E10307
BELIVEAU
LOUIS GEORG

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# OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full BELIVEAU Louis Georges (b) Reg'l. No. E.10307
2. (a) Arm of service Army (b) Unit R. DE CHAUD A.F. (c) Rank Pte.
3. (a) Date of birth 26-2-1920 (b) Have you any dependents? No (c) Place of residence at time of enlistment St-Celestin Co Nic
4. (a) Place of enlistment Quebec City P.Q. (b) Date of enlistment 5-11-40

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 years old (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 years Public School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
9. (a) What languages do you speak fluently? French (b) What languages do you read well? French

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Mr Gaston Morin Address St-Celestin P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) FARMER
20. (a) Your specific occupation General (b) Number of years' experience at this occupation with any employer 4 years
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? General
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 4 years (c) In what provinces did you have experience? P.Q.

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) I am assured of a job
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form FARMER

DATE MAY 3rd 1941 194.... SIGNATURE L.G. Beliveau (L.G. BELIVEAU) PTE

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

**Formule P. 64**

Monsieur Benjamin Beliveau,
St. Celestin,
Cte Nicolet, Que.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-B-32,374 FD.216

# MINISTÈRE DE LA DÉFENSE NATIONALE
# DIVISION DES SUCCESSIONS
# OTTAWA, ONTARIO

23 novembre 1944

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

BELIVEAU, Louis Georges, Soldat,

E.10307, Armee Canadienne

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

OG/GC

Pour Le directeur des successions,
Major

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

## RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

| Degrés de parenté | PARENTS à signaler | | TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés | Age | ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé |
|---|---|---|---|---|---|
| 1 | Veuve du défunt..... nil | | | | |
| 2 | Enfants du défunt et dates de naissance..... aucun ..... | | | | |
| 3 | Père du défunt..... Benjamin | | Beliveau, | | Saint-Célestin, Cté Nico Prov. Québec, |
| 4 | Mère du défunt..... Adelina | | Richard, | | Saint-Célestin, Cté Nicole Prov. Québec |
| 5 | Frères du défunt | Frères germains | Rodolphe, né: 21 juillet 1902<br>Omer , né: 26 avril 1907<br>Armand , né: 24 mai 1910<br>Bruno , né: 30 juillet 1916<br>Arthur , né: 24 avril 1919<br>Louis-Paul ": 8 juin 1922 | | St-Célestin, Nicolet<br>St-Célestin, Nicolet<br>St-Célestin, Nicolet<br>St-Célestin, Nicolet<br>St-Célestin, Nicolet<br>St-Célestin, Nicolet |
| | | Demi-frères | Aucun | | |
| 6 | Sœurs du défunt | Sœurs germaines | Helena, né: 19 août 1900<br>Cécile, né: 28 nov. 1910<br>Irène né: 9 juin 1913<br>Ida , né: 14 avril 1914 | | St-Célestin, Nicolet<br>St-Célestin, Nicolet<br>St-Célestin, Nicolet<br>St-Célestin, Nicolet, |
| | | Demi-sœurs | Aucun | | |
| 7 | Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux | | Noms et âges de leurs enfants (le cas échéant)<br>aucun | | Adresse de leurs enfants |

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

## DÉTAILS D'IDENTITÉ

| | | | |
|---|---|---|---|
| 8 | Nom et prénoms du défunt. | Louis Georges Beliveau | |
| 9 | Date de sa naissance. | 26 février 1921 | |
| 10 | Lieu et date de son mariage. | Célibataire | |
| 11 | Lieu et date du mariage de ses parents. | Saint-Célestin, le 16 août 1899 | |

## DÉTAILS DE DOMICILE

| | | | |
|---|---|---|---|
| 12 | Lieu où le défunt est né. | Saint-Célestin, | |
| 13 | Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas. | (a) Québec<br>(b) Canada<br>(c)<br>(d) Comté Nicolet, St-Célestin | |
| 14 | Nature de son emploi avant son enrôlement. | journalier | |
| 15 | Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit? | non | |
| 16 | Indiquer le lieu où le défunt entendait vivre d'une façon permanente. | St-Célestin, | |

## DÉTAILS DE LA SUCCESSION

| | | | |
|---|---|---|---|
| 17 | A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre. | non | |
| 18 | Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété? | célibataire | |
| 19 | Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde? | non | |
| 20 | Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent. | non | |
| 21 | Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent. | non | |
| 22 | Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. | non | |
| 23 | Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin. | aucun | |

## AUTRES DÉTAILS

| | | |
|---|---|---|
| 24 | Après son engagement, le défunt avait-il contracté des dettes:<br>(a) pour ses propres logement et pension pendant qu'il était dans les forces armées.<br>(b) pour habits et équipement militaires.<br>Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails. | non |
| 25 | Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui. | $40.00 frais funéraires, payés par son père Benjamin Beliveau |

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

## DÉCLARATION

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* frère du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Benjamin Bélisle — Signature du déclarant

St Celestin — Adresse

## CERTIFICAT

Je, soussigné, certifie que, autant que je sache Benjamin Bélisle

Nom du déclarant

*Voir plus haut

est le/la* frère du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à St Celestin ce 30 ième jour de novembre 1944

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Wilfrid Foucault — Titre Juge de Paix

Adresse St Celestin

**REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.**

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

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

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

**M.F.M. 2 Fr.**
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

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Unité LE REGIMENT DE LA CHAUDIERE. (CASE) Matricule E-10307.
Unit Regimental Number

~~Original~~
Duplicata
~~Triplicata~~

# ARMÉE ACTIVE DU CANADA
## CANADIAN ACTIVE SERVICE FORCE

01
PTE

Original
Duplicate
Triplicate

### FORMULE D'ENRÔLEMENT
### ATTESTATION PAPER

1. Nom (Surname) Beliveau
2. Prénoms (Christian Names) Louis George
3. Adresse actuelle (Present Address) St. Celestain, Nicolet Co. P.Q.
4. Date de naissance (Date of birth) 16 Fevrier 1921
5. Lieu de naissance (Place of birth) Canada (Pays)—(Country) Nicolet (Comté ou province)—(County or Province) St. Celestain (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) Catholique Roman
7. Métier ou profession (Trade or Calling) Journalier
8. Marié, veuf ou célibataire (Married, Widower or Single) Celibataire
9. Nom du plus proche parent (Name of next of kin) Benjeman Beliveau
10. Parenté de celui-ci (Relationship) Pere
11. Adresse du plus proche parent (Address of next of kin) St. Celestain, Nicolet Co. P.Q.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) Non
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars) Nil.
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?) Nil.
(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

Je, soussigné, Louis George Beliveau, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 20 Novembre 1940 Louis George Beliveau
Witness: A. M. Smith (Signature de la recrue)

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

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

L G Beliveau
(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 Danville, P.Q. ce 20 eme. jour de Novembre 1940

P. L. Johnston Capt. (Lt. Col.)
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

(P.L. Johnston) R.O. (E) M.D.5
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.
Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

FINGERPRINTED

Occupational History Form (complete)

État de service de / Record of Service of: **Beliveau** (Nom—Surname) **Louis George** (Prénoms—Christian Names)

Matricule / Regimental Number: **E-10307.**

## APTITUDES
Qualifications

Militaires / Military: **Nil.**

Professionnelles ou commerciales / Business or Professional: **Nil.**

Civiles ou de métier / Trade or Civil: **Journalier**

Techniques / Technical: **Nil.**

Langues / Languages: **Francais**

## QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies / High School or Collegiate: **4 Ans.** (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: **Nil.** (Spécifier—Specify)

*Collège: **L'ecole de St. Celestin, Nicolet Co. P.Q.**

*Université / University: **Nil.**

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

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

| Rapport — Report: Date | Rapport — Report: Reçu de — From whom received | État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force | Grade indiqué — Rank shown | Prenant date le — Effective date | Unité — Unit | Endroit — Place | Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc. | Autorisation — Authority: Daté le — Dated |
|---|---|---|---|---|---|---|---|---|
| 25-11-40 | D.D. 5- | Affecté lors de son enrôlement / Joined on enlistment — Attested & TOS as att. to D.D. 5- Eff. | Pte. | 22-11-40 | Regt. de la Chaudiere. | Quebec. | Part 11 No.294. | 25-11-40; |
| 4-12-40 | D.D.5. | S.O.S.on joining unit at sussex.N.B. | Pte | 3-12-40 | D.D.5. | Quebec | Part.11.No.303 | 4-12-40 |
| 6-2-41 | | T.O.S. R. de Chaud., | Pte | 4-12-40 | Chaud., | Sussex | 270 | 3-12-40 |
| 16-5-41 | | Has been granted furlough from 7-5-41 to 21-5-41. | Pte. | 21-5-41 | R.deChaud. | SussexNB. | 48 | 12-5-41. |
| 10-5-41 | | A.W.L. from 2200hrs 21-5-41. | Pte. | 21-5-41. | " | " | 55 | 27-5-41. |
| 21-5-41 | | A.W.L. from 2200 hrs 21-5-41 to 1315 hrs 28-5-41 absent 6 days 15 hrs Awarded 14 days I.C.B. and 7 days Pay 149(1)(a) | Pte | 21-5-41 | Chaud | Sussex | 61 | 4-6-41 |
| 11-7-41 | | Granted Disembarcation leave | | | | | 80 | 9-7-41 |
| 2-8-41 | | Proceeding Overseas | " | 31-7-41 | " | Aldershot | | |

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.)**

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

Nom en entier (Name in full) Louis George Beliveau Date 20-11-40

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

1. Age 19 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) | N O N | j. Affection nasale (Nasal trouble) | N O N |
| b. Tuberculose (Tuberculosis) | N O N | k. Maladies des oreilles (Ear disease) | N O N |
| c. Bronchite ou asthme (Bronchitis or asthma) | N O N | l. Maladie des yeux (Eye disease) | N O N |
| d. Affection cardiaque (Heart disease) | N O N | m. Epilepsie (Epilepsy) | N O N |
| e. Maladie du rein ou de la vessie (Kidney or bladder disease) | N O N | n. Maladie nerveuse ou mentale (Nervous or mental disease) | N O N |
| f. Gastrite intestinale (Gastro-intestinal) | N O N | o. Syphilis | N O N |
| g. Hernie (Rupture) | N O N | p. Gonorrhée (Gonorrhœa) | N O N |
| h. Varices (Varicose veins) | N O N | q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) | N O N |
| i. Pieds plats ou déformés (Flat or deformed feet) | N O N | | |

Louis George Béliveau
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Nil.

## 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).) Nil.

2. Taille (Height) 5 pieds (feet) 3 pouces (inches). 3. Poids (Weight) 120 livres (pounds)

4. Teint (Complexion) Dark Yeux (Eyes) Blue Cheveux (Hair) Black

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

6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 34½ pouces (inches) Degré d'expansion (Range of expansion) 3 pouces

7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20 8. Ouïe, oreille droite (Hearing, right) 20 C.V. gauche (left) 20 C.V.

9. Condition de la bouche et des dents (Condition of mouth and teeth) Only 2 rear molars in upper jaw otherwise good

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:) Reflexes: Normal Urine Normal X-RAY CHEST - NEGATIVE. 22 NOV 1940

**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)

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

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.)

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

| Date | Détails succints et signature / Brief details and signature | Date | Détails succints et signature / Brief details and signature |
|---|---|---|---|
| 26-11-40 | Vacc. | | |
| 26-11-40 | T-A B | | |
| 2-12-40 | | | |
| 11.12.40 | 2 | | |
| 26-11-40 | Tet. toxoid 1 cc | | |
| 23-1-41 | 2 | | |
| 3/2/41 | Reboosted | | |

Matricule / Regtl. No. E-10307. Grade / Rank Pte. Nom / Surname BELIVEAU. 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; 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Seaford Camp Hosp | | 15 | 3 | 41 | 18 | 4 | 41 | | 34 | | |

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.)**

(Fr.)

13 MAR 1943

42 Previous Experience in Armed Forces

| ARM or CORPS | Type (C.E.F., N.P., etc.) | Years | Highest Rank | Last Discharge (Yr.) | Special Training Received |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

43 CURRENT SERVICE: Date Enlisted 20/11/40 Place Enlisted DANVILLE, P.Q.

| Date From—to | Country | Corps | Unit and Sub-unit | Rank 44 | Principal Duty | Performance |
|---|---|---|---|---|---|---|
| 20/11/40-20/3/41 | CAN | INF | CHAUDIERE REGT | PTE | TRAINING H | |
| 20/3/41- | UK | INF | CHAUDIERE REGT | " | TRAINING, DRIVER i/c (3 MONTHS) | 307 Pt. 123 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | A | | |

45 COURSES ATTENDED

| | PLACE | Date: From—to | Qualified as | Rating |
|---|---|---|---|---|
| Course No 46. | UK | 29/12/42 8/1/43 | — | — |
| | | | | |
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46 Crime: Number Courts Martial Convictions ..... Hospitalization 1/3

Number Civil Convictions ..... 2/21 Minor Offender ..... Occasional Offender .....

1 Chronic Major Offender ..... 1/14 Chronic Minor Offender ..... 1/14 Occasional Offender .....

49 Psychiatric ✓ ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P & S/1246

47 Classification: Military Specialties and Trades

| Designation | Degree of Proficiency | Date | Authority |
|---|---|---|---|
| INF. SECTION MAN (RIFLEMAN) 123 | FAIR | 25/2/42 | J.L.M. |
| DRIVER i/c 170 | FAIR | 25/2/42 | J.L.M. |
| Driver i/c | Qual | 25/9/42 | SO |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

55 Type of Service Desired (1) ..... DRIVER i/c ..... (2) ..... INF. SECTION MAN .....

Remarks re Outstanding or Limiting Factors SLOPPY APPEARANCE — NOT VERY BRIGHT —

GA 18 (Org) alloc

MP
Mr. Gpr

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ..... Indifferent ✓

Reason for Joining Cdn. Army (if ascertainable) ..... Adventure. .....

48 Suggested Possibilities for Employment (1) ..... DRIVER i/c .....

..... (2) ..... INF. SECTION MAN .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by LIEUT. J. D. LEMAY, Date 25/2/42

Reviewed by ..... Date .....

Pte ✓ BELIVEAU

Regt'l. Number E18367. Last Name BELLIVEAU First Name Louis

CARDS PUNCHED

Middle Names Georges

Soldiers Qualification Card

CODED

Unit 4 Coy

1 Corps Regt. de la Chaud. ✓ 54

2 Nationality 08 Can. | By Birth ✓ | By Naturalization | Country of Birth Can

3 Racial Origin ..... 4 2 Language spoken in home: French ✓ Other ..... English .....

5 22 Age 22 16/2/21 ✓ 6 Height 5/3 1 7 Weight 135 8 Silhouette 1 2 3 4

Eyes: 9 2 Colour of Gray 10 Acuity 1 2 3 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects ..... 1

14 Handedness R L A 15 Med Category A

Cause .....

Attitude to own health REASONABLE To Medical attention ANTAGONISTIC

Health History NORMAL

16 Education Level: Illiterate ..... E 6 (14) S ..... (Grade completed)

Conduct during school life Normal.

| 17 University or 18 Professional | Course Taken | Years Completed | Degree |
|---|---|---|---|
| | | | |
| | | | |

| 19 Post Graduate | Course | From—To | Degree |
|---|---|---|---|
| | | | |
| | | | |

Specialized Training:

20 1. ..... (Course)

At ..... From—To ..... Completed.....

21 2. ..... (Course)

At ..... From—To ..... Completed.....

22 3. ..... (Course)

At ..... From—To ..... Completed.....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently French.

11 Written well French.

24 Main occupation: Description LABOURER

3544 ..... Estimate of skill GOOD

Duration (from—to) 1936-1940 Weekly Wage 12.00

Employer's Name and Address ODD JOBS

50"M" F.

| Test | Score | SM | |
|---|---|---|---|
| 1 | 7 | | S. Tot. 20 |
| 2 | 7 | | SM |
| 3 | 6 | | |
| 4 | 13 | | S. Tot 19 |
| 5 | 6 | | SM |
| 6 | 2 | | S. Tot 16 |
| 7 | 4 | | SM |
| 8 | 10 | | |
| Tot. | 55 | SM | Grade E |

9

51 OTHER MENTAL

Test .....

Score ..... L. Grade .....

Date .....

52 MECHANICAL

Test .....

Score ..... Grade .....

Date .....

52 CLERICAL APT.

Test .....

Score ..... Grade .....

Date .....

53 TRADE TEST

1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER

Test .....

Score ..... Grade .....

Date .....

25 Second Most Important Occupation: Description: ..... Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

26 Third Most Important Occupation: ..... Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 3 Heavy Truck D.R. 28 3 Light Truck D.R. 29 3 Auto D.R. 30 Motorcycle

31 3 Farm Tractor D.R. 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....

35 Accident Prone NO

Farming Experience: Wide 3 years 1936-37-38 Limited .....

District NICOLET Type Mixed

Job promised after discharge None By whom? Name .....

Address .....

Other provision for post-discharge occupation SAVING

..... Type of work desired any kind of work.

Occupational history: Ambitious ..... Accidental .....

Stable ..... Erratic .....

36 Material Status: M ..... S ✓ W ..... D ..... Sep. .....

2 Marital Problems ..... (Remarks)

Age of wife ..... Wife's attitude to Service ..... Wife's Health .....

37 No. of Children ..... No. Brothers 6 No. Sisters 5

Position in family 11th 38 No. Dependents 0

Relationship of Dependents .....

Status of home in childhood Broken. (mother died in childhood ATONE)

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....

5 Mechanics ✓ Other .....

40 Sports: (1) fishing (2) ..... (3) .....

F Team Games and Position (1) .....

(2) ..... (3) .....

41 Ability to Entertain: Music: String ..... Brass .....

6 Woodwind ..... Percussion ..... Piano ..... Vocal ✓

Theatrical ..... Other .....

No E.10307 Rank Private Name BELIVEAU, Louis Georges

Unit Regt. de la Chaudiere Date of death 23rd Sept., 1944.

Died at France.

Cause Died of injuries sustained in action.

Death occurred on strength of Forces. H.Q. 405-B-32374

N/K Mr. Benjamin Beliveau, Relationship Father

Address St. Celestin, Nicolet County, Quebec

Remains buried in Mil. Cem. Des Bruyers St. Omer Pas de Calais 12550 Gr. No. 240 Cemetery

Grave location

CWK ✓

OVER—

REBURIAL

Calais Canadian Military Cemetery,
St. Inglevert, France.

Grave 5, row E, plot 2

HI & CR Form Despd OCT 7 1946

Photographs
Despatched

OCT 17 1947

Temp BR sent to Nx

BURIAL REPORT TO N.K. JAN 3 1946

RETURN TO BUR. OF STAT. DEC 10 1945

ROYAL MESSAGE DESP'D. OCT 31 1944

CAN. MESSAGE DESP'D. OCT 19 1944

State [illegible] of the Service of No. E-10307 Rank [illegible] Sheet No.

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

Name Bolivar 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 |
|---|---|---|---|---|---|---|---|---|
| 5-8-41 | | S.O.S (C.A.) Canada on embarkation | Pte | 20-7-41 | R de Chand. | Aldershot | 92 | 5-8-41 |
| 5-8-41 | | T.O.S (C.A.) Overseas on transfer | | | | | | |
| amended D024 30/11/41 | | 21 ~~20~~-7-41 and desembarked at Gourock | " | 30-7-41 | " | | " 92 | 5-8-41 |
| 5601- | | Landing leave (W.O.W.) | Pte | 11/7 8 41 | R de C | UK | 2 | 21 Aug 41 |
| | | 14 days pay for ft. FRI 140(2) an 6ft AA Sect 11 (2) AWF 30 min. | Pte. | 23 Dec 41 | R de C | UK | 6 | 6 Feb 42 |
| | | Qual Driver 1/c (N) | Pte | 25 Sept 42 | R de C | UK | 50 | 7 Oct 42 |
| 1 | | Proceeded on bse afloat no 46. & att to C.I.C. Rothesay f a p ex pay | Pte | 29 Dec 42 8 Jan 43 | R de C | UK | 5 | 29 Jan 43 |
| amended Do 32 d 25/7/43 | | Daily Regtle rate $ ~~1.40~~ 1.50 | Pte | 1 Jan 43 | R de C | UK | 22 | 26 May 43 |
| | | AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP | | | | | | |
| | | Embarked at UK on | Pte. | 3 June 44 | R de C. | 21 A.Gp | 45. | 13 July 44 |
| | | Disembarked at France on | | 6 June 44. | | | | |
| M164 | | Died of Wounds | Pte. | 23 Sep 44 | R de C. | AEF | A495 | 1 Oct 44 |
| C125 | SOS | SOS died of Injuries on adm; 15-16 Canadian General Hospital. | Pte | 23 Sep 44 | R de Chand | 21 AG | 72 | 10 Oct 44 |

Statement of the Service of No. E.10307 Rank Pte. Sheet No.

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

Name BELIVEAU Louis Georges

| REPORT | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority | |
|---|---|---|---|---|---|---|---|---|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| | | | | | | | | |

Statement of the Service of No. E.10307 Rank Pte. Sheet No.

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

Name BELIVEAU 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 |
|---|---|---|---|---|---|---|---|---|
| 5-8-41 | | S.O.S.(C.A.) Canada on embarkation | Pte. | 20-7-41 | R. de Chaud. | Aldershot | 92 | 5-8-41 |
| | | T.O.S.(C.A.) Overseas on transfer | | | | | | |
| | | 20-7-41 and disembarked at Gourock. | " | 30-7-41 | " | " | " 92 | 5-8-41 |

Statement of the Service of No. E.10307 Rank Pte. Sheet No.

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

Name BELIVEAU Louis Georges

| REPORT | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority | |
|---|---|---|---|---|---|---|---|---|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| | | | | | | | | |

| (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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | 9 |
| 26-8-41 | | " | Landing leave without Warrant 5 days | field | 7-8-41 | Pte | No 2/21-8-41 |
| 26 Dec 41 | O.C. | Chaud | ① Offence under AA Sec 11 & ② Off under AA Sec 15(2) AWL from 0830 hrs 22 Dec 41 To 0900 hrs 22 Dec 41. Awarded 14 dys forf pay - FR & I 149(2) | FIELD | 23 Dec 41 | Pte | DO 6 d/6 Feb 42 |
| 1 Oct 42 | " | " | Qual. Driver 1/c (W.) | " | 25 Sep 42 | " | 50 d/7 Oct 42 |
| 15 Jan 43 | " | " | Proceeded Crs. AFLOAT No 46 | " | 29 Dec 42 to 8 Jan 43 | " | 5 d/21 Jan 43 |
| | | | Att CTC Rothesay fap ex pay | | | | |
| 15 Apr 43 | " | " | Granted Daily Rates Pay ~~$1.40~~ $1.50 (DO 32/43) | | 1 Jan 43 | " | 22 d/May 43 |
| Amendment | | | DO 22 para 16(a) 1943 to read $1.50 | " | - | " | 32/43 |
| | | | Awd Cdn Vol Ser Medal & Clasp | | 15 JAN. 44 | | 5-1944 |
| 6 Oct 44 | O2E | Chaud | SOS died of injuries adm 16 CGH | " | 23 Sep 44 | Pte | 72/44 |

# 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 LE REGIMENT DE LA CHAUDIERE?(CASF) Regimental Number E-10307.

| | | (17) Regiment or Corps | Unit (Battn., etc) |
|---|---|---|---|
| 1. Surname | BELIVEAU. | | |
| 2. Christian Names | LOUIS GEORGE | | |
| 3. *Substantive Rank and Appointment | Pte | | |
| *Acting Temporary or Local Rank | | | |
| giving date | | | |

*To be entered in pencil to facilitate alteration.

| | | | | |
|---|---|---|---|---|
| 4. Place of birth | St Celestain.Co. Nicolet.P.Q. Ca. | (18) Medical | Board. | |
| 5. Date of birth as declared on attestation | 16-2-21. | | | |
| (A) | | Category | Date | Authority |
| 6. Date of enlistment | 20-11-40 | "A" | 22-11-40. | |
| 7. Place of enlistment | Danville. | | | |
| 8. Residence at time of enlistment | St Celestai,.Co. Nicolet.P.Q. Ca. | | | |
| 9. (B) Special conditions (if any) of enlistment or rate of pay | | | | |
| 10. (C) Any subsequent variations of conditions of service | | | | |
| 11. Religion | Catholique romain. | | | |
| 12. If married, state date | | (19) Next of kin (entries to be made in pencil) | | Father |
| 13. Trade on enlistment | Journalier. | Mr Benjamin Beliveau | | |
| 14. Corps, trade and grade | | St Celestin | | |
| 15. (D) Qualifications | Driver 1/c (W.) d/25 Sep 42 | Co. Nicolet | | |
| 16. (E) Miscellaneous entries | | (20) E. | | |
| | | (21) E. | | |
| | | (22) E. | P. Que | |
| | | | Ca | |

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.

CONTINUATION CARD TO M.F.M. 14

Regimental No. E-10307 Name BELIVEAU LOUIS-GEORGES

| Part 11 D.O. No. | Date | PARTICULARS OF CASUALTY |
|---|---|---|
| 6 | 6/2/42 | AWL. Forfeits 14 days' p. |
| 50 | 7/10/42 | Qualified Driver y/c W.D. Vehicle (Wheeled) 25/9/42 |
| 22 | 26/5/43 | Granted Eff. Pay. $1.40 w.e.f. 1/1/43 |
| 32 | 25/7/43. | D.O. 22. AMENDED to read $1.50. 1/1/43. |
| 5 | JAN 29 1944 | AWD. THE C.V.S.M. AND CLASP WEF. JAN 15 1944 |
| 45 | 13.7.44 | Emb. U.K. 3-6-44 Disembarked France 6.6.44 |
| CR | 25/9/44 | SOS to X-3 List (R de Chaud) 21/9/44 |
| | | |
| | | |
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| | | |
| | | |
| | | |

M.F.M. 14A
40/P & S/67

5 OHF. $1.50. 1/1/43.

NAME BELIVEAU LOUIS GEORGES

REGIMENTAL No. E-10307 RANK PRIVATE

ENLISTED AT QUEBEC. P.Q. PROMOTIONS, ETC. AND DATE

DATE November 20th. 1940.

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER OR SINGLE Single.

NEXT OF KIN Benjamin Beliveau. RELATIONSHIP Father.

ADDRESS OF St. Celestin Co. Nicolet . P.Q

ASSIGNMENT OF PAY, $ ~~20.00 Mar. 42 (vol)~~ 23.00 SEP. 43 (obl)

ADDRESS Same as above

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT, app for AMOUNT OF AWARD

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER ~~28/1/42~~ 24/8/43

IN WHOSE FAVOUR ~~Mrs Ida Guillemette, sister~~ BENJAMIN BELIVEAU (FATHER)

M. F. M. 14
120M - 7-40 (6128-9)
H. Q. 1772-39-1662

# CASUALTIES, ETC.

| NATURE<br>E. G. ABSENCE. PROMOTION, ETC. | PART 11. D. O.<br>NO. | <br>DATE | REMARKS<br>IF IN HOSPITAL, NOTE NAME. |
|---|---|---|---|
| T.O.S.R. De Chaud.20-11-40 | 294 | 25-11-40 | ~~Proc~~Att. to D.D.M.D. 5. |
| S.O.S. D.D.5.Eff.3-12-40. | 301 | 3-12-40. | Proc.R.De Chaud. SUSSEX.N.B. |
| T.O.S.R. de Chaud on transf. from Dist. D.M.D. 5 Québec 4-12-40. | 270 | 3-12-40. | |
| | 25 | 22-3-41 | Admit. Camp. Hospital 15-3-41 |
| | 45 | 2-5-41 | Disch. Camp Hosp. 18-4-41 |
| Furlough 14 days 7-5-41 | 48 | 12-5-41 | |
| AWL fr. 2200 hrs 21-5-41 | 55 | 27-5-41 | |
| Awl 6 days 1515 hrs awarded 14 days C.B. and forfeit 7 days P.A. | 61 | 4-6-41 | |
| Embarkation Leave from 4-7-41 to 10-7-41. | 80 | 9-7-41 | |
| Granted handing leave from 0730 hrs 7-8-41 to 2359 hrs 11-8-41. (Without warrant). | 2 | 21-8-41 | |

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E-10307 RANK Private SERVICE UNIT Le Regiment de la Chaudiere (C.A.)

NAME BELIVEAU, Louis Georges

DATE OF BIRTH
DAY 16th MONTH February YEAR 1921 Date Enlisted: 20-11-40

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Benjamin Beliveau,
ADDRESS St. Celestin, Nicolet County, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 1560 A H.Q. 405-B-32,374

CASUALTY DETAILS Died of Injuries DATE 23-9-44

FRANCE F.T.

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

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

DATE 10-10-44

O/S with REGT DE LA CHAUDIERE
S/L

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Sheet No.....

# POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. F-10307 Rank Pte. Surname Belivеau Christian Name Louis G.

| Unit | Hospt. | Admitted Day | Admitted Mo. | Admitted Year | Discharged Day | Discharged Mo. | Discharged Year | Hospt. Days | Disease or Injury | Remarks | Cas. List No. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Regt. de la Chaudiere | | | | | | | | | 21-9-44 Confirmed by Date of wnds. not known Ruptured abdominal viscus D. D. W., 23-9-44 | B-C. Inf. Gsd. fr. femur | a 503 A-495 |
| | | | | | | | | | | | |
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Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

(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 N.A.

(11) Is your father alive? YES.

If so, state name and address BENJAMIN BELIVEAU. JOUNRALIER.
ST CELESTIN CO. NICOLET.P.Q.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? NO.

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

Also state reason he has no other means of support N.A.

(14) Is your mother alive? NO.

If so, state name and address N.A.

(15) If your mother is a widow, are you her sole support? N.A.

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

Also state reason why she has no other means of support N.A.

(17) Are you insured? NO.

If so, in what Company? N.A.

Have you made arrangements for payment of your Insurance Premium? N.A.

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 Gargeo Béliveau
(Signature of officer or man)

Date November 23rd, 1940

---

F C Magee
Officer Commanding (F.C.MAGEE) Lieut-Col.,

Date November 23rd, 1940 DISTRICT DEPOT.M.D.No.5.

*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 FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.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 ..... BELIVEAU. LOUIS GEORGES.
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number ..... E10307 PRIVATE?

(3) Unit ..... REGIMENT DE LA CHAUDIERE.C.A.S.F.

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

(5) If married, state,

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

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

DISTRICT PAY OFFICE
RECEIVED
NOV 27 1940
M. D. No. 5 Quebec.

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

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

(8) Have you any children? ..... N.A.

If so, give number of boys and girls ..... N.A.

Also their names and ages ..... N.A.

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

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

Name ..... N.A.

Postal Address ..... N.A.

(SEE OTHER SIDE).

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH
# INVENTORY

*of personal effects received by*
*Casualty Section, No. 1 CKSD*

No., RANK and NAME E-10307 Pte Beliveau L G. Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY A-117006 Gnr Schwartz M / B-81759 Sgt Graves J G DATE 9 Jan 45

| | | | |
|---|---|---|---|
| I | Letter. | | |
| I | Soap Box. | | |
| I | Field Cap. | | |
| 3 | Shirts. (ATS) | | |
| I | Electric Iron Sold to Pte. Jacks. | For £ | 0-10-0 |

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.
TRIPLICATE — with effects.

for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
24 JAN 1945
BRANCH
HEADQUARTERS

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH
# INVENTORY

*of personal effects received by*
*Casualty Section, No. 1 CKSD*

No., RANK and NAME E-I0307 Pte Beliveau L G Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

A-II7006 Gnr Schwartz M

CHECKED BY B-81759 Sgt Graves J G DATE 29 Dec 44

| | | | |
|---|---|---|---|
| I | Wrist Watch "Cyster". Snaps. | | |
| I | Metal Ring Minus Stone. | | |
| I | Red Identity Disc, | | |
| I | Silk Handkerchief. (France). | | |

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

.....
for OC 1 Cdn KSD

U.S. MILITARY
ESTATES
1 JAN 1945
BRANCH
HEADQUARTERS

Q.G.405-B-32374
R.4(b)

Ottawa,
le 15 octobre 1947.

Monsieur,

Je vous envoie sous ce pli une photographie de la tombe et du monument commémoratif qui marque la sépulture de votre regretté fils, le soldat Louis Georges BELIVEAU, matricule E.10307, inhumé dans la fosse 5, rang E, lot 2, du cimetière militaire canadien de Calais à Saint-Inglevert en France.

Toute erreur paraissant dans l'inscription sera corrigée au moment de l'érection de la pierre tombale permanente.

Veuillez agréer, Monsieur, mes respectueuses salutations.

Pièces jointes

Directeur suppléant
des Archives des
services de guerre.

M. Benjamin Béliveau,
St-Célestin,
Cté de Nicolet,
P. Qué.

/BP

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.
H.Q. 405-B-32374
R. 4 (B).

F.T.

Ottawa,

14th October, 1947.

Mr. Benjamin Beliveau,
St. Celestin,
Nicolet County, Quebec.

Dear Mr. Beliveau:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E10307 Private Louis Georges Beliveau, the location of which is grave 5, row E, plot 2, Calais Canadian Military Cemetery, St. Inglevert, France.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

/EMA

MB

A/Director,
War Service Records.

D. V. A. 1 500M-1946 REQ. 1314

File No 405-B-32374

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E10307 Name BELIVEAU, Louis George

Rank on Discharge Pte Date of Discharge 23-9-44.

Authority for Discharge or Retirement Deceased

Served in:

| | | | | Non-qualifying service |
|---|---|---|---|---|
| Canada | from | 22-11-40 | to 20-7-41 | |
| | from | | to | |
| United Kingdom | from | 21-7-41 | to 5-6-44 | |
| | from | | to | |
| Italy | from | | to | |
| Northwest Europe | from | 6-6-44 | to 23-9-44 (died of injuries) | |
| --------- | from | | to | |
| --------- | from | | to | |

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

NRD.

Verified by Annette Routhier

Date 18-6-46

JUN 18 1946

Carded OK

HA 165

405-B-32374

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BELIVEAU Louis Georges

RANK PTE

UNIT REGT DE CHAUD AEF

PLACE & DATE OF BIRTH NICOLET 16 Feb 1921

REGIMENTAL NO E10307

NEXT OF KIN & ADDRESS FATHER,
M. Benjeman BELIVEAU,
St. Celestain,
NICOLET CO. P.Q.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 23 Sep 44

PLACE OF DEATH

HRS

CAUSE OF DEATH DIED OF INJURIES

PARTICULARS OF BURIAL

DATE OF BURIAL 25 Sep 44.

CEMETERY Military Cemetery Des Bruyers
St. Omer Pas de Calais MR.
125500.

PLOT NO ROW GRAVE 240

DEATH CERT.NO

RELIGION Roman Catholic

DATE 15 Oct 45.

(M. BLUTEAU) Capt.,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

## DISTRIBUTION OF SERVICE ESTATES VS

Estates Form "P. 4"

ARMY

Name: BELIVEAU (Surname) Louis C. (Christian Names) No.: E 10307

Pte (Rank) C.A.O/S (Unit) 23-9-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 236.14

Date: 5-7-45 Other Credits .....

Total ..... 236.14

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | Father | Benjamin Beliveau,<br>St. Celestin,<br>Cte Nicolet,<br>P.Q.<br><br>(Sole beneficiary under will) | 236.14 R |

P4. TO TREAS. 29-8-45 am

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 0000 9999X | 731 | 00 | 00 | 001 | $ 236.14 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

St-Célestin, le 2 Novembre 1944,

L'Administrateur des Successions, Ministère de la Défense Nationale
Ottawa, Ontario,

Monsieur:-

Le Minsitère de la Défense Nationale me prie de m'adresser à vous concernant l'arrière de solde ainsi que quelque argent qu' aurait pu mettre de coté mon fils durant qu'il a servi comme soldat.

Son nom:

Louis Georges Beliveau,

Matricule"E" 10307,

Régiment La Chaudière,

décédé en Europe au mois de septembre 1944.

ESTATES BRANCH
NOV 3 1944
H.Q. OTTAWA
NATIONAL DEFENCE

Espérant recevoir une réponse sous peu,

Je demeure, votre tout dévoué,

Benjamin Beliveau

Père,

COPY

M.F.M. 5
300M—1-43 (7930)
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*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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

(2) Regimental or Official Number and Rank E.10307 Private

(3) Unit Regiment de La Chaudiere CASF.

(4) Are you married? NO (5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? NO

(8) Have you any children? Number of boys Girls

Names and ages

(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

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

If so, state her full name and postal address

DISTRICT PAY OFFICE RECEIVED
Nov 27 1940
M.D. No.5 Quebec.

[SEE OTHER SIDE]

(11) Is your father alive? Yes If so state name and address, occupation Benjamin Beliveau

Jounralier, St. Celestin Co. Nicolet P.Q.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

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

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? N.O If so, state name and address.....

.....

(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?.....

(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.

Date November 23rd 1940 (Sgnd.) Louis Georges Beliveau,
(Signature of officer or man)

---

(Sgnd.) F.C. Magee, Lieut Col.

Date November 23rd 1940 Officer Commanding Distfict Depot M.D.No5

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

**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, Louis George Beliveau (nom au long), de la Village (cité, ville, village, paroisse)

Adresse dans la vie civile.

de St. Celestain, dans le Comté / District de Nicolet

Province de Quebec, Journalier (occupation civile)

N° Matricule E-10307., Unité Le Regiment de la Chaudiere. (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 Mon Pere
Benjeman Beliveau
St. Celestain, NicoletCo. P.Q.
Tous mes biens.

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

Nil.

(4) Je nomme ..... (nom) ..... (adresse)

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

EN FOI DE QUOI J'AI SIGNÉ, ce 20ème jour de Novembre

1940.

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.

Louis George Béliveau
(Signature du soldat)

Signature du premier témoin.

(5) Signature P. L. Johnston

Adresse civile Danville

Occupation civile Farmer

Signature du deuxième témoin.

Signature H. M. Smith.

Adresse civile Danville, P. Q.

Occupation civile Paper Maker Appren.

(Les bénéficiaires ne peuvent être témoins.)

[VOIR AU VERSO]

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: BELIVEAU (Block letters)

Given names: Louis Georges

**4. RESIDENCE**

Street: No.:

Official name of civil municipality or township: St. Celestin,

Municipal county: Nicolet Co., 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): France

11. DATE OF BIRTH: February (Month) 16th (Day) 1921 (Year)

12. AGE OF DECEASED: Years 23 | Months | Days | If less than one day old ....hrs. or....min.

**OCCUPATION**

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

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 | BELIVEAU Benjamin | |
| MOTHER (Maiden Name) | | |

19. Place of burial, cremation or removal: France.

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)

Do not write in this space

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 23rd (Day) 1944 (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) Died of wounds sustained

due to in action.

**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.... Date ....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

OVERSEAS CASUALTY CANADIAN ARMY

**Signed**.... **M.D.**

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

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

[signature] C.S.

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)**

Director of Records, Dept. of National Defence.

405-B-32374

DEC 10 1945

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Louis Georges (CHRISTIAN NAMES) BELIVEAU (SURNAME)

REGISTER NO. D-5271
FILE NO. 405-B-32374
DATE 21-6-45
SERVICE NO. E-10307
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 23-9-44

PAYEE M. Benjamin BELIVEAU,
ADDRESS Saint Celestin, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 23-9-44

| | | $ | ¢ |
|---|---|---|---|
| A. TOTAL QUALIFYING SERVICE | | | |
| 1380 NO. OF DAYS 1383/30 EQUAL TO 46 COMPLETE PERIODS AT $7.50 | | 345.00 | |
| B. QUALIFYING OVERSEAS SERVICE | | | |
| No. of Days 1147 LESS 3 INELIGIBLE DAYS, EQUAL TO 1144 DAYS @ 25c. PER DAY | | 286.00 | |
| SEE PAR. 2 OVERLEAF FOR EXPLANATION | | | |
| | | 631.00 | |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | | | |
| DAILY RATES AT DISCHARGE | | | |
| PAY | $ 1.50 | | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ 1.25 | | |
| ADDITIONAL PAY | $ | | |
| | $ | | |
| | $ | | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ 10.00 | $ .33 | | |
| TOTAL | $ 3.08 X7 = $ | 21.56 | |
| NO. OF DAYS 1147/183 | X $ | 21.56 | 135.13 |
| D. WAR SERVICE GRATUITY | | | 766,13 |
| E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES | $ | | |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | $ | | |
| OTHER DEDUCTIONS | $ | | |
| F. TOTAL AMOUNT PAYABLE | | | 766.13 |

RECEIVED
JUN 26 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

| PREPARED BY | CHECKED BY |
|---|---|
| KRM | |

| TREASURY | |
|---|---|
| CHECKED BY | DATE |
| J. Idenduy | 27.6.45 |

SERVICE REPRESENTATIVE

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Louis Georges Beliveau (Christian Names) (Surname) — Register No. D5271

File No. 405-B-32374

PAYEE'S NAME M. BENJAMIN BELIVEAU (Christian Names) (Surname) — Date 12-6-45

ADDRESS SAINT CELESTIN P.Q. — Service No. E10301

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 23-9-44 — Date of Discharge 23-9-44

| | AMOUNT $ | c |
|---|---|---|
| *A.* TOTAL QUALIFYING SERVICE<br>No. of days 1383 / 30 = 46 (3) Periods @ $7.50 | 345 | 00 |
| *B.* QUALIFYING OVERSEAS SERVICE<br>No. of days 1147 less 3 Ineligible days,<br>equal 1144 Days @ 25c per day | 286 | 00 |
| *C.* SUPPLEMENT FOR OVERSEAS SERVICE | 631 | 00 |
| Daily Rate of Pay $ 1.50<br>Subsistence Allowance $ 1.25<br>Additional Pay $ ✓<br>Dependents' Allowance 1/30 $ 10.00 $ 33.<br>TOTAL $ 3.08 × 7 = $ 21.56<br>No. of Days 1147 / 183 × $ 21.56 | 135 | 13 |
| *D.* WAR SERVICE GRATUITY | 766 | 13 |
| Computed By Gates | | |
| *E.* DEDUCTIONS<br>Overpayment of<br>(1) Pay & Allowance $<br>(2) D.A. & A.P. $<br>Other Deductions $ | | |
| Entered By | | |
| *F.* AMOUNT PAYABLE<br>(This amount is payable in 1 monthly instalments of $ 766.13 each) | 766 | 13 |

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

$..... × 30 = $.....

REMARKS

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

2076

Form No. 1

Register No. D-5271 ✓ Nominal Roll No. D-109 ✓

H.Q. File No. 405-B-32374 ✓

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 |
|---|---|---|---|
| E-10307 ✓ | PTE. ✓ | BELIVEAU ✓ | LOUIS-GEORGES ✓ |

Reason for Termination of Service:

1st Enlistment Deceased ✓ CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

## T O T A L S E R V I C E

| 1st Enlistment | 2nd Enlistment | 3rd Enlistment |
|---|---|---|
| T.O.S. 20 Nov 40 ✓ | T.O.S. | T.O.S. |
| S.O.S. 23 Sept 44 ✓ MD 07 ✓ | S.O.S. MD | S.O.S. MD |
| Total Days 1404 ✓ | Total Days | Total Days |

TOTAL SERVICE ✓1404 DAYS

| | Total Service | Less Non-qualifying Service | Net Service |
|---|---|---|---|
| WESTERN HEMISPHERE | ✓243 | 7 ✓ | 236 ✓ |
| OVERSEAS SERVICE | ✓1161 | 14 ✓ | 1147 ✓ |
| Totals | ✓1404 | 21 ✓ | 1383 |
| Add Non-qualifying Service | | | 21 ✓ |
| TOTAL SERVICE | | | 1404 ✓ |

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ✓21 July 41 / ✓23 Sept. 44

2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE 23 Sept. 44 ✓

Computer's Signature M. Mayrand

Checker's Signature E. Rucker Sgt.

Date Computed 7 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 | from | to | Eff. Date | Days | Total |
|---|---|---|---|---|---|
| A.W.L. | 21 May 41 | 28 May 41 | | | 7 |
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| | | | | TOTAL | 7 |

OVERSEAS

T.O.S. ............ T.O.S. ............ T.O.S. ............

S.O.S. ............ S.O.S. ............ S.O.S. ............

| | | | | | |
|---|---|---|---|---|---|
| F.R.&I. 149 (2) | | | 23 Dec. 41 | | 14 |
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| | | | | TOTAL | 14 |

D5271

TRANSLATION:ML
1-2-45

Saint-Celestin, 29th December, 1944.

Sir:

All the newspapers have advertised that everyone who is a dependent of a soldier killed in action is entitled to an amount of $100.00.

My son Louis-Georges Beliveau No. 10307 enlisted in the Active Army and wat killed in action in September 1944 in France. I was receiving Depandent's Allowance from him and had no other revenue.

I would greatly appreciate to receive this cheque as soon as possible.

Yours truly,

(SGD/ (M. Benj. Beliveau.)

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

Register No. D5271

File No. H.Q.3 05-B-32374

WAR SERVICE GRANTS ACT 1944

Ottawa February 5th 1945

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

Service No. E10307

Name L.G. BELIVEAU
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.

| Names of persons in receipt of D.A. and amount of monthly award | Name | Amount |
|---|---|---|
| | Benjamin Beliveau | $ 10.00 |
| | father | |
| 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 | Payments under Act 113 = 40.00 eff 1/10/44 | |
| 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 12 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.

QG 405-B-32,374 D.R. 2(d).

le 30 août 1945.

Monsieur,

Des renseignements maintenant reçus des autorités militaires d'outre-mer indiquent que votre fils, le soldat Louis Georges BELIVEAU, matricule E-10307, a reçu une sépulture ecclésiastique et a été inhumé dans la tombe 240, d'un cimetière militaire temporaire situé à un endroit environ à deux milles au sud-est de St-Omer, en France.

La tombe a dû être marquée temporairement d'une croix de bois pour fins d'identification et, en temps opportun, les restes seront soigneusement exhumés et transportés dans un cimetière militaire reconnu, lorsque la concentration des sépultures aura lieu dans cet endroit. Lorsqu'aura lieu cette translation des restes, nous vous ferons connaître le nouvel endroit d'inhumation, mais pour des raisons évidentes, il est probable que nous recevrons ce renseignement que dans un an environ.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

M. Benjamin Béliveau,
St-Célestin,
Cté de Nicolet, Qué.

/MA

QUOTE No. H.Q. 405-B-32,374 D.R. 2(D)

CANADA

# DEPARTMENT OF NATIONAL DEFENCE
## ARMY

F.T. Please

OTTAWA, CANADA,

29th August, 1945.

Mr. Benjamin Beliveau,
St. Celestin,
Nicolet Co., Que.

Dear Sir:

Information has now been received from the overseas military authorities that your son, E10307 Private Louis Georges Beliveau, was buried with religious rites in grave 240, of a temporary military cemetery located at a point approximately two miles South-East of St. Omer, France.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

B.B./EFH

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

34

40 5-B-322374

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

# FIELD SERVICE

MBR

**REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.**

A495

REGIMENT OR CORPS } Regt de la Chaud ..... Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } E-10307 ..... Rank Pte .....

Surname Beliveau ..... Christian Names L.G. .....

Died { Date 23 Sep 44 ..... Place France .....

Cause of Death* Died of Injuires .....

Nature and Date of Report A.F.W.3014/129 d.5 Oct 44 .....

By whom made Cdn Sec GHQ 2 Ech 21 A Gp .....

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Mil Cem Des Bruyers St.Omer Pas de Calais Date 25 Sep 44 .....

125500 Gr.No.240. C.F. 16 C.G.H.

By whom reported .....

State whether he leaves a Will or not { (a) in Army Book 64 ..... No .....

(b) as a separate document ..... Not Received. .....

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date } Belgium ..... 10 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } Louis G. Robert Capt. for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

33

# BATTLE CASUALTY
## CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from 21/CAS/4181

Time Message Received.....

Date Message Received 30 SEP 44

Theatre AEF

| Regimental No. | Rank | Name | Full Christian Names |
|---|---|---|---|
| E10307 | PTE | BELIVEAU | L OUIS G EDGE |

Unit REG'T DE CHAUD

SERIAL 743

CASUALTY PARTICULARS

INJURED DNK ~~DANGEROUS 23 SEP 44~~ RUPTURED ABDOMINAL VISCUS COMPD FR FEMUR AND DIED OF INJ 23 SEP 44 21/CAS/4196

"A" 495

Hospital Admitted To.....Date.....

Hospital Transferred To.....Date.....

Hospital Transferred To.....Date.....

Hospital Discharged From.....Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin BENJAMIN BELIVEAU Relationship FATHER

ST CELESTAIN,

NICOLET CO., P.Q.,

Home Town ST CELESTAIN NICOLET CO P.Q

Cable No. ~~1554A~~ 1560A

Inland Tel. No. .....

30

AMDS 1156

Verification Clerks Signature

NOTE: If the Next of Kin resides in the British Isles or U.S.A. MARK RED X in UPPER LEFT HAND SQUARE

**IMPORTANT**

4/20A CFA 48 40/P & S/1568 (6847)

C
O
P
I
E

/FB

Saint-Célestin, le 29 décembre 1944.

Ministère de la Défense Nationale,
Ottawa, Ontario.

Monsieur:-

Tous les journeaux du 28 courant annoncent que nous avons droit à un chèque au montant de $100.00 à tous les dépendants du personnel tué en service actif.

Mon fils Louis-Georges Beliveau No: E-10307 enrolé volontaire, est mort à l'actif en France en septembre 1944. Il me payait une pension chaque mois, parce que je n'avais aucun autre revenu.

Je demande donc ce chèque de $100.00 comme étant son père.

Veuillez me croire, cher Monsieur,

Votre Tout dévoué,

(Mr=) M. Benj. Béliveau. 21

Q.G. 405-B-32374
(Records C)

le 1er novembre 1944.

Monsieur,

Relativement à la mort regrettable de votre fils, le soldat Louis George BELIVEAU, matricule E-10307, je suis chargé de vous informer que d'après les renseignements officiels maintenant reçus du Quartier général militaire canadien, outre-mer, il est établi qu'il a été blessé au combat le 21 septembre 1944, à la suite d'une rupture du viscère abdominal et une fracture composée du fémur, qui ont causé sa mort le 23 septembre.

Je vous prie d'accepter mes sincères et profondes condoléances pour la perte irréparable que vous avez subie.

Votre bien dévoué,

pour l'adjudant-général,

(C.L. Laurin) colonel,
directeur des archives.

21

M. Benjamin Béliveau,
St-Célestin,
Cté Nicolet, Québec.

/RB

F.T.

H.Q. 405-B-32,374 (Records C)

28 October 1944

Mr. Benjamin Beliveau,
St. Celestin,
Nicolet Co., Que.

Dear Mr. Beliveau:

With reference to the regretted death of your son, E-10307 Private Louis George Beliveau, I am directed to inform you that official information has now been received from Canadian Military Headquarters Overseas advising that he was injured in action on the 21st of September 1944, sustaining a ruptured abdominal viscus and a compound fracture of the femur, which caused his death on the 23rd of September.

Please accept my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

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

ND/RC

20

TRANSLATION
L.P.
10/10/44

RECORDS

B

405-B-328 )4

ST. Célestin, October 9, 1944.

6 2-10-44

Department of National Defence,
Ottawa.

RDS A.G. BRANCH
DEFENCE HQRS
OTTAWA

RE: No. E-10307, Pte Louis George BELIVEAU.

Sir;

OCT 13 13:52

In reply to your telegram dated October 3rd informing me of the death of my son, the m/n soldier, I would greatly appreciate receiving the following information: ----

1o. Will the Department pay the costs of a Funeral Service which would be held here, at St. Célestin ?

2o. Has a certain sum of money been set aside to the account of my son while he served in the Army ,

3o. As my son volunteered for more than 4 years, am I entitled to a sum of money for I am in great want?

( Sgd ) Benjamin Béliveau,
St. Célestin,
Nicolet Co., P.Q.

Director of Records
A. G. Branch.
OCT 12 1944
Nat. Defence Hqr
Ottawa, - Canada

15

MAIN
CHARGED TO C
SINCE 2-10-44
L. P. PASSED
OCT 13 1944
TO e
C.A.S.F. REGIS

St-Célestin, le 9 Octobre 1944,

Bureau des Archives Militaires,
Ottawa, Ont.,

Monsieur:-

En réponse à votre télégramme du 3 octobre m'annoncant la mort de mon fils Louis George Beliveau soldat E 10307, je désire savoir si:

Premièrement: Est-ce que l'Etat va payer ici à St-Célestin un service funéraire ?

Deuxièment: Est-ce que mon fils a quelque argent d'accumulér avec son service à l'armée ?

Troisièment: Mon fils étant enrolé volontaire depuis au-dèla de 4 ans est-ce que j'ai droit à une certainne somme étant complètement un indigent ?

Benjamin Beliveau (Père)

St-Célestin,
Cté Nicolet,
Qué.,

14

BUREAU FOR TRANSLATIONS
NATIONAL DEFENCE
Rec'd OCT 10 1944
OCT 11 1944

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Louis Georges BELIVEAU, matricule E-10307, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 23 septembre 1944.

D'après les renseignements officiels que nous avons reçus, votre fils est décédé à la suite des blessures reçues au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

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

Nous rendons hommage au soldat Béliveau pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général intérimaire,

AMR

A.G.I.
16-10-44

(A.C. Spencer),
brigadier.

13

M. Benjamin Béliveau,
St-Célestin,
Comté Nicolet, Québec.

F.T.

Mr. Benjamin Beliveau,
St. Celestin,
Nicolet County, Quebec.

Dear Mr. Beliveau:

It was with deep regret that I learned of the death of your son, E10307 Private Louis Georges Beliveau, who gave his life in the Service of his Country in the Western European Theatre of War on the 23rd day of September, 1944.

From official information we have received, your son died as the result of injuries received in action against the enemy. 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,

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMA

12

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E-10307 RANK Private SERVICE UNIT Le Regiment de la Chaudiere (C.A.)

NAME BELIVEAU, Louis Georges

DATE OF BIRTH DAY 16th MONTH February YEAR 1921 Date Enlisted: 20-11-40

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Benjamin Beliveau,

ADDRESS St. Celestin, Nicolet County, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 1560 A H.Q. 405-B-32.374

CASUALTY DETAILS Died of Injuries DATE 23-9-44

FRANCE F.T.

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

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

O/S with REGT DE LA CHAUDIERE

S/L 7/7

DATE 10-10-44

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

Q.G. 405-B-32374 (Records-B)

le 28 septembre 1944.

Monsieur,

On nous a transmis pour qu'il y soit donné suite votre lettre du 21 septembre 1944, adressée à l'honorable ministre de la Défense nationale.

A cet égard, je suis chargé de vous informer que d'après les dossiers reçus récemment votre fils, le soldat Louis Georges BELIVEAU, matricule E-10307, est en bonne santé et sert toujours outre-mer avec son unité.

Nous regrettons que vous n'ayez pas reçu de ses nouvelles récemment, état de chose que nous ne pouvons nous expliquer, si ce n'est que ses lettres aient tardé à cause de circonstances que n'ont pu contrôler les autorités postales

Toutefois, si nous nous recevons des renseignements de première importance concernant son bien-être, vous en serez immédiatement informé. Par conséquent, à défaut de toute communication officielle de ce directorat, vous pouvez présumer que votre fils est en assez bonne santé. Son adresse actuelle est la suivante:

E-10307, Pte. Louis Georges Beliveau,
Le Régiment de la Chaudière,
21st Army Group,
Canadian Army Overseas.

Nous espérons très sincèrement que vous recevrez prochainement une lettre de lui.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant-général,

M. Benjamin Beliveau,
St-Célestin,
té Nicolet, Qué.

/AG

(C.L. Laurin) colonel,
directeur des archives.

(5)

F.T. For translation, please.

H.Q.405-B-32374
(Records-B)

September 27, 1944.

Mr. Benjamin Beliveau,
St. Celestin Co.,
Nicolet, Que.

Re: E-10307, Pte. Louis Georges BELIVEAU

Dear Sir:

Your letter of the 21st September 1944, addressed to the Honourable, the Minister of National Defence, has been passed to this Directorate for reply.

In this connection I am directed to state records recently received indicate your son is in good health and still serving Overseas.

This Directorate regrets you have not been hearing from him of late and cannot offer any explanation, other than to suggest, his letters may have been delayed through circumstances beyond control of the Postal Authorities.

However, should anything vital concerning his welfare be received, you, as his next-of-kin, would be immediately informed. Therefore, in the absence of any official communication from this Directorate, it could be assumed your son is in reasonably good health. His present mailing address is:--

E-10307, Pte. Louis Georges Beliveau,
Le Regt. de la Chaudiere,
21st Army Group,
Canadian Army Overseas.

It is earnestly hoped you will shortly receive a letter from him.

Yours very truly,

(4)

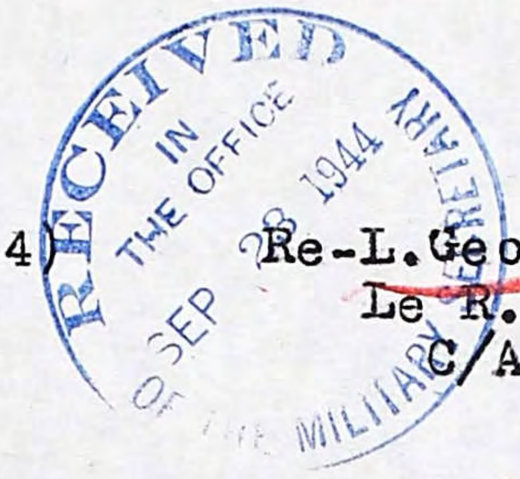
(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

FDC/GT

MS

(Minister's Office) 87497

(Sept.15-44)




PRECIS
(21-9-1944)

Re-L.Georges Beliveau,E10307,
Le R. de la Chaudière,
C/A. Overseas.

Mr.Benjamin Beliveau, St.Célestin,

Co. Nicolet, Que., has not heard from his son for almost 6 months, and wants to know where he should apply for news, please.

(According to what he saw in the press, he would have liked to have a letter from him.???)

CHJ

(1)

Ne doit servir que lorsque le soldat est en service actif. Cette page de testament **ne** doit **pas** servir tant que le soldat n'a pas été appelé en service actif.

## TESTAMENT

(Pour être utilisé si le soldat n'a pas encore fait de testament ou s'il désire modifier celui qu'il a déjà fait. Voir les instructions à la page 23).

Signature.....

Grade, matricule.....

Date.....