	47	Total	121	47

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

Remarks:

Assigned Pay $20.00 stopped eff. 1 Sep 42.

STATES BRANCH MAY 8 1943 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by E.W. Armstrong.

Checked by E.R.Clark.

Date 19 Jan 19 43

Certified correct M. Eccles.
for Chief Treasury Officer, Overseas.

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME DEAN PAUL ST GERMAIN Register No. D.5717

PAYEE'S NAME DIRECTOR OF ESTATES, File No. 405-S-11025

ADDRESS ..... Date 22-8-45

Service No. D-62334

..... Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE 19-8-42 Date of Discharge 19-8-42

	AMOUNT $	¢
A. TOTAL QUALIFYING SERVICE No. of days 777/30 = 25 (27) Periods @ $7.50	187	50
B. QUALIFYING OVERSEAS SERVICE No. of days 425 less 27 Ineligible days, equal 398 Days @ 25¢ per day	99	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.30 Subsistence Allowance $ 1.00 Additional Pay $ — Dependents' Allowance 1/30 $..... $ — TOTAL $ 2.30 X 7 = $ 16.10 No. of Days 425/183 X $ 16.10	287	00
	37	39
D. WAR SERVICE GRATUITY Computed Monthly	324	39
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $..... (2) D.A. & A.P. $..... (3) Other deductions $.....		
Entered By JBC		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 324.39 each)	324	39

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

$..... X 30 = $.....

REMARKS

Form No. 1

227 I

Register No. D 5717

Nominal Roll No. D 117

H.Q. File No. 405-S-11,025

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-62334	PTE	ST. GERMAIN	JEAN PAUL

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 2 July 40	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 779	Total Days	Total Days

TOTAL SERVICE 779 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	354	2	352
OVERSEAS SERVICE	425		425
Totals	779	2	777
Add Non-qualifying Service			2
TOTAL SERVICE			779

EMBARKATION DETAILS:

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

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 19 Aug 42

Computer's Signature W. L. Lalonde

Checker's Signature W. L. Meggitt

Date Computed 22 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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for		to	Eff. Date	Days	Total
A.W.L.			3 Apr 41		1
A.W.L.			19 Apr 41		1

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

Register No. D5717

File No. H.Q.405-S-11025

WAR SERVICE GRANTS ACT 1944

Ottawa February 21st 1945

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

Service No. D62334

Name J.P ST?GERMAIN
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 Lt
(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		$
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	Mrs Florida St. Germain	50.00.
	mother	
	Nice 1.9.42	
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 26 1945 194

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-S-11025 (D.R.)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.62334, Private Jean Paul ST. GERMAIN, of Les Fusiliers Mont-Royal, Canadian Army, was killed in action on the 19th of August, 1942.

WELC

(W.E.L. Coleman) Lieut.-Col.,
Officer in Charge of Records,
for Adjutant-General.

Department of National Defence,
Ottawa, Canada.
January 15th, 1943.

JBR.

Mem x Card
mother
18-2-43

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: ST. GERMAIN (*Block letters*)

Given names: Jean Paul

Do not write in this space

4. RESIDENCE

Street: 4546 Messier St. No.:

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: November (Month) 19th, (Day) 1916. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	25	9	1	....hrs. or....min.

OCCUPATION

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

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	St. Germain, Omer.	
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: (Month) (Day) 19.... (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

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....

OVERSEAS CASUALTY CANADIAN ARMY

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.

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRATION CARD

DATE

PLACE: Montreal, Quebec.

NAME ST.GERMAIN, Jean Paul DATE OF BIRTH 19 Nov 1916

RANK PTE. REGIMENTAL NO D.62334

UNIT LES FUS. MONT ROYAL NEXT OF KIN ADDRESS FATHER

MR.OMER ST.GERMAIN, 4329 BORDEAUX

MONTREAL, P.Q.

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 Unknown CEMETERY Cimetiere des Vertus

DEATH CERTIFICATE NO LOCATION OF CEMETERY Hautot-sur-Mer, (Seine-Inferieure)

PLOT NO Tomb No.637. DATE OF REGISTRATION

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS

RELIGION R.C.

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

SEP 14 1943

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

Noted
G

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

File No 5/05-R-11025

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 62334 Name St. Germain Jean Paul

Rank on Discharge Pte Date of Discharge 19-8-42

Authority for Discharge or Retirement deceased

Served in:

				Non-qualifying service
Canada	from 2-7-40	to 20-6-41		
	from	to		
United Kingdom	from 21-6-41	to 18-9-42		
	from	to		
Italy	from	to		
Northwest Europe	from	to		
	from	to		
Dieppe	from 19-8-42	to K/A 19-8-42		

Eligible for award of:

1939 - 45 Star ok

France-Germany Star

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal with clasp ok

M

WA

Verified by Ruth Foley

Date 6-9-46

Carded SEP 9 1946

NO RIBBON DESPATCH

IIA 165

HQ 405-S-11025
(D.R.)

/GB

le 11 décembre 2

Cher monsieur,

Je regrette profondément de vous faire savoir que votre fils, le soldat Jean Paul St-Germain, numéro matricule D.62334, a donné sa vie pour sa patrie à Dieppe, en France, le 19 août 1942. D'après les renseignements que nous avons reçus, votre fils a été tué au cours de l'engagement.

Vous pouvez compter 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 rendons hommage au soldat St-Germain pour son vaillant sacrifice.

Votre bien dévoué,

L'adjudant-général,

H. F. G. LETSON
Major - General
Adjutant - General

DEC. 11 1942

(H.F.G. Letson),
major-général.

M. Omer St-Germain,
4329, rue Bordeaux,
Montréal, Qué.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.62334 RANK Private SERVICE UNIT Fusiliers Mont Royal

NAME ST GERMAIN, Jean Paul

DATE OF BIRTH DAY 19th MONTH November YEAR 1916

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Omer St. Germain

ADDRESS 4329 Bordeaux Street, Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. SBC 277 H.Q.405-S-11025

CASUALTY DETAILS Previously reported missing in action now reported killed in action. DATE 19-8-42

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 10-12-42

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE