E52616
BOUDREAU
WILFRED

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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

1

Section A—GENERAL INFORMATION

1. (a) Print name in full Boudreau, Wilfrid (b) Reg'l. No. E. 5. 2616
2. (a) Arm of service Army (b) Unit Royal Regt of Canada (c) Rank Pte
3. (a) Date of birth 15-4-11 (b) Have you any dependents? No (c) Place of residence at time of enlistment Moncton N.B.
4. (a) Place of enlistment Moncton (b) Date of enlistment 17-2-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years (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.) "11 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? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? English + French (b) What languages do you read well? English + 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? N.A.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? 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? 10 (c) In what provinces did you have experience? Ontario

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

DATE 17 Feb 1942 SIGNATURE Wilfrid Boudreau

MEMORANDUM FOR

P. 64

Mr. Alfred Boudreau,
Mann, Bonaventure Co.,
Quebec.

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

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

and the following number quoted:—

H.Q. 405-B-23, 398 FD391

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 31 1944

ESTATES BRANCH FEB 14 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

BOUDREAU Wilfrid Pte.

E.52616 (C.A.)

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R.G. Phelan
(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

PSD:TL

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

Get names ages addresses of bros & sisters

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.....		Single		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Alfred Boudreau	60	
4	Mother of the Deceased.....		Florence Boudreau	Dead	
5	Brothers of the Deceased	Full Blood	Full		
		Half Blood			
6	Sisters of the Deceased	Full Blood	Full		
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Wilfred Bourdeau
9	Date of his birth	15th of Apl 1917
10	Place and date of his marriage. — —	Single
11	Place and date of his parents' marriage.	Mann Bonaventure Co PQ

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Mann Bon. Co P.Q
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d)
14	Nature of employment before enlistment.	On farm with Father
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.	— dont know

PARTICULARS OF ESTATE

17	Did he leave a Will?	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?	Single
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	no
20	Amount of War Savings Certificates held by deceased.	X $50.00 ~~none~~ not received yet
21	Amount of Victory Loan Bonds held by deceased.	X $50.00 Made in Fathers Name
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	no
23	Is application for Probate or Letters of Administration necessary (see page 1)?	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.	—
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	—

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that 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 *Father of the deceased.

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

Alfred Boudreau ..... {Signature of Informant}

Mann, Co. Bon P.Q. ..... Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.... Alfred Boudreau ..... {Name of Informant} is the* Father ..... of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Cross Point P.Q. this 12th day of February 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Emile E. Pilote ..... Qualification Sec Treas, Municip Mann

Address Cross Point 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

Records M. D. XI. DEC 24 1942 Observed E Checked Card ✓ Observations

Occupational history from complete 17-2-42 D.M.S.

M.F.M. 2
A.F.B. 271
200M—3-41 (9720)
H.Q. 1772-39-1645

ORIGINAL
DUPLICATE
TRIPLICATE

DUPLICATE

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

Unit ROYAL RIFLES OF CANADA C.A.(A) Regimental Number E-52616

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

CLA 376. 6 Jan/44

01 PTE

1. Surname: BOUDREAU
2. Christian Names: WILFRID
3. Present address: MANN, BONAVENTURE CO., P.Q.
4. Date of birth: 15th APRIL 1916
5. Place of birth: CANADA (Country) BONAVENTURE (County or Province) MANN (Town or Township)
6. Religion (state denomination): CATHOLIC (ROMAN)
7. Trade or Calling: LABOURER
8. Married, Widower or Single: SINGLE
9. Name of next of kin: FRED BOUDREAU
10. Relationship: FATHER
11. Address of next of kin: MANN, BONAVENTURE CO., P.Q.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes
30 days 9th January 1941 to 7th February 1941 Valcartier Camp, P.Q.
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? Nil. (Yes or No)
(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? Nil.
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Wilfrid BOUDREAU, 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 17-2-42 Wilfrid Boudreau (Signature of recruit)
Witness: [illegible]

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Wilfrid Boudreau (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 QUEBEC. this 17e. day of Fevrier. 1942.

B McGreer Captain
Adjutant, Royal Rifles of Canada, C. A. (A) Major.
No 5 DIST. DEPOT.

{Signature of Magistrate, Justice or Attesting Officer:
{Office or Rank and Unit or appointment.

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

FINGERPRINTED

Occupational History completed

Record of Service of BOUDREAU (Surname) Wilfrid (Christian Names) Regimental Number E.52616

QUALIFICATIONS

Military: Nil.

Business or Professional: Nil.

Trade or Civil: Nil.

Technical: Nil.

Languages: English & French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 11 yrs. (years completed)

Graduation or Matriculation: Nil. (specify)

*College: No.2 School, MANN? P.Q.

*University: 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 Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on appointment Previously served 30 days with NRMA from 8-1-42 to 7-2-41 ROYAL RIFLES OF CANADA C.A.(A)	Rfmn.	7-2-42	R.R.C..	QUEBEC	PART II No-22 22	20-2-42
18-8-42	RRC	Granted fourteen days furlough under the provisions of R.O. 699 from 29 Aug. 42. to 11 Sept. 42 (Incl)	"	29-8-42	RRC	Nanaimo	Part II No. 159	18-8-42
28/12/42	RRC	SOS ON PROCEEDING TO NO 5 DISTRICT DEPOT QUEBEC (AUTHY DA/G PAC COMM ADMN ORDER No. 256 d. 24 Dec 42	RFN	28/12/42	RRC	NEW WEST MINSTER BC	NO256	28/12/42
5502 -		TOS dd5 on transfer from R.R. OF CAN. OF NEW WESTMINSTER B.C. Pending attachment overseas AUTH D.A.A.G. Pac. Comm. Admn. D.O. 442 d/24-12-42	"	29-12-42	5DD	QUEBEC	2	4-1-43
2		Granted embarkation leave from 1200-3-1-43 to 1400-7-1-43 auth draw ration allow 0.50 per diem	"		"	"	2	401-43
		D O 2 should read attached for all purposes except pay instead of TOS	"		"	"	5	7-1-43

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

19337

CERTIFICATE OF MEDICAL EXAMINATION

Name in full mBOUDREAU, WILFRID Place Quebec, P.Q.

Place Quebec, P.Q. Date 17-2-42.

Part 1. Information obtained from the recruit.

1. Age 25 2. Have you ever suffered from any of the following diseases?

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

Wilfrid Boudreau
Signature of Applicant

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

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

Vaccination sur le bras gauche.

2. Height 5 feet 4½ inches. 3. Weight 126 pounds.

4. Complexion Clear Eyes Grey Hair Brown 5. Development Fair (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 34½ inches.
Range of expansion 2 inches.

7. Vision, right 20/20 left 20/20 With Glasses— right --- left ----. 8. Hearing, right CV20 left CV20

9. Condition of mouth and teeth Treatment.

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

Nil. Urine, ears, reflexes normal.

55/229 FEB 17 1942 X-RAY CHEST - NEGATIVE.
L Lavallée Capt Radiol

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

Special remarks when category lower than A.

G.A. Grondin Capt RCAMC J.V. Lavoie Maj RCAMC Dr P.V. Marceau

G.A. GRONDIN, CAPT. RCAMC. (President) J.V. LAVOIE, MAJOR RCAMC. (Member) DR. P.V. MARCEAU. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
3-4-42	Vacc. P.V. Marceau		
3-4-42	T.A.B.I-1 P.V. Marceau Capt		
2-5-42	2 A. Capt		
27-6-42	3 L.K. Clarke		
23-12-42	Cat A-1 Approved Lt Colonel Dy		

Regtl. No. E-52616 Rank Rfmn. Surname Boudreau Christian Name Wilfrid

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

Regimental No. Bondrean Rank Wilfrid Sheet No.

MFM 1 & 2a
40/P & S/119 (3913)

Name E52616

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
SoS Ca (AF) Canada on						
Embarkation on 4 Feb 43						
ToS CA (AF) overseas.						
Transfer on 5 Feb 43						
Disembarked on 13 Feb 43						
ToS – 5 Cirn 14 Feb 43	Do 14 d/19th Feb 43					
SoS SoS to 1 CSBD unposted Reinf.	Pte	22 May 43	5 Cirn	UK	71	14 May 43
ToS ToS HPER X-4 BD from 5 Cirn	Pte	13 May 43	X List HPER	UK	1A	19 May 43
Coond 6 mths Pr of Ser Regt Rate Pay $1.50	Pte	1 Jan 43	4 HPER	UK		
SoS SoS Cdn Army - Embarked	Pte	29 June 43	X List HPER	UK		
ToS ToS Cdn Army	Pte	30 June 43	X List HPER	N	NA	23 July 43
Disembarked.	Pte	11 July 43	X List HPER	NA		
SoS Posted from HPER & BD List to HPER 4 Bn & 4 List			X List HPER	NA	11A	21 Aug 43
ToS ToS from H & PER X 4 List						
Posted from X3 to X4 4 Bn	Pte	15 Dec 43	X3 HPER	NA	38A	24 Dec 43
Died of Wounds		18 Dec 43		CLA 376		
				6 Jan 43		

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

Statement of the Service of No. E 52616 Rank Pte Sheet No.

Name Boudreau Alfred

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
		S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 4 Feb 43						
		T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 5 Feb 43						
		AND DISEMBARKED ON 13 Feb 43						
		T.O.S. — 5 C.I.R.U. 14 Feb 43	Do. 14d/19Fh.					
		Priv Leave to 4 Mar 43	Pte	23 Feb 43	5CIRU	UK	20	4 Mar 43
SOS		SOS to ICSBD Unposted reinf.	Pte	12 May 43	5CIRU	UK	71	14 May 43
	TOS	TOS HPER X-4 (BD) from 5CIRU	Pte	13 May 43	X list HPER	UK	1 A	19 May 43
		COMP. 6 MOS PROF. SERVICE Granted daily reg'l rate of pay of $1.50	Pte.	1 Jan 43	H&PER	UK	5-A	11 June 43
SOS		SOS Cdn Army & Embarked	Pte	29 June 43	X list HPER	UK		
	TOS	TOS Cdn Army	Pte	30 June 43	X list HPER	M	11 A	23 July 43
		Disembarked	Pte	11 July 43	X list HPER	NA		
~~SOS~~								
	~~TOS~~	Posted ~~TOS~~ from HPER X List BD to HPER X4 List 4 Bn	Pte		X List HPER	NA	16 A	21 Aug 43
S.OS	T.O.S	SOS L H & PER	Pte	9 Aug 43	X list H&PER	NA		
		T.O.S from H&PER X-4 List	Pte	10 Aug 43	H&PER	NA	43	25 Aug 43
M39		Posted from X3 to X4 (4 Bn)	Pte	15 Dec 43	X3 HPER	NA	38-A	24 Dec 43 ~~38-A~~

Statement of the Service of No. E 526 16 Rank ..... Sheet No. .....

Name BOUDREAU W.

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
SOS		SOS to H. PER	Pte	16 Dec 43	X 4 HPER	NA	38 A	24 Dec 43
—	TOS	TOS from H+PER X 4 List	Pte	17 Dec 43	HPER	NA	65 65	24 Dec 43 24 Dec 43
Imp compl		Wounded in Action	Pte	16 Dec 43	HPER	NA	66	30 Dec 43
		SOS Died of wounds CM 7	Pte	18 Dec 43	HPER	NA	3 ctd 3 ~~4~~ 6.	6 Jan 44 10 Jan 44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E52616 RANK Private SERVICE UNIT The Hastings and Prince Edward Regiment (CA.)

NAME BOUDREAU, Wilfrid

DATE OF BIRTH
DAY 15th MONTH April YEAR 1916

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Alfred Boudreau,

ADDRESS Mann, Bonaventure Co., Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4198 N.Q.405-B-23398

CASUALTY DETAILS Died of Wounds DATE 18-12-43

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

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

DATE 8-1-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

To be made out in duplicate

ORIGINAL

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

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

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

---

(1) Name of Officer of Other Rank.....
(Surname first—Christian names in full—Block capitals)

BOUDREAU Wilfrid

(2) Regimental or Air Force Number and Rank E-52616 Rifleman

(3) Unit ROYAL RIFLES OF CANADA C.A.(A)

(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.

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

(7) Are you a widower? N.A.

(8) Have you any children? NO Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address N.A.

(11) Is your father alive? YES

If so, state name and address, occupation Fred BOUDREAU, Mann, Bonaventure Co. P.Q., Labourer

(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 NO

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

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

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? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above? NO
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 N.A

Full Name N.A.

Postal Address N.A.

Amount contributed monthly during the past six months N.A.

(18) Are you insured? N.A.

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

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.

Date 17th Feb. 1942

(Signature of officer or man)
Wilfrid J. Boudreau
J.M. Leduc Lt. Col.
Officer Commanding Royal Rifles of Canada.

Date 17 Feb. 1942

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.

18-12-43
(O.C.L.-421)

AWARDS—~~CANADIAN~~ ARMY (ACTIVE) 482524 M

100M—10-41 (2195)
H.Q. 1772-45-8

FB

FILE NO. 405-B-23398

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BOUDREAU,	Wilfrid	E-52616	Pte.	Hast.& P.E. Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

Repl

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal C.V.S.M. & Clasp	3270 18/3/50 MAR 21 1950

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

28/02/90

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Alfred BOUDREAU (FATHER)

MANN,

ADDRESS: Bonaventure Co., Que.

(2) MEMORIAL CROSS

WIDOW (SINGLE)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER (DECEASED) Auth: M.F.M. 5.

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP 4101

REGN. NO

(2)

(3)

No E.52616 Rank Private Name BOUDREAU, Wilfrid.

Unit Hastings & P.E. Regt. Date of death 18th December, 1943.

Died at Italy

Cause Died of wounds received in action.

Death occurred on strength of Forces.HQ 405-B-23398 - d 8-1-44.

N/K Mr. Alfred Boudreau, Relationship Father.

Address Mann, Bonaventure County, Quebec.

Remains buried in Military Cemetery

MR 580918 sheet 148/II 1/50M Vaso, Vasto, Italy.

Grave location British Plot, Grave C9.

CHX ✓

OVER—

DEATH CERT. TO N.K.

BURIAL REPORT TO FEB 12 1945

RETURN TO BUR. OF STAT. 23-5-44.

ROYAL MESSAGE DESP'D. FEB 2 1944

CAN. MESSAGE DESP'D. 12-1-44.

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 4, row D, plot 2.

HI & CR Form Despd. OCT 1 5 1946

Photographs
Despatched
MAY 29 1947

E.L. UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
150M—5-44 (4470)
HQ.27E-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

Regimental No. E-52616 Rank DECEASED. Pte.

Surname B O U D R E A U

Christian names Wilfrid

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

Unit or Corps Hastings & Prince Edward Regiment, C.A.(A) Date of Enlistment (CA) 17 Feb 42

Date of Discharge 18 Dec 43 Total Service (CA) yrs. days

Place of Discharge Overseas Military District No.

---

1. **DESCRIPTION AT DATE OF DISCHARGE**

Age 25 years months

Height 5 feet 4½ inches

Complexion Clear

Eyes Grey

Hair Brown

Descriptive marks: Vaccination left arm.

Intended place of residence
(Street and Number)

(P.O., City or Town, etc.) (Province)

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

---

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

Authority for discharge

(N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.)

No reference to Conduct is to be made on the discharge certificate.

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. 6-526116 Rank Pte Surname Boudreau Christian Name Wilfred.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
H.P.E. Regt.									Wounded.	E/D. 10.12.43.	A-361
"									D.D. 17-12-43.		B-146
"									Wounded. 20.12.43	E/D. 16-12-43	A-367
"									D.O.W. 18-12-43.		A-376

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

39 - B - 2527

Cat A

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

MILITIA ACT

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. M/463,497

Militia Unit taken On Strength R.R.S

1. Surname (Block Letters) BOUDREAU
2. Christian Names (In Full) Wilfrid
3. Present Address Mann. (Bonaventure)
4. Place of Birth Mann. Date of Birth 15/4/1916
5. Religion R.C. 6. Occupation Tanner
7. Next-of-Kin Fred Boudreau (father)
   (NAME AND ADDRESS)
   Mann.
8. Physical Description: Height 5'5" Weight 129
   Color of Eyes Grey Color of Hair Black
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
   Military

Dated this 9th day of January 1941

Training Centre No. 50 -

Wilfrid Boudreau
(SIGNATURE OF MAN)

Hubert Lovell
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

N.P.A.M. TRAINING CENTRE
No. 50
COURSE 3
ENDING
FEB. 7 1941
STAMP

TRAINING CERTIFICATE STAMP

(SIGNATURE OF OFFICER AFFIXING THE STAMP)

N'ENVOYEZ PAS CETTE FORMULE À OTTAWA

Après l'avoir remplie adressez-la directement au Registraire de Division concerné.
(L'adresse du Registraire de Division apparaît sur l'avis d'appel à l'examen médical)

A

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE

LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

Numéro d'ordre de l'avis d'appel: F 4241

IMPORTANT—MÉDECIN EXAMINATEUR: Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

DIVISION F, Québec,

Reçu le 13-12-40

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

PREMIÈRE PARTIE

Nom et prénoms BOUDREAU (Nom de famille) Wilfrid (Prénoms) (Ecrire en lettres moulées)

Lieu de naissance Mann (Ville, cité ou village) Province canadienne (ou autre pays) P.Q. Date de naissance 15 avril 1916

Résidence fixe (Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) Mann, Bon. (Ville ou village) P.Q. (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?

Rhumatisme? non Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non

Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? non Hernie? non

Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des yeux? non Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non

Gonorrhée? non Avez-vous déjà porté des verres? non Vous a-t-on déjà rejeté comme inapte au service militaire? non Touchez-vous une indemnité ou une pension d'invalidité? non Si oui, de quelle source? (Oui ou non)

Localité Campbellton (Ville, cité ou village) Province N.B. Date Déc. 10-1940

Signé: Wilfrid Boudreau

L'homme examiné doit signer ici en présence du médecin examinateur. → **Signature du sujet.**

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus)

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 5 pouces. 2. Poids 129 livres.
3. Teint chatain Couleur des yeux gris 4. Constitution ~~Vigoureuse~~ / ~~Moyenne~~ / ~~Débile~~ (Biffer mentions inutiles.)
   Couleur des cheveux noir
5. Périmètre thoracique à l'ampliation maxima 34 pouces.
   Étendue de l'ampliation 3 pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit 20/30 Œil gauche 20/30
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit
   Œil gauche
7. Acuité auditive: Oreille droite normale Oreille gauche normal
8. Bouche et dents 8 dents bonnes à la machoire supérieure
   Indiquer la nature et l'emplacement de toutes dents artificielles
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

10/DT

Catégorie "A" A
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

Signé:
Signature J.Paul Caretto, M.D. (Médecin examinateur)
Adresse Campbellton, N.B.
Date 10 déc. 1940

Copie certifée conforme à l'original.

(Important — Voir au verso)

N.W.S. Formule N° 1A-FR

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues dont il recevra un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. L'adresse du registraire de division apparaît dans le coin supérieur de gauche de l'avis d'appel à l'examen médical.

4. Le ministère des Services nationaux de Guerre versera aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin. Les honoraires seront versés aussitôt que possible après le dernier jour du mois.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

NE CONCERNE PAS LE MÉDECIN EXAMINATEUR

L'espace ci-dessous est réservé au médecin du centre d'instruction militaire

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

"A"

.....

.....

.....

.....

Signature.....
Médecin militaire du Centre d'instruction militaire

Numéro dans la Milice active non permanente.....

Nom ou numéro du centre d'instruction.....

Station	Entré à l'hôpital			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1662

No. E.52616 RANK Rfmn NAME BOUDREAU, Wilfrid

*MARRIED
*WIDOWER
*SINGLE

PLACE OF ENLISTMENT The Citadel, Quebec, Que. DATE 17-2-42

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
22	20.2.42	Rfm.	-	A.S.	1.30		Prev. Serv. Nil

16 G.d./2.4.42

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL
(Father) Alfred Boudreau	~~1.4.42~~	~~15.00~~		~~15.00~~
MANN Co. BONAVENTURE P.Q. CANADA. MFM.19d./24.12.42.	1-1-43	20	-	20.00

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE
	N/A.			

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

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

OCCUPATIONAL FORM COMPLETED

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
22	20.2.42	Attested, TOS. R.R.C. w.e.f. 17/2/42.	
159	18.8.42	Granted furlo from 29.8 to 11.9.42	
181	13.9.42	Returned from furlo on 11.9.42	
256	28-12-42	S.O.S. R.R.C. on proc. to D.D.5 Que P.2. (Pay Purposes - S.O.S. to Can. Army O/S Inst D.P.M XI	
14	19.2.43	TOS 5 CIRU wef 14.2.43	
72	12.5.43	S.O.S. 1 cdn Spec Base Depot. w.e.f. 12.5.43.	
1A	19-5-43	T.O.S. 1 C.B.R.D. wef. 13-5-43.	
5A	11-6-43	Increased rate of Reg Pay $1.50 per diem wef 1-1-43.	
11A	31-7-43	TOS C.A.(M) 30-6-43 Disemb. 11-7-43. X-U.K.	
CR	1-8-43	SOS 1 Bn. 1 CBRD to 4 Bn. 1 CBRD wef 1-8-43 S.O.S. H+P.E (LV) wef 10.12.43 (Wounded)	
3	10.1.44	Died of wounds - 18.12.43.	

H.Q. 405-B-23398
R. 4 (B).

29th May, 1947.

Mr. Alfred Boudreau,
Mann,
Bonaventure County, Quebec.

Dear Mr. Boudreau:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E52616 Private Wilfrid Boudreau, the location of which is grave 4, row D, plot 2, Morro River Cemetery, Ortona, Italy.

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

Yours faithfully,

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

Encl.

/EMA

File No 405-B-23398

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E52616 Name BOUDREAU, Wilfrid

Rank on Discharge Pte Date of Discharge 18-12-43

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 7-2-42	to 4-2-43		
	from	to		
United Kingdom	from 5-2-43	to 29-6-43		
	from	to		
Italy	from :- 30-6-43	to	18-12-43 (died of wounds)	
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~France-Germany Star~~ _____

Italy Star OK

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

NRD.

Verified by Annette Routhier

Date 17-6-46

Carded JUN 17 1946

HA 165

Department of National Defence

Ottawa, Canada

Date.....9....February.....194.5.

BOUDREAU, Wilfred, Pte, (Dec'd)
E-52616 - C.A.

Received payment from the Treasury Branch of the amount mentioned below. This payment is in connection with the share in the Service estate of the above mentioned deceased to which the below named minor(s) is (are) entitled in the amount set opposite each name, and is to be applied for such minor(s) benefit.

MINOR	AMOUNT
Ten Minor Children	$28.87
Clarence B	
Hubert "	
Hector "	
Charles "	
Vincent "	
Normand "	
Regina "	
Ralph "	
Alvin "	
Florence "	

A. Fred Boudreau
Signature

from Fred Boudreau
Ham Bay Jan the 26th 1945

Reg. E, 52616, Pte Boudreau Wilfred

22-1-E

L. A. Leith

I am writing again
on account of my pay
account for the last time
I am asking the reason
why this is hold up I have
written four times and send
my dauther married name
Florina Hillmod As es
Clair Hillmod s I hope
this will save me the trouble
to go further thanks in advance

JAN 29
H. Q.
OTTAWA
NATIONAL DEFENCE

C 52616 28-12-84
Boudreau A.

HQ-405-B-2339 RFD 391

Mr Lirth

DEC 28 1944

ESTATES BRANCH DEC 26 NATIONAL DEFENCE OTTAWA.

Date 21 Dec - 1944

Alfred Boudreau

Manning Que

Dear Sir just received your letter saying that you have not received the letter of Florine's married name ~~...~~ its Florina Willmot. ~~its~~ Mrs. ~~[redacted]~~ Clair Willmot an its the thier letter that Iwam sending you, an I have registerd one where did it go to If you didn't get it, it didn't come back, your truly

Alfred Boudreau
Manning Que

DISTRIBUTION OF SERVICE ESTATES

TL. Estates Form "P. 4"

ARMY

Name: BOUDREAU, (Surname) Wilfred (Christian Names) No.: E52616

Pte. (Rank) C.A. O/S (Unit) 18-12-43 (Date of Death)

AMOUNT

L.P.C. ..... $ 70.96

Date: 17-1-45

Other Credits 4.07

Total 75.03

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
23/26	Father	Alfred Boudreau, MANN, Bonaventure Co., Que., (½ as next of kin) (10/26 for benefit of 10 minors)	66.39
1/26	Brother	Richard Boudreau, Mann, Bonaventure Co., Que.,	2.88
1/26	Brother	Leonard Boudreau, (As above)	2.88
1/26	Sister	Mrs. Florina Wilmot, (As above)	2.88
		(As next of kin entitled)	

TO BE FORWARDED BY REG. MAIL DIRECT,

P4. TO TREAS. 19/2/45 Q4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$75.03

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

6-12-E

November th 30 1944

Aam office

Department of National Defence

NATIONAL
DEC 4 1944
BRANCH
OTTAWA
STATES

I have awnsered your letter of september the 13th and have send my dauther maried name is Florena Wilmo Mrs Blair Wilmo I don understand how you's didden get it so I hope this will be fix up a once

yours truly

Alfred Boudreau

E-52616
Boudreau. W.
HQ-405-B-23398 FD391

DEC 7 1944

November the 22 1944

Ham office

Mr Smith Colonel

ESTATES BRANCH
NOV 27 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

I would like to know what is the hold up about the distribution of my son Boudreau, Alfred Pte deceased M6E52616 pay account if I am suppose to get it I wish you would send it at once

I am yours truly
Mrs Fred Boudreau

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-52616 Pte. Boudreau W. - H & P.E. Regt. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon

CHECKED BY H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M. DATE 8, Feb. 44

1	Crucifix	
1	Prayer Book	
1	Fountain Pen in Case	
1	Cigarette Lighter	
1	Comb	
1	Religious Articles	
1	Handkerchief	

Case 77 x
17-6-44 x

refused 29-8-44 x
Next of kin

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

TRIPLICATE — with effects.

H.E. Fulmer, Capt.
for OC 1 Cdn KSD

Hamm office
County Bon
P Qué

March the 3rd 1944

STATES
BRANCH
MAR 6 1944
H. Q.
OTTAWA
NATIONAL DEFENCE

Dept of National Defence

in reply to your letter
I am sending the names age and addres
of my children

name		age	address
Richard	Boudreau	34	Hamm P Qué
Leonard	"	30	" "
Florena	Wilmot.	26	" "
Clarence	"	20	" "
Hubert	"	19	" "
Hector	"	16	" "
Charles	"	14	" "
Vincent	"	12	" "
Normand	"	10	" "
Regina	"	9	" "
Ralph	"	7	" "
Alvin	"	4	" "
Florence	"	2	" "

13 10/26

Richard Leonard & Florena Married
Yours truly Lucien Boudreau

M.F.M. 5
150M—1-42 (3165)
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 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 BOUDREAU Wilfrid.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank E-52616 Rifleman.

(3) Unit Royal Rifles of Canada C.A.(A)

(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

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

If so, state her full name and Postal Address.....

.....

.....

(11) Is your father alive? Yes.

If so, state name and address, occupation Fred Boudreau Mann. Bonaventure, Co.

.....

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

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

.....

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

(14) Is your mother alive? No

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.

(Sgd) Wilfrid Boudreau.
(Signature of officer or man)

Date 17th Feb. 1942

(Sgd) T.K. Laueb? Lt.Col.

Officer Commanding Royal Rifles of Canada.

Date 17 Feb. 1942

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.)

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Wilfrid (CHRISTIAN NAMES) BOUDREAU (SURNAME)

REGISTER NO. D-15261
FILE NO. 405-B-23398
DATE 26-12-45

PAYEE Mr. Alfred BOUDREAU,
ADDRESS Mann, P.Q.

SERVICE NO. E-52616
FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 18-12-43
DATE OF DISCHARGE 18-12-43

		$	¢
A. TOTAL QUALIFYING SERVICE			
6 yrs	NO. OF DAYS 680/30 EQUAL TO 22 COMPLETE PERIODS AT $7.50	165.00	
B. QUALIFYING OVERSEAS SERVICE			
No. of Days 317 LESS 20 INELIGIBLE DAYS, EQUAL TO 297 DAYS @ 25c. PER DAY		74.25	
SEE PAR. 2 OVERLEAF FOR EXPLANATION			
C. SUPPLEMENT FOR OVERSEAS SERVICE		239.25	
DAILY RATES AT DISCHARGE			
PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 2.75 X7 = $ 19.25		
NO. OF DAYS 317/183	X$ 19.25	33.35	
D. WAR SERVICE GRATUITY		272.60	
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		272.60	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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
KRB	

TREASURY	
CHECKED BY	DATE
I. Knapp	3.1.46

Kenneth Capt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ..... WILFRID (Christian Names) BOUDREAU (Surname) ..... Register No. D-152611

PAYEE'S NAME ..... MR. ALFRED BOUDREAU, (Christian Names) (Surname) ..... File No. 405-B-23295

Date 26-12-45

ADDRESS ..... MANN, P.QUE. ..... Service No. E-52616

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE ..... 18-12-43 ..... Date of Discharge 18-12-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 680/30 = 22 Periods @ $7.50	165	00
B. QUALIFYING OVERSEAS SERVICE No. of days 317 less 20 Ineligible days, equal 297 Days @ 25c. per day	74	25
C. SUPPLEMENT FOR OVERSEAS SERVICE	239	25
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25		
Additional Pay $ —		
Dependents' Allowance 1/30 $ ..... $		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days 317/183 × $ 19.25	33	35
D. WAR SERVICE GRATUITY	272	60
Computed By Monty		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $		
Entered By MG		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	272	60

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

$ ..... × 30 = $ .....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

DEPARTMENT OF NATIONAL DEFENCE
ARMY

CANADA

In reply quote No..... E-52616

WSG 1[redacted]

Your File Reference:-
H.Q. 405-B-23398 (W.S.G./G)

Paymaster-General,
War Service Gratuity Branch,
No. 8 Temporary Building,
O T T A W A.

Serial No. D.15261

Re: E-52 616 Pte. BOUDREAU, Wilfred

1. Reference your memorandum of Oct. 12, 1945.

2. The Dependents' Allowance Board has found that Mrs. A. Boudreau was DEPENDENT on the marginally-named at the date of casualty, as required by Section 4 of the War Service Grants Act.

DEPENDENTS' ALLOWANCE BOARD

Dec. 10/45/ JP

For R. O. G. Bennett, Chairman.

M.F.A. 1326A
1,000M—1-45 (6496)
H.Q. 1772-39-2009

Winn. Pro. Que. Sept. 17th. 1945.

Dept. of National Defence.

No. D. 15261.

Dear Sir.

Dept. D 15261.

G.A.A. 4-9

In reference to your letter of Aug. 21st. in which you say that this Gratuity has to go to the one who was receiving the Dependent allowances, so as it was my father. (Alfred Laudreau) who was receiving it. Please kindly send this gratuity to them. as Pte. Wilfrid Laudreau was his son. so

I think he is entitles to it.
so please arrange this matter
at once, and turn it over
to my father or let me
know. as soon as possible.

Remain

Yours Truly.

Mrs. Blair Hilmot

FORM No. 1

Register No. D 15261

Nominal Roll No. D-370

H.Q. File No. 405-B-23398

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
E52616	PTE.	BOUDREAU	WILFRID

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Died of Wounds ..... CARO ( )

2nd Enlistment ..... CARO ( )

3rd Enlistment ..... CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 7 Feb 42	T.O.S.	T.O.S.
S.O.S. 18 Dec 43 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 680	Total Days	Total Days

Total Service ..... 680 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	363	Nil	363
Overseas Service	317	Nil	317
Totals	680	Nil	680
Add Non-qualifying Service			Nil
Total Service			680

ALL DOCUMENTS SHOW ABOVE DATES T.O.S. & S.O.S.
INITIALS RK
D. RECORDS D. R. 9

EMBARKATION DETAILS: T.O.S. 0/S. 5 Feb 43.

1. Date S.O.S. Overseas 18 Dec 43

2. Date S.O.S. Overseas

REMARKS:

Computer's Signature O W Pace Sgt

Checker's Signature

Date Computed 27 Aug 45

DIED WHILST IN SERVICE

DIED OF WOUNDS. 18 Dec 43.

N.R.M.A. SEVICE

UNDER REGT. No. E 463497

FROM 9 Jan 41 TO 7 Feb 41

SEE ATTACHED FORM No 1 FOR N.R.M.A. SERVICE

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.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
			Nil		

Total —

Overseas: T.O.S. 5 Feb 43. T.O.S. — T.O.S.

S.O.S. 18 Dec 43. S.O.S. — S.O.S.

			Nil		

Total —

CASUALTIES ONLY

For purpose of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.15261

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 21st. Aug. 1945

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

Service No. E-52616

Name Joseph Wilfrid Boudreau
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

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

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	nil	$ nil
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	Alfred Boudreau	20 00
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.	nil	nil
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	nil	nil

Sept 1 1945

O Burgeon
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.

☐ Navy
☐ Army X
☐ Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

D 15261

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service Loudreau. (Print)

2. Christian Names Joseph WILFRID (Print)

3. Service No. E-S 2616 4. Paid rank or rating at date of termination of Service N.A.

5. Address, in full, to which payments of gratuity are to be forwarded
Mrs. Clair Wilmot. R.
Mann.
Pru. Que.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Army	E-S 2616	N.A.	Feb. 1942.	Dec. 1944.

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? no. If so, state name of Force or Forces

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? no. If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

August 13th 1945. (Date)

Mrs. Clair Wilmot (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

Wilfrid Loudreau.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:

Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

405-B-23, 398 D.R. 2 (D)

le 12 février 1945.

Monsieur,

Relativement à la mort regrettable de votre fils, le soldat Wilfrid BOUDREAU, matricule E-52616, je dois vous informer que d'après les renseignements reçus récemment d'outre-mer, ses restes ont été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 4, rangée D, lot 2, du cimetière de la Rivière Morro, à Ortona en Italie. Ce cimetière est lieu de sépulture officiellement reconnu et l'entretien en sera perpétuel.

Sa tombe a été marquée temporairement d'une croix qui sera remplacée en temps opportun par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assuré qu'a ce moment nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

J.B. Radine

(R.T.E. Hicks-Lyne) colonel,
directeur intérimaire des archives.

M. Alfred Boudreau,
Mann,
Cté de Bonaventure, Qué.

/MA

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QUOTE NO. 405-B-23,398
D.R.2(D)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

CANADA

For F.T. Please

OTTAWA, CANADA,

February 9th, 1945.

Mr. Alfred Boudreau,
Mann, Bonaventure Co., P.Q.

No. E.52616, Private Wilfrid BOUDREAU

Dear Sir:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburied in grave 4, row D, plot 2, of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

for R.T.E. Hicks-Lyne, Colonel,
Acting Director of Records,
for Adjutant-General.

46

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

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME..BOUDREAU, Wilfred..... PLACE & DATE OF BIRTH... Bonaventure 15 APR 1916.....

RANK.....PTE..... REGIMENTAL NO...E.52616.....

UNIT...HASTINGS & PRINCE EDWARD REGT NEXT OF KIN....FATHER Mr. Fred BOUDREAU

ADDRESS.....Bonaventure. P.Q.....

.....

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION..... NAME & LOCATION OF HOSPITAL.....

DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH18 ~~XX~~.DEC.43..... PLACE OF DEATH..Italy.....

HRS.....

CAUSE OF DEATH.....~~XXXXX~~.DIED.OF.WOUNDS.....

PARTICULARS OF BURIAL.

DATE OF BURIAL..DNK..... CEMETERY MR. 580918 SH.148/II 1/50M. VASTO MILITARY CEM. British Plot.

DEATH CERTIFICATE NO..... DATE OF REGN OF DEATH CERTIFICATE.....

LOCATION OF CEMETERY.....

..... PLOT NO..-...ROW..C.....GRAVE.9.....

RELIGION.....R.C.....

SEP 22 1944

DATE.....

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

Noted G

(B.E.WILLAN) Capt.

For ~~(R.T.E.HICKS-LYNE) Lt.Colonel~~,
Officer i/c Records,
Canadian Military Headquarters.

44

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY) | 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: BOUDREAU (*Block letters*)

Given names: Wilfrid

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Mann,

Municipal county: Vonaventure 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): Quebec.

11. DATE OF BIRTH: April (Month) 15th (Day) 1916. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	27			....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	BOUDREAU, Alfred.	
MOTHER (Maiden Name)		

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

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) 19.... (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 18th (Day) 19 43. (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 receiv-

due to ed 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 cause (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**....

Signed....M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

MAY 23 1944

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

F. B. Racine

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

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

....

(Voir l'autre côté pour le français)

for Director of Records, Dept. of National Defence.

405-B-23398

FIELD SERVICE

Army Form B. 2090A.

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.

REGIMENT OR CORPS: HAST & PE REGT — Squadron, Troop, Battery or Company: .....

Officer's Personal No. (if known) / Soldier's Army No.: E 52616 — Rank: Pte

Surname: BOUDREAU — Christian Names: W.

Died — Date: 18 Dec 43 — Place: Italy

Cause of Death*: DIED OF WOUNDS

Nature and Date of Report: Teleprint message

By whom made: 5 C.C.S.

* 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: MR:580918 Sh 148/~~22~~ 1/50M Vaso — Date: ----

Vasto Military Cemetery British Plot. Grave C-9

By whom reported: ~~1 Cdn Graves Registration Unit.~~

State whether he leaves a Will or not

(a) in Army Book 64: Yes

(b) as a separate document: No

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: Italy 16 April 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: (H.J. McDOUGALL) Captain for Officer i/c Canadian Section G.H.Q. 2nd Echelon AAI

noted

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

QG 405-B-23,398 (Records-C)

le 21 février 1944.

Monsieur,

Fidèle à la ligne de conduite adoptée par l'Armée canadienne, d'informer le plus proche parent de toutes les circonstances entourant les blessures, la disparition ou la mort au combat des militaires, notre Quartier général avait le regret de vous informer par télégramme, en date du 4 janvier 1944, de la mort de votre fils, le soldat Wilfrid Boudreau, matricule E-52616. Le paragraphe suivant fait suite à cette dépêche et a trait aux blessures reçues par le soldat Boudreau.

D'après des renseignements reçus par notre Quartier général des autorités médicales militaires canadiennes, votre fils est mort des suites d'une blessure causée par un obus à explosif puissant au cerveau.

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

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant-général,

le directeur des archives,

(C.L. Laurin), colonel.

M. Alfred Boudreau,
Mann,
Cté Banaventure, Qué.

/AG

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H.Q.405-B-23,398 (Records-C)

F.T.

19th February, 1944.

Mr. Alfred Boudreau,
Mann, Bonaventure Co.,
Que.

Dear Mr. Boudreau:

Further to this Headquarter's telegram of the 4th January, 1944, informing you of the regretted death of your son, E.52616 Private Wilfrid Boudreau, in keeping with the policy of the Canadian Army of informing the next-of-kin of all details of battle casualties, the following paragraph informs you of the wounds sustained by Private Boudreau.

According to information obtained by this Headquarters from Canadian Army Medical Authorities received here, your late son died as a result of a high explosive shell wound to the brain.

Please accept my sincere and heart-felt sympathy for the irresparable loss you have suffered.

Yours truly,

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

ND/LN

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H.Q.405-B-23398 (Records-C)

/AG

le 14e Janvier, 1944.

Monsieur,

Je regrette profondément de vous faire savoir que votre fils, le soldat Wilfrid Boudreau, numéro matricule E-52616, a donné sa vie au service de sa patrie sur le théâtre de guerre méditerranéen le 18 décembre 1943.

D'après les renseignements officiels que nous avons reçus, votre fils est décédé à la suite de blessures subies au combat contre l'ennemi. Vous pouvez compter que dès que nous recevrons des détails supplémentaires, nous vous en ferons part.

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 Boudreau pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

JAN 12 1944

(H.F.G. Letson),
major-général.

Monsieur Alfred Boudreau,
Mann,
Comté Bonaventure, Qué.

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CANADA

QUOTE NO. H.Q.405-B-23398 (Records - C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

FOR F.T.

OTTAWA, CANADA,

Mr. Alfred Boudreau,
Mann,
Bonaventure Co., Que.

Dear Sir:

I deeply regret to inform you that your son, E52616 Private Wilfrid Boudreau, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 18th day of December, 1943.

From official information we have received, your son died as the result of wounds 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,

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

JAN 12 1944

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

GR/MEB

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Nat. Def. A-168-A
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H.Q. 1772-39-376