E23326
BERNARD
EUGENE

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: BERNARD EUGENE (b) Reg'l. No. E-23326
2. (a) Arm of service: Army (b) Unit: No 5 Coy. Vet Guard of Can (c) Rank: Pte
3. (a) Date of birth: 30/3/1897 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Quebec
4. (a) Place of enlistment: Quebec (b) Date of enlistment: 22/8/40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 13 Yrs (b) Were you attending school or college up to the time of enlistment? Nil
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.): Nil
7. If you attended a university, give name of university and standing or degree secured: Nil
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): Not Working. (b) At time of enlistment of what trade union or professional society were you a member? No

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

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: Address:
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.):
20. (a) Your specific occupation: (b) Number of years' experience at this occupation with any employer:
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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.): Nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Nil

DATE 10/4/41 194..... SIGNATURE E. Bernard

FOR COMPLETION AND RETURN BY

1

M/F

Form P. 64

Mrs. Alice Bernard,
186 Napoleon St.,
QUEBEC, P.Q.

Out P.A
1-11-45

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

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

and the following number quoted:—

H.Q. HQ 405-B-157

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

NOV - 3 1945

194

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BERNARD, Eugéne Pte. (dec'd)

E.23326

ESTATES BRANCH
OCT. 31 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

Release Hse

DR 2(D) 5/11

C.W.P. Fulton Capt.
for Director of Estates.

CWP:HS

M/F

M.F.W. 77
6M—4-45 (7053)
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 specified	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		Madame Eugène Bernard née Alice Poulin	42	186, rue Napoléon Québec
2	Children of the Deceased and dates of their Births		Raymond Marie-Bernard 6 novembre 1929	16 years	186 rue Napoleon Quebec
			Fleur-Aimée Bernard 6 juillet 1939	13 years	"
			Lucille Bernard 22 juillet 1934	11 years	"
			André Bernard 19 août 1936	9 years	"
			Lise Bernard 14 avril 1944	18 months	"
3	Father of the Deceased		Félix Deceased		June 13/1935
4	Mother of the Deceased		Marie-~~Philomène~~ Deceased		April 22/1922
5	Brothers of the Deceased	Full Blood	Arthur Bernard	58	Hartford Conn. U.S.A.
			Adjutor Bernard	56	174 Bagot Quebec
			Elzéar Bernard	50	153 Franklin
			Louis-Philippe Bernard	43	186, rue Napoléon Québec
		Half Blood			
6	Sisters of the Deceased	Full Blood	Florida Bernard Gingras	41	Québec P.Q.
			Alice Bernard Paquet	45	" "
			Yvonne Bernard Dugal	42	" "
		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
	Lucien Bernard Décédé à l'âge de 2 ans Le 5 décembre 1925		—		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Eugène Bernard
9	Date of his birth.	30 mars 1897
10	Place and date of his marriage.	St Malo 19 octobre 1920
11	Place and date of his parents' marriage.	St Jean I. O.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St Jean I. O.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec P. Q. (all the time) (b) (c) (d)
14	Nature of employment before enlistment.	Laborer
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Quebec P. Q.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	No — — —
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	No
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	No — — — —
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	$200.00 life Ins. Industrielle Life Ins Co. Wife
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No

OTHER PARTICULARS

24	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

(Please Turn Over)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mme. Alice Poulin Bernard — Signature of Informant

186 Napoléon — Address

CERTIFICATE

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

See above. Mme Alice Poulin Bernard {Name of informant} is the Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Québec this 27th day of October 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. [illegible] Qualification Priest

Address 165, rue M. de l'Incarnation, Québec P.Q.

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 specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

Prepared by: FL
Checked by : B.P.

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
75M—4-42 (4278)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.) N.P.A.M. 1053

Unit VOLTIGEURS DE QUEBEC (CASF) (DETAILS) Regimental Number ~~C.A.S.F. E-23326~~

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: BERNARD
2. Christian Names: EUGENE
3. Present address: 55 RUE PERE ARNAUD, QUEBEC, P.Q.
4. Date of birth: 30 MARS 1897
5. Place of birth: CANADA (Country) PROV. QUEBEC (County or Province) ILE D'ORLEANS (Town or Township)
6. Religion (state denomination): CATHOLIQUE ROMAINE
7. Trade or Calling: JOURNALIER
8. Married, Widower or Single: MARIE
9. Name of next of kin: Mme Alice (POULIN-BERNARD)
10. Relationship: EPOUSE
11. Address of next of kin: 55 RUE PERE ARNAUD, QUEBEC, P.Q.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?
    OUI "LES VOLTIGEURS DE QUEBEC" 26-~~10~~ 8-39
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No)
    Nil (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force?
    Nil (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?
    -- (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, BERNARD, EUGENE, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army 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 23 Oct 39 (témoin) (Signé) Eugene Bernard (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, EUGENE BERNARD do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

(Signé) Eugene Bernard (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 VALCARTIER this Non assermente classe "E" day of OCTOBRE 19 39

(Signé) G.H. Dugal, Lieut.
25 Nov 39
Signature of Magistrate, Justice or Attesting Officer.

O.C. "LES VOLTIGEURS DE QUEBEC" (CASF)(DETAILS)
Officer 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 BERNARD (Surname) EUGENE (Christian Names) Regimental Number E-23326

Qualifications

Military: nil

Business or Professional: nil

Trade or Civil: nil

Technical: nil

Languages: Francaise

Educational Qualifications

High School or Collegiate: nil (years completed)

Graduation or Matriculation: nil (specify)

*College: nil

*University: nil

nil

*(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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
		T.O.S. Les Voltigeurs de Quebec (#1053)	Pte.	26 Aug 39	Les Voltigeurs de Quebec	Valcartier	1	26 Aug 39
		Cancelled by					10	13 Jan 40
		~~S.O.S.-R.O.-37-(10)~~ (E-23326)	"	~~-12Jan-40~~	"	"	~~9----12-Jan-40~~	
		S.O.S. on discharge under the provisions of CASF R.O. 37 (10) "Physically unfit for military service under existing standards"	"	1 Feb 40	"	"	32	8 Feb 40
		Granted $27.00 clothing allce.	"	--	"	"	48	27 Feb 40

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full EUGENE BERNARD Place

Place Date

Part 1. Information obtained from the recruit.

1. Age 42 ans 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	oui	k. Ear disease	non
b. Tuberculosis or pleurisy	non	l. Eye disease	non
c. Bronchitis or asthma	non	m. Fits	non
d. Heart disease	non	n. Nervous or mental disease	non
e. Kidney or bladder disease	non	o. Syphilis	non
f. Stomach or bowel trouble	non	p. Gonorrhoea	non
g. Rupture	non	q. Have you ever worn glasses?	non
h. Varicose veins	non	r. Are you now or have you in the past received disability pension or compensation? If so, give details	
i. Foot trouble	non		
j. Nasal trouble	non		

(Signé) Eugene Bernard
Signature of Applicant.

Examiner's remarks re above: (a) douleurs articulaires depuis 10 ans.

Part 2. Information obtained by medical examination. **THE RECRUIT MUST BE STRIPPED**

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

Aucune.

2. Height 5 feet 6 inches. 3. Weight 132 pounds.

4. Complexion chatain Eyes bruns Hair bruns 5. Development bon (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 34 inches.

Range of expansion 2 inches.

7. Vision, right 20/20 left 20/20

With Glasses— right left 8. Hearing, right 20 w.v. left 20 w.v.

9. Condition of mouth and teeth healthy

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

Souffle aortique.

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 E

Special remarks when category lower than A E coeur (Initialé) ??

(Signé) J.V. Lavoie, Major, President RCAMC (Signé) C. Poulin, Capt. Member RCAMC (Signé) R.C. Gagnon, Lt. RCAMC Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

? Date	Brief details and signature	Date	Brief details and signature
28Oct39	Boarded on M.F.B. 227 Category "E" (Sgd) C. Guimont, ? RCAMC		CERTIFIED TRUE COPY OF MFM2. J.G. Payne Officer having custody of regimental documents kept by the Director, War Service Records, DVA, Ottawa, 16 Apr 53.

FINGERPRINTED AND PHOTOGRAPHED

1765: 19-8-40

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

E-23326
~~E-28861~~

Unité (Unit) No. 5 Coy. VETERANS HOME GUARD

Matricule (Regimental Number)

~~Original~~
Duplicata
~~Triplicata~~

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

WSG COMPLETED

Original
Duplicate
Triplicate

1. Nom (Surname): BERNARD
2. Prénoms (Christian Names): EUGENE
3. Adresse actuelle (Present Address): 186 Napoleon, Quebec, P. Q. Can.
4. Date de naissance (Date of birth): le 30 mars 1897.
5. Lieu de naissance (Place of birth) (Pays)—(Country): Canada, (Comté ou province)—(County or Province): P. Quebec, (Ville ou canton)—(Town or Twp.): Cte. Quebec, St-Jean de l'Ile d'Orleans.
6. Religion (State denomination): Catholique Romaine
7. Métier ou profession (Trade or Calling): Journalier
8. Marié, veuf ou célibataire (Married, Widower or Single): Marie
9. Nom du plus proche parent (Name of next of kin): ALICE BERNARD (Pseudin)
10. Parenté de celui-ci (Relationship): Epouse
11. Adresse du plus proche parent (Address of next of kin): 186 Napoleon, Quebec, P.Q. Can.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?): OUI
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): C.E.F.B. SAPPER 1st Depot Batln. 2nd. Que. Rgt. No. 3280474, May-1918 to 1919.
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?): oui.
1st. Depot Batln. 2nd Que. Rgt. May 20th. 1918.
(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, EUGENE BERNARD, 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 22nd Aug 1940 — Eugene Bernard (Signature de la recrue)

TEMOIN: Jos E. Westbrook

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

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

Eugene Bernard
(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 Quebec ce 22nd jour de Aout 1940

A. Lacombe Lieut
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

for O.C. No. 5 Coy., VETERANS HOME GUARD, Military District No. 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

E-23326

~~E-28861~~

État de service de / Record of Service of: BERNARD (Nom—Surname) EUGENE (Prénoms—Christian Names)

Matricule / Regimental Number: E-28861

APTITUDES / Qualifications

Militaires / Military: SAPPER

Professionnelles ou commerciales / Business or Professional: NIL

Civiles ou de métier / Trade or Civil: SAPPER

Techniques / Technical: NIL

Langues / Languages: FRANCAISE

QUALITÉS ÉDUCATIONNELLES / Educational qualifications

Académies / High School or Collegiate: 5 ANNEES (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: NIL (Spécifier—Specify)

*Collège: ECOLE DE ST SAUVEUR QUEBEC P.Q. CANADA.

*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
		Affecté lors de son enrôlement / Joined on enlistment						
18-10-40		attested & Jos. No 5 Co V.G.C.	Pte	22-8-40	No 5 Co	Quebec	No. 57	23-8-40
5-11-41		Granted Furlough	"	15-10-41 29-10-41	"	St John NB	DO. 229	24-10-41
		Granted Good Conduct Badge	"	22-8-42	No 16	Valcartier	DO44	19-3-43
		Granted 4 days leave & 50¢ p.d. /R.A. 23-8-43 to 36-8-43	"	23-8-43	"	Grande Ligne	D.O.133	4-9-43
		Granted furlough 31-10-43 to 13-11-43	"	31-10-43	"	Grande Ligne	D.O.155	31-10-43
5-12-42		Granted Furlough	"	30-11-42 13-12-42	16 Coy	New Toronto	D.O.160	30-11-42
		Having completed 6 mos.servcie and qualified are entitled to be paid 1.50 per day.	Pte.	1-1-43	16 Coy.	Toronto	D.O. 11	19-1-43
		Awarded Canadian Volunteer Service Medal	"	22-4-42	"	Valcartier	D.O.5	11-1-44

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.)

Regimental No. E-23326 Rank Pte. Sheet No. 2

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name BERNARD, Eugene

Attested & TOS No.5 Coy., V.G. of C. Pte. 22-8-40 No.5 C. Quebec. D.O.57 23-8-40.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Born at St.Malo,Que a daughter Marie Andree Lise	Pte.	14 4-44	16 Coy.	Valcartier	52	20-4-44
Admitted Sherbrooke Mil.Hosp.(sick)	"	14-2-45	"	Sherbrooke	33	15-2-45
Removed to Mont'l Mil.Hosp 15-2-45	"	15-2-45	"	"	34	16-2-45
Removed t o St.Anne de Bellevue hosp.	"	3-3-45	"	Petawawa	79	19-4-45
S.O.S. to No.5 DD whilst in Ste.Anne de Bellevue Hosp(R.O.1029-10 and 4306)	"	21-4-45	"	"	81	21-4-45
Trans from St.Annes Hosp. t o Savard Park Hosp.(Quebec,P.Q)	"	3-4-45	"	"	82	23-4-45
T.O.S. from 16 Coy Petawawa whilst in Savard Park Hosp.	"	4 Apr 45	DD/5	Lauzon	104	25 Apr 45
SOS discharged uner RO 1029-10	Pte	1 Jun 45	D.D.5	Lauzon	137	1 Jun 45
Granted rehabilitation grant under RO 4415	Pte	1 Jun 45	"	"	137	1 Jun 45
Granted vivilian clothing allowance $100.00	Pte	1 Jun 45	"	"	137	1 Jun 45

680

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) BERNARD Eugene — Date 20/8/40

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

1. Age 43

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

Eugene Bernard
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) A passé un examen en 1918.

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).) Tache de naissance cuisse droite cic jambe gauche
2. Taille (Height) 5 pieds (feet) 5 pouces (inches).
3. Poids (Weight) 125 livres (pounds)
4. Teint (Complexion) Clair Yeux (Eyes) Bruns Cheveux (Hair) Noirs
5. Développement (Development) Bon — Bon — Passable — Fair — Médiocre — Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 34 pouces (inches) Degré d'expansion (Range of expansion) 3 pouces (pouces)
7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20
8. Ouïe, oreille droite (Hearing, right) W.V. 20 gauche (left) W.V. 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) presque plus de dents
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:) Epileps mine oreilles normales

21 AOU 1940 X-RAY CHEST - NEGATIVE.

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 C.I

Y.O.B.	P	U	L	H	E	M	S
97	1	1	1	1	1	D	D

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A) Insuffisance mitrale

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

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

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
22-8-40	Vacc	13-1-43	Annual TABT.
22-8-40	T.A.B.	1-11-44	" TABT.
23-9-40		15-1-46	Demobilization
2-10-40	3		
22-8-40	tet toxoide		
23-10-40	2		
31-1-42	TABT. ½ cc		

B-656

No. E.23326 Rank Private Name BERNARD, Eugene

Unit V. G. of C. Date of death 28th Sept., 1945.

Died at Savard Park Hospital, Quebec, P.Q.

Cause Asystolie. Stenose aortique.

Death WAS Due. CPC. d 18-3-46. HQ 405-B-157 d

N/K Mrs. Alice Bernard Relationship Widow

Address 186 Napoleon St., Quebec, P.Q.

Remains buried in St. Charles Cemetery

461333

Quebec, P.Q.

CHK

Grave location ~~Lot 13~~, Row 25. (See Ledger Sheet)

10M-2-45 (M-4640)

No Will

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Raymond Bernard, 18/3/50 (son)

ADDRESS: St. Monique des Saules, P.Q.

(2) MEMORIAL CROSS

WIDOW ~~[illegible]~~

2002

DECEASED

ADDRESS: ~~[illegible]~~

(3) MEMORIAL CROSS

MOTHER DECEASED (MFM-5)

ADDRESS:

MEMORIAL B R

(1)

DATE DESP

REGN. NO 4015

CROSS ERASED

(2) RETURNED 7-8-46

DESP. AUG 2 1946

REGN No. 22061

(3)

28/9/45

P.D.

AWARDS—CANADIAN ARMY (ACTIVE)

2002 M

KD

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-B-157
F.D. 117

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BERNARD,	Eugene	E.23326	Sol.	V.G.C.

WAR SERVICE BADGE (CLASS) GSC NO. 186461(1-6-45) DATE DESPATCHED:

ELIGIBLE

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
CVSM War Medal 1939-45	3456. 22/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CASUALTIES, ETC.

PART II D. O. NO.	DATE	
60	27-8-40	Reg Number will be E-23326 instead of E-28861
229	24-10-41	Granted furlough from 15-10 to 29-10-41
238	4-11-41	Returned from furlough the 29-10-41
248	15-11-41	Cease to be attached to No 6 D.D. Proceeded to Amherst 1-11-41
262	4-12-41	T.O.S. Valcartier Camp 3-12-41
280	29-12-41	Leave fr 29-12 to 2-1-42
51	6-3-42	Rat All. eff 2-3-42
67	4-4-42	Proceed Special Duty elec. drow. Rat. Allot. eff. 5-4-42
134	6-10-42	Proceed Spec Duty to Windsor Ont eff 6-10-42
147	4-11-42	Proceed on Spe. Duty to Windsor - Ont. eff. 4-11-42
160.	30.11.42	Granted Furlough 30.11.42. to 13.12.42
168	14-12-42	Returned fr. furlough HQ 13-12-42
173	19-12-42	Y.Y. leave of 5 days and Rat-all. of 50ct day - eff. 29-12-42
~~3~~	~~6-1-43~~	~~Leave 19.12 to 3.1.43. to have Rat all. of 50cts day and can to have subsist all. of 85cts per diem~~
11	19.1.43	Life Raise of Pay 150 per day. eff 1.1.43
36	4-3-43	Proceeding on Spl. Duty to Valcartier the 5-3-43
37	6-3-43	attached to Valcartier Camp for R. and Q. - eff. 5-3-43
44	19-3-43	[illegible]ded one Good Conduct badge - eff. 22.8-40
72.	7.5.43	Granted 14 days Leave. R.A 50c per day. eff. 6.5.43.
121	6-8-43	attached to Grande Ligne for Rations & Quarters eff 5-8-43
130	28-8-43	Returned from leave of absence 23.59 hrs 26-8-43
133	4-9-43	Granted leave of absence from 0630 hrs 23-8-43 to 23.59 hrs, 26-8-43, Ration all, 50c 4 days. eff 23-8-43

M. F. M. 14
480M-10-40 (7443 4)
H. Q. 1772-39-1662

No. 5 Coy Veterans Guard of Canada, AF.

No. ~~XX28861~~ E-23326 RANK Pte NAME BERNARD, Eugene

*MARRIED ~~*WIDOWER~~ ~~*SINGLE~~ PLACE OF ENLISTMENT AND DATE Quebec 22-8-40

RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
57	23-8-40	Pte			1.30		T.O.S. w.e.f. 22-8-40
11	19.1.43	Sgt. Raise of Pay			1.50		Wef. 1.1.43.

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Alice Bernard	1-9-40	~~20.00~~	~~20.00~~
166 Napoleon Street	~~1-2-43~~		~~23.00~~
Quebec P.Q.			
MFM 182-5-705	2-6-45	23.50	10

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
22-8-40	wife	74 00	
"	"	Nil	9-3-44

OUTFIT ALLOWANCE $ PAID ON
*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT. (1910) $ P. A.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
104	25-4-45	TOS from No 16 Coy VG of C whilst in Savard Park Hosp since 5-4-45 AppW. 22-4-45	100107
137	1-6-45	SOS R.O 1029(10) D.V.A. 1-6-45 Awarded civilian clothing allow & Reh Grant	

LOWE-MARTIN CO. LIMITED D83960

M.F.M. 14A
260M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No. 2

No. E-23326 RANK Pte NAME BERNARD Eugene

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
155	31-10-43	Granted furlo. from 31-10 to 13-11 and to draw .50 per D.	
174	18-12-43	New Yr Lve 29-12-43 to 2-1-44 R.A. 50¢ per day (5 days)	
24	22-2-44	4 Days leave from 20 to 23 Feb. 44 R/pay. 2.00	
52	20.4.44	Born at St Malo, Quebec, daughter Marie Andree Lise 14.4.44.	
65	10.5.44	4 days leave & R/A 8/11 May-44 inc.	
77	27/5/44	Rec. with Coy (adv. Party) to M.D. 1 29-may-44	
148	29.9.44	Leave from 26 to 29.9.44.	
160	14.10.44	Furl. from 15 to 28.10.44.	
206	14.12.44	N.Y. Leave from 29.12 to 2-1-45	
25	3.2.45	To M.D. 4 31.1.45	
33	15/2/45	Adm to Sherbrooke Mil. Hosp. 14-2-45	
34	16/2/45	Remove from Sherb. To MTL Mil. Hosp. 15-2-45	
44	2/3/45	Ceases att M.D. 4 4/3/45	
44	2.3.45	Att to P.M.C. for pay eff. 5.3.45.	
81	21.4.45	S.O.S. to No. 5. D.D. eff. 21 Apr. 45.	

M.F.D. 930A
750M—9-43 (1730)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. No. E-23326 Rank and Name Pte BERNARD, Eugene

of No. 5 District Depot Unit, on

(Transfer, Posting or Discharge) to DISCHARGE UNDER D.V.A. (Unit and Station) on June 1 194 5

Reason for discharge PHSY UNFIT Authority DO. 137

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ has been paid by the Treasury Officer, Military District No.

REMARKS:

State (1) Date of appointment or enlistment 22-8-40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount $ 23.00

Effective date 1-2-43 Cpnc. 2-6-45

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $

The following is a statement of the account of the above named from June 1 to June 1 194 5 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT $	c.	Cr. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account	51	88
First Monthly Payment			Regimental Pay 1 days at $ 1.50	1	50
Casual Payments AR. 555	52	62	Tradesmen's Pay days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay	0	76	days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			days at $		
C.C.A. AR. 559	100	00	C.C.A. DO. 137	100	00
Reh. Grant AR. 560	22	00	Reh. Grant. DO. 137	45	00
Ass. Pay on Reh. Grant.	23	00			
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)		
Total	198	38	Total	198	38

LAUZON, P.Q.
(Place)

June 6th, 1945
(Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Sam Bringer Capt
p (N. DERY) - Major - RCAPC
No. 5 D.D. Paymaster or Accounting Officer

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 BERNARD.
(Surname first—Christian names in full—Block capitals)
EUGENE

(2) Regimental Number E-23326

(3) Unit No 5 Coy Vet Guard of. Can.

(4) Are you married? Yes.

(5) If married, state,

(*a*) Full name of your wife Mde Alice Bernard

(*b*) Present postal address of wife 186 Rue Napoleon Quebec

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

(7) Are you a widower? No.

(8) Have you any children? Yes
If so, give number of boys and girls 1 Boy 1 girl
Also their names and ages Andre 4 yrs Lucille 5 yrs

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

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

Name

Postal Address Nil

DISTRICT PAY OFFICE
RECEIVED
OCT 30 1940
M.D. No. 5 Quebec.

(SEE OTHER SIDE).

(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

Nil

(11) Is your father alive? No

If so, state name and address

Nil

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

Nil

(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. Nil

Also state reason he has no other means of support Nil

(14) Is your mother alive? No

If so, state name and address Nil

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

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

Also state reason why she has no other means of support Nil

(17) Are you insured? No

If so, in what Company? Nil

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

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.

E Bernard
(Signature of officer or man)

Date 29/10/40

Officer Commanding Theo. Plante Capt.
for No. 5 Coy. Veterans Guard of Canada,
Military District No. 5

Date 29/10/40

JUN 23 1945

M.F.M. 23 (A)
35M—6-44 (4876)
Q.G. 1772-39-1677

ARMÉE CANADIENNE
PROCÈS VERBAL DE LIBÉRATION

WSG COMPLETED

Numéro matricule E-23326 Grade Soldat

Nom BERNARD.

Prénoms Eugene

N.B.—Le nom doit être exactement le même que lors de l'engagement, à moins qu'il n'ait été autorisé à être changé, par la suite.

Unité ou corps Veterans Home Guard Date de l'engagement (A.C.) 22 Aou. 40.

Date de la libération 1 Jun. 45. Durée totale de service (A.C.) 4 ans 284 jours

Lieu de la libération Quebec. P. Q. Dist. Mil. N° 5.

Director of Records A. G. Branch. JUN 9 1945 Nat. Defence Hqrs. Ottawa, Canada

1. **SIGNALEMENT LORS DE LA LIBÉRATION**

Âge 48 ans 2 mois

Taille 5' pieds 5" pouces

Teint Clair.

Yeux Bruns.

Cheveux Noirs.

Marques particulières

Tache de naissance cuisse droite.

Cic. jambe gauche.

DOCUMENTS RECEIVED IN DISCHARGE SECT. JUN 15 1945 DIRECTORATE OF RECORDS, N.D.H.Q.

Deceased

Lieu où le militaire a l'intention de demeurer 186, Napoleon (Numéro et rue)

Quebec. (Bureau de poste, ville, etc.) Quebec. (Province)

(Doit être donné en entier, autant que possible, c'est-à-dire, l'adresse postale.)

2. Le susnommé est libéré à la suite de 1029-10. Inaptitude physique au service militaire d'apres les reglements en vigueur.

Libération autorisée par D.D. No. 5. SMB. 21 Mai. 45.

(N.B.—Le motif de libération doit être énoncé conformément aux ordres de service courant de l'armée canadienne qui pourront être publiés. Si la libération émane d'une autorité supérieure, le numéro et la date de la lettre seront cités.)

Il ne sera pas fait mention de la conduite dans le certificat de libération.

3.

(a) Décorations et récompenses pour bravoure attribuées au cours de campagnes antérieures. .....

.....

.....

.....

(b) Médailles et décorations gagnées au cours de la guerre actuelle. C.V.S.M.

.....

.....

.....

(À être transcrit par le commandant sur le certificat officiel de libération.)

NOTE:—S'il n'a actuellement droit à aucune médaille ou décoration, laisser l'espace en blanc et ne pas inscrire "NÉANT".

---

4. **Certificat à être signé par le militaire lors de sa libération.**

Je reconnais, par les présentes, avoir touché intégralement ma solde, mes indemnités et mes effets d'habillement, ainsi que toutes les réclamations légitimes faites jusqu'à date, sous réserve de celles qui sont indiquées au par. 6, et avoir reçu:—

Mon certificat de libération.
L'Insigne de service de guerre "classe Service général" n° ~~186461~~ 186461
(Biffer, s'il y a lieu).

(Lieu) Quebec. P. Q. Eugene Bernard (Signature du militaire).

(Date) 1 Jun. 45. [illegible] (Signature du témoin).

Lorsqu'un militaire est absent pour cause de maladie ou tout autre motif et qu'il ne convient pas de lui adresser ce document pour le lui faire signer, une copie manuscrite doit lui être adressée pour qu'il la signe et, lorsque cette copie aura été renvoyée, elle sera ci-annexée.

---

5. J'ai examiné impartialement toutes les questions relatives à la libération de ce militaire, qui m'ont été soumises conformément aux règlements, et la libération est confirmée par les présentes.

(Lieu) Quebec. P. Q. (*Signature*) (JEAN. LA FONTAINE) COLONEL.

(Date) 1 Jun. 45. *Commandant* Depot du District No. 5.

---

6. **Réserves mentionnées au paragraphe 4**

(À être signé par le militaire. S'il n'y en a aucune, il faut l'indiquer et faire signer le militaire.)

Nil

Eugene Bernard
(*Signature du militaire*)

M.F.M. 7 (FR)
25M—5-44 (4668)
H.Q. 1772-39-1653

ARMÉE CANADIENNE (ACTIVE)

CERTIFICAT DE LIBÉRATION

Les présentes certifient que BERNARD Eugene
(nom en entier)

matricule B-23326 grade Soldat

s'est engagé(e) ou a été enrôlé(e) dans VETERANS TOUR GUARD

L'ARMÉE CANADIENNE (ACTIVE), à Quebec, P. Que., le 22 Jour

jour de Aout 1940;

a servi dans CANADA

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

pour cause de Inaptitude physique au service militaire d'apres les reglements en vigueur.

SIGNALEMENT à la DATE ci-après mentionnée:—

Age 48 2/12

Taille 5' 5"

Teint Clair

Yeux Brune

Cheveux Noirs

Marques ou cicatrices

Tache de naissance oulsse droite

Cicatrice jambe gauche.

Eugene Bernard
Signature du militaire

Date de la libération

DISTRICT DEPOT
JUN 1 1945
M. D. No. 5

Officier qui délivre le certificat

(JEAN LA FONTAINE) COLONEL.
Grade

Date 1 Juin, 1945.

N.B.—Comme il n'est pas délivré de duplicata de ce certificat, quiconque trouve ce document est prié de le transmettre sous pli non affranchi au Bureau des Archives, ministère de la Défense Nationale, Ottawa, Canada.

DUPLICATA POUR DOSSIER

(T.S.V.P.)

1. Il faut avoir ce certificat sur soi lorsqu'on porte l'uniforme.

2. On ne peut porter l'uniforme qu'au cours des trente (30) jours qui suivent la libération, ou lorsqu'une autorisation par écrit est accordée à cet effet.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Deputy Minister,
Department of National Defence,
From.....The Canadian Pension Commission.....

OTTAWA, March 18th, 1946.

405-B-157

2B-1-2-46

ATTENTION: - Director of Records

Canadian Agency,
Imperial War Graves Commission

#E-23326 - Pte E. Bernard.
V.G.C.

C.P.C.

Director of Records
A. G. Branch
MAR 29 1946
Nat. Defence
Ottawa, Canada

The marginally named died

at Quebec, P.Q.

on Sept. 28th, 1945.

Cause of Death Asystolia. Aortic Stenosis
Left Ventricular hypertrophy.

In the opinion of the Commission, the disease
pre enlistment, aggravated
resulting in death was ~~incurred~~ during service in Canada, but the aggravation
did not arise out of, nor was it directly connected with military

service; **post-discharge to C.E.F. service.**

Next of kin Mrs. Alice Bernard (Widow),
186, Napoleon St.,
Quebec, P.Q.

Noted DR2(c)

for E. Lachey

B. Simpson,
Assistant Secretary.

VM
Died on strength

C.P.C. 83 4M-1-45 Req. 2

MAIN FILE
CHARGED TO 2B
SINCE 1-2-46
L.T. PASSED
MAR 29 1946
TO 2C
C.A.S.F. REGISTRY.

☐ Marine
☒ Armée
☐ Aviation
(Apposer un X vis-à-vis de l'arme dans laquelle vous avez servi en dernier lieu)

MINISTÈRE DE LA DÉFENSE NATIONALE

M.F.M. 441a
100M-9-44 (5450)
H.Q. 1772-39-2326

127832

5061

Demande de Gratification de Service de Guerre

JUN 8 - 1945

(Forces armées canadiennes)

Il faut donner une réponse complète à chaque question de cette demande. Lorsqu'une question ne s'applique pas, il faut insérer "N.A.".

1. Nom de famille au terme de votre service BERNARD (Lettres moulées)
2. Prénoms JOSEPH-EUGENE (Lettres moulées)
3. Matricule E-23326 4. Grade effectif au terme de votre service Pte.
5. Adresse au complet à laquelle les versements de gratification devront être envoyés
   M. EUGENE BERNARD
   186 Napoleon Quebec PQ.
6. Spécifiez ci-dessous la période ou les périodes de votre service dans les Forces armées du Canada pendant la présente guerre.

Arme (Marine, Armée ou Aviation)	Matricule	Grade final	Date du début du service	Date du terme du service
ARMEE	E-23326	Pte.	26-8-39	1-2-40
"	"	"	22-8-40	1-6-45

7. Au cours de votre service militaire dans les Forces canadiennes pendant la présente guerre, avez-vous été détaché ou prêté à une unité quelconque des Forces navales, militaires ou aériennes de Sa Majesté ou de n'importe quelle autre puissance alliée ou associée avec sa Majesté ou mis hors cadre?
   Le cas échéant nommez la force ou les forces N/A.
8. Pendant la présente guerre, alors que vous ne serviez *pas* dans les Forces armées canadiennes, avez-vous été nommé ou vous êtes-vous engagé dans l'une quelconque des Forces navales, militaires ou aériennes de Sa Majesté (autres que les Forces armées canadiennes)? N/A. Le cas échéant, nommez la force ou les forces ainsi que les dates du début et du terme du service

Ayant maintenant cessé de servir dans les Forces actives, je demande, par les présentes, qu'on me verse la gratification de service de guerre.

5 mai 1945
(Date)

Eugene Bernard
(Signature du requérant)

Si le nom signé dans l'espace ci-dessus n'est pas le même que celui donné dans la réponse à la question 1, insérer ici le nom que vous portiez au terme de votre service. Comme les chèques seront faits au nom donné dans la réponse à la question 1, il est tout à fait essentiel de donner une adresse précise dans la réponse à la question 5.

NOTE: Une fois ce modèle rempli, vous devrez l'envoyer au quartier général de l'arme dans laquelle vous avez servi en dernier lieu, savoir:
Marine—Le secrétaire, Conseil naval, Quartier général du Service naval, Ottawa (dans le cas des marins, le modèle doit être accompagné du certificat de service).
Armée—Le secrétaire, Ministère de la Défense nationale, (Armée), Ottawa, a/s du trésorier-payeur général.
Aviation—Le secrétaire, Ministère de la Défense nationale pour l'Air, Ottawa, a/s du chef des Archives.

DEPARTMENT OF
PENSIONS AND NATIONAL HEALTH

CANADA

IN YOUR REPLY REFER TO FILE NO.

HOPITAL DU PARC SAVARD
Québec-Ouest, Que.,

le 29 Sept. 1945

RE: E-23326 Bernard E. Vet. Guard of Canada

Liste des articles appartenant au patient ci-haut mentionné, décédé le 28 Sept. 1945.

2 Btles. parfum
1 Pkgs. cartes postale
1 Btle. lotion
2 Bte. talc
1 Tube de creme a barbe
1 Savonnette
1 Rasoir "Safety"
50 lames
2 Brosses a dent
1 Pr. de verre fumé
1 Pkg. papier a cigarette
1 Chaine avec médailles
2 Bracelets de chemise
1 Tube de pate a dent
3 Peignes
3 Pkgs. cigarettes
4 " allumettes
1 Briquet
1 Pr. de ciseaux
2 Chapelets
1 Etui en cuivre, contenant pierre et meche a briquet
1 Etui en cuir avec insignes
1 Médaille en argent avec insignes

2 Pkgs. gum
2 Prs. de bas
1 Pr. de souliers
1 " " pantouffles
8 Mouchoirs
1 Montre en Or
1 Bague en Argent
1 Bague en Or
1 Bouton de veteran G.S.
1 Chemise
2 Sous-vetements
1 Montre bracelet
1 Btle. de remede
2 Brosses a chaussure
1 Jarre de vaséline
2 Cravate s
1 Btle. brillantine
1 " d'encre
2 Calendriers
1 Aiguiseur pour lames
1 Bte. bicarbonate
1 Miroir
1 Plumes reservoir

1 Fuseau fil
7 Jeu de cartes
1 Etui en cuir avec insignes
1 Livre d'anglais
1 Pr. de jarretiere
1 Rasoir droit
1 Livre de solde
1 Pkg. lacet
3 Rubans de service
1 Jarre de creme
1 Bte. Quinine
1 " poudre dentier
1 Tablette a écrire avec enveloppes
1 Crayon plomb
1 Pkg. Epingles
1 " Correspondance
7 Insignes souvenir
1 Crayon automatique

1 Etui en cuir, contenant 4 timbres, photos et carte d'identité
1 Sac contenant 1 couteau, 2 disques d'identité, 1 croix rouge, 2 insignes, 2 Etuis en cuir, avec photos.

Eddy Goudreau
Storekeeper

Lionel Tremblay
Clerck of Pack Store

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Deputy Minister,.....
Department of National Defence,
From.....The Canadian Pension Commission.....

OTTAWA,.....June 13, 1946.....

AMENDING OUR FORM OF MARCH 18, 1946.

ATTENTION - Director of Records.

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

Director of Records
A. G. Branch.
JUN 18 1946
Nat. Defence Hqr
Ottawa, - Canada.

~~C.W.G.C.~~ Estates 31-5-46

E-23326 E. Bernard.

V.G.C.

405- B- 157

The marginally named died

at Quebec, P.Q.

on September 28, 1945.

Cause of Death Asystolia due to aortic stenosis and left ventricular hypertrophy.
In the opinion of the Commission,

death was related to military service.

Next of Kin Mrs. Alice Bernard (widow),
186 Napoleon Street,
Quebec, P.Q.

Noted DH 2(c)

noted. J. Sheets. DH3

2c

MB
Died on strength

E. Lackey

for
Canadian Pension Commission.

memt - widow 24/6/46 H.A. 2

M-38 3M-6-45 Req 1149

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name BERNARD (Surname) Eugene (Christian Names) No. R.23326

PTE (Rank) V.G.G. (Unit) 28-9-45 (Date of Death)

AMOUNT

L.P.C. $

Date 25-6-46

Other Credits 274.14

Total 274.14

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Alice Bernard 186 Napoleon St., Quebec, P.Q. (1/2 per community of property) (1/2 for benefit of 5 minors)	274.14 Acknowledged by letter DVA d. 16/7/46

NR # 294
3-7-46 QW

P4 TO TREAS.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	732	00	00	001	274.14

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

25M-9-44 (5562) (FR.)
H.Q.1064-81-3

COPY 6 ARMEE

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ARMÉE AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM Eugene (PRÉNOMS) BERNARD (NOM)

No DU REGISTRE 127832
No DU DOSSIER 405-B-157
DATE 26 June 45
No MATRICULE E-23326
GRADE DÉFINITIF Pte.
DATE DE LIBÉRATION 1 June 45

ADRESSE 186 Napoleon, Quebec, P.Q.

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION — $ 472.50 ¢

NOMBRE DE JOURS 1890 / 30 ÉQUIVALANT À 63 PÉRIODES COMPLÈTES @ $7.50 — 1890

B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION

NOMBRE DE JOURS MOINS JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À JOURS @ 25 CENTS PAR JOUR

VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION

TOTAL 472.50

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER

TAUX QUOTIDIENS LORS DE LA LIBÉRATION

SOLDE $
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $
SOLDE SUPPLÉMENTAIRE $
$
$
ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ $
TOTAL $ X7 = $
NOMBRE DE JOURS / 183 X$

RECEIVED JUN 27 1945 WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

472.50

D. GRATIFICATION DE SERVICE DE GUERRE

E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS $
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $
AUTRES DÉDUCTIONS $

F. MONTANT PAYABLE — 472.50

(CE MONTANT EST PAYABLE PAR VERSEMENTS 3 MENSUELS DE $ 157.50 CHACUN)

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDIQUÉ DANS LE TOTAL POUR A ET B. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES, LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU **MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.**

VOIR AU VERSO POUR L'EXPLICATION DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL NE DOIT PAS DÉPASSER LE TAUX QUOTIDIEN DES SOLDE ET ALLOCATIONS $ 5.72 X30 $ 171.60

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR	VÉRIFIÉ PAR	TRÉSOR VÉRIFIÉ PAR	DATE
TRC		[signature]	4/7/45

REPRÉSENTANT MILITAIRE

△ TU

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME EUGENE BERNARD (Christian Names) (Surname) — Register No. 127832

File No. 405-B-157

PAYEE'S NAME ..... (Christian Names) (Surname) — Date 25-6-45

ADDRESS 186 NAPOLEON QUEBEC, P.Q. — Service No. E-23326

Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE ..... — Date of Discharge 1-6-45

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days $\frac{1890}{30}$ = 63 Periods @ $7.50	472	50
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ ..... Dependents' Allowance 1/30 $ 89.12 $ 2.97 TOTAL $ 5.72 × 7 = $ ..... No. of Days $\frac{\quad}{183}$ × $	472	50
D. WAR SERVICE GRATUITY Computed By Winter	472	50
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By Car.		
F. AMOUNT PAYABLE (This amount is payable in 3 monthly instalments of $ 157.50 each)	472	50

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

$ 5.72 × 30 = $ 171.60

REMARKS Re Name, Use Records
HP

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