Giguere, Joseph Leonidas

AUG 19 1941

Received.....Checked.....A.E.M. "E"..... Card.....✓.....Observations.....

~~ORIGINAL—ORIGINAL~~
DUPLICATA—DUPLICATE
~~TRIPLICATA—TRIPLICATE~~

M.F.M. 1. (Fr.)
2 M—11-36 (9359)
H.Q. 1772-45-18

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.

Unité (Unit): Regt. de la Chaud. (Mit.) Grade (Rank): ~~Lieutenant~~ 2/Lt

N° personnel (Personal No.): ~~E1 2003~~ TROUPES CANADIENNES SERVICE ACTIF. Nom (Name): J. L. A. Giguère

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE DE DÉCLARATION DES OFFICIERS
OFFICERS DECLARATION PAPER

Applicable également aux sœurs hospitalières
Also applicable to Nursing Sisters

1. Nom (Surname): GIGUÈRE
2. Prénoms (Christian Names): Joseph, Léonidas, André.
3. Adresse actuelle (Present address): Ste Marie, Co. Beauce.
4. Date de naissance (Date of birth): 7 janvier 1918
5. Lieu de naissance (Place of birth): Canada (Pays)—(Country) Québec (Comté ou province)—(County or Province) St Joseph, Co. Beauce (Ville ou canton)—(Town or Twp.)
6. Religion (Religion (state denomination)): Catholique Romain
7. Profession ou emploi (Profession or occupation): Technicien (Ajustage)
8. Marié, veuf ou célibataire (Married, widower or single): Célibataire.
9. Nom du plus proche parent (Name of next of kin): Irenée Giguère
10. Parenté de celui-ci (Relationship): Père.
11. Adresse du plus proche parent (Address of next of kin): Ste Marie, Co. Beauce.
12. (a) Spécifiez l'unité de la milice active avec laquelle vous servez ou avez servi (State unit of Active Militia in which you are serving or have served): Regt. de la Chaud. (Mit.)
    (b) Grade actuel (Present rank): Lieutenant
13. Quel service de guerre antérieur avez-vous accompli? (State particulars of former war service): Aucun.

Je, Joseph Léonidas André Giguère, déclare solennellement que les renseignements ci-dessus sont exacts, que je détiens une commission de Sa Majesté dans la milice canadienne, et que je suis consentant à servir dans les troupes canadiennes ~~de campagne~~ Service Actif si je suis tenu de le faire et aussi longtemps que cela sera nécessaire.

I, ... do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Field Force if, when and so long as required.

Date: 2 septembre 1939 J. L. A. Giguère Lieut.
(Signature et grade)—(Signature and rank)

Témoin: Christophe Larcheveque, capt.

CERTIFICAT DU COMMANDANT
CERTIFICATE OF OFFICER COMMANDING

La demande du (The application of) Lieutenant J.L. A. Giguère (grade et nom)—(rank and name) qui désire être nommé (for appointment to the)

au (Unité)—(Unit) Régiment de la Chaudière (Mit), avec le grade de (with the rank of) Lieutenant

et affecté au poste de (and appointment) Commandant de Platon, a été — was / est — is recommandée. Cette (recommended, appointment)

nomination, devant prendre date le (to date from) 2 Septembre 1939 a été approuvée. (has been approved.) est recommandée pour être approuvée. (is recommended for approval.)

Autorisation (Authority) .....

J. L. Reiman Lt-Col. O.C. (Signature du Commandant)—(Signature of O.C.) (Grade)—(Rank)

Date: 2 Septembre 1939 Régiment de la Chaudière (Mit) (Unité)—(Unit)

FINGERPRINTED

Occupational History Form complete 12-5-41

O.C. COMP.

Etat de service de / Record of Service of: Giguère Joseph Léonidas, André (Nom)—(Name)

Unité de la milice active / Active Militia Unit: Regt. de la Chaudière (Mit.)

Grade / Rank: Lieutenant — Date du grade / Date of Rank: 4 août 1937

Grade le plus élevé mérité par examen / Highest Rank for which qualified by examination: Lieutenant — Ecole de guerre / Staff College: ——

Langues / Languages: Français, Anglais — Cours d'état-major de la milice / Militia Staff Course: ——

Diplômes d'université ou de collège / University or College Degrees: Collège Commercial — Cours supérieur / Advanced Course: ——

Instruction ou aptitude technique civile (indiquez en détail) / Civil Technical Training or qualifications (specify): Technicien ajustage (Ecole Technique de Québec)

Autres aptitudes militaires ou cours spéciaux (indiquez en détail) / Other military qualifications or special courses (specify): Grade "A" Signaleur, Sujet "K" (Mitrailleuse)

Rapport — Report: Date	Reçu de — From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de sa nomination aux troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to 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.	Daté le — Dated
		Affecté lors de sa nomination / Joined on appointment						
2/9/39	6-1-40. R.O-246-B	J. Q. S	Lieut.	2-9-39	Reg de la Chaudière	Chassville	40-1	4/9/39
14-1-41	R.O.795	Promotion	Capt.	19-9-40	"	Lennoxville	N° 265	25-11-40
11-7-41		Special leave	"	4-7-41	"	"	" 79	10-7-41
		SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 20/7/41						
amended 7027 30/11/41		21 ~~20~~ 7 41 TO CASF ARMY (OVERSEAS) ON TRANSFER ON ... AND DISEMBARKED AT Gourock ON		30 7 41		UK	91	25 7 41
		Landing leave (N.O.W)	Capt	15 19 Aug 41	R de C	UK	20	4 Nov 41
		Att to FMR for RCA (acting Umpire a/ Bumper Ex)	Capt	25 Sept 41 4 Oct 41	R de C	UK	13	6 Oct 41
		Att to E.S.E. Comd. School (Jorp) except pay, att. 4th Course	Capt	14 Nov 40 12 Dec 41	R de C	UK	24	30 Nov 41

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

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full): J.-L. André Giguère Date: 14/9/39

PARTIE 1. Renseignements obtenus du candidat.
Part 1. Information obtained from the applicant.

1. Age: 21 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. Maladie 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

André Giguère
(Signature du candidat)—(Signature of applicant)

Observations des examinateurs (Examiners remarks re above):

PARTIE 2. Renseignements obtenus par l'examen médical. Le candidat doit être déshabillé.
Part 2. Information obtained by medical examination. The applicant 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).):
Cicatrice appendissectomie
Cicatrice angle maxilaire droit

2. Taille (Height): 5 pieds (feet) 5 pouces (inches). 3. Poids (Weight): 157 livres (pounds)

4. Teint (Complexion): clair Yeux (Eyes): brun Cheveux (Hair): brun

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

6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion): 38 pouces (inches) Degré d'expansion (Range of expansion): 3 pouces (inches)

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

9. Condition de la bouche et des dents (Condition of mouth and teeth):

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:)
Scheuermann normal

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 le candidat conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie: A

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

G. St-Amand, Lt.-Col. (Président)—(President) Ja Desjardins, Capt. (Membre)—(Member) R. Charron M.D. (Membre)—(Member)

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

Date	Détails succincts et signature / Brief details and signature	Date	Détails succincts et signature / Brief details and signature
5/10 39	typhoid J. Desjardin Lt. D	14-5-40	Tetanus J. Desjardin Lt-D
12/1 39	— J. Desjardin Lt. D	21-8-40	tetanus J. Desjardin Capt
20 39	— J. Desjardin Lt. D	7.10.40	TAB J. Desj
14/11 39	Vacc J. Desjardin Lt. D	28/3/41	Tetanus Rebsard 4 R. Heuman
28/11 39	R X chest negative J. Desjardin Lt. D		
20/12/39	normal urine, sans pellets J. Chiller Lieut		
		15 mar 44	

YOB	P	U	L	H	E	M	S
1918	1	1	1	1	1	1	1

623 C.35

Grade / Rank: LIEUTENANT Nom / Surname: GIGUÈRE Prénoms / Christian Name: JOS-LEONIDAS, ANDRE

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				
											14

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

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

M.F.M. 1 & 2 (a)
709 3M—8-39 (1697)
H.Q. 1772-45-18

Name GIGUERE J.L. Andre.

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
5601-		1st P Leave (W W)	Capt	13 Jan 42	R de C	U.K.	3	16 Jan 42
—		2nd P Leave (KIW)	Capt	11 Mar 42	R de C	U.K.	13	13 Mar 42
—		Att to Alder PT Sch whilst on leave	Capt	26-30 May 42	R de C	U.K.	29	12 Jun 42
—		P/Leave (3)	Capt	11-17 Jul 42	R de C	U.K.	38	22 Jul 42
1		P/leave to	Capt		R de C	U.K.	82	12 Oct 42
		P/leave to 19 Feb 43 M.A.	Capt.	13 Feb 43	R de C.	U.K.	10	5 Mar 43
		Proc on staff ~~Course~~ Officer Course Att'd to W.T. Centre to 16 April 43	Capt	11 April 43	R de C	U.K.	18	23 April 43
		Proc on CMHQ Crse 801 Sec. 1W. & att. to 5 Hosp CTS	Capt.	30 May 43 to 2 June 43	R de C	U.K.	24	3 June 43
(C-80)	SOS	SOS to 6 C.I.R.U	Capt	16 Dec 43	R de C	U.K.	61	24 Dec 43
(C-80)	TOS	TOS from R de C. (Rotation) & cease att pending TOS	Capt	17 Dec 43	6 C.I.R.U	U.K.	275	17 Dec 43
R.O 4153.		To Comd Trg Coy & to be a/Major AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	a/Major	16 Dec 43	6 C.I.R.U	U.K.	9	11 Jan 44
M/40		Ceases to hold app of OC "C" Coy	A/Maj	9 Feb 44	6 C.I.R.U	U.K.	42	18 Feb 44
		to hold app of OC "D" Coy at Chatham House	A/Maj	9 Feb 44	6 C.I.R.U	U.K.	42	18 Feb 44
		Proc on Command To H.B.C.H. bse Serg	A/Maj	2 Mar 44	6 C.I.R.U	U.K.	53	2 Mar 44
R 04491.		Relinquishes a/Rank Major 22-5-44-15-6-44	a/Major	27 Mar 44	6 C.I.R.U	U.K.	99	26 Apr 44
		Att tag to Sch of Inf Proc on CMHQ Crse 1242 Sec 28 Coy Comd Tact	Capt	22 May 44	6 C.I.R.U	U.K.	121	22 May 44
C.54		Ser from Course 1242 Cases Fr Sch of Inf	Capt	14 June 44	6 C.I.R.U	U.K.	144	14 June 44
	SOS	SOS to X4 List - R de Chaud.	Capt	15 Jun 44	6 C.I.R.U	U.K.	142	15 Jun 44

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

M.F.M. 1 & 2 (a)
706 M—8-39 (1697)
H.Q. 1772-45-13

Name GIGUERE J.L. Andre.

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
		Embarked at ..... U.K. ..... on. 13. July 44.						
D.129		Disembarked at .... FRANCE ... on. 14. July 44.	Capt.		Le R de C X Livr	U.K.	38.	4. Aug 44.
SOS								
M57.	TOS	TOS from X-H List R. de Chaud.	Capt.	21 July 44	R de Chaud	21 A Gp	52.	17 Aug 44
		TOS AMDT. D.O. 54 of 23 Aug. 44 IS CANCELLED			R de Chaud		57	4 Sep 44
		TOS Amdt. D.O. 32. of 15 Sept 44			X 2 list R de Chaud		34	12 Sept 44
M57.	SOS	SOS deceased: died of wounds on (amt of 17th Highland Fd Amb.)	Capt.	14 Aug 44	R de Chaud	21 A Gp	60 A 44 94.	29 Sept 44. 10 Sept 44

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. Rank Capt Surname Gigueire Christian Name Jos. L. A.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
~~Regt. Chaud.~~									~~Confirmation date of casualty 14.8.44~~	~~2 Cancelled by~~	~~A-492~~ ~~A-485~~
Chaud Regt.									Traum. ampt. rt. leg. compd fr. lt. tib & fib & lt. femur	Cause of Death	B-285
"	—			—			—		Wounded 14-8-44 Died of wnds	14-8-44	A-494

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

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit LE REGIMENT DE LA CHAUDIERE (Mit.)C.A.S.F. Regimental Number .....

1. Surname GIGUERE
2. Christian Names ANDRE LEONIDAS JOSEPH
3. *Substantive Rank and Appointment Captain
   *Acting Temporary or Local Rank ~~Captain~~
   giving date 17/12/43

   *To be entered in pencil to facilitate alteration.

4. Place of birth St. Joseph Beauce CO.P.Q.
5. Date of birth as declared on attestation 7-1-1918
   (A)
6. Date of enlistment 2-9-39
7. Place of enlistment Plessisville Megantic Co.
8. Residence at time of enlistment Ste. Marie Beauce Co.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion ROMAN CATHOLIC
12. If married, state date
13. Trade on enlistment Technicien
14. Corps, trade and grade
15. (D) Qualifications Signaling:(A) Sujet (K) M.G.
16. (E) Miscellaneous entries

(17) Regiment or Corps: Regt' De La Chaudiere (Mit.)C.A.S.F.

Unit (Battn., etc): 1st Bn

(18) Medical

Category	Date	Authority
"A"	14-9-39	
"A"	28-11-39	
"A"	20-12-39	

YOB	P	U	L	H	E	M	S
18	1	1	1	1	1	1	1

15 March 44

(19) Next of kin (entries to be made in pencil)
Mrs Ernest GIGUERE (father)
Ste-Marie Co. Beauce
P.Q. Canada

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
~~2-9-39~~	~~R.Chaudiere~~		~~Taken On Strenght~~	~~Plessisville~~	~~2-9-39~~	~~Lieut.~~	~~D.O. p. (11) No.1-39~~
3-10-41	OC	Chaud	S.O.S. Canada on embarkation T.O.S. Overseas(CA) on transfer	Halifax	20-7-41	Capt	No. 92 d/9-8-41
			21-7-41 and disembarked at	Gourock	30-7-41	Capt	No. 92 d/9-8-41
"	OC	Chaud	Attached for rations & quarters to F.M.R. whilst acting as umpires from 25-9-41 to 4-10-41	Field	25-9-41	Capt	No. 13 d/3-10-41
3 Nov. 41	"	"	Loading leave without Warrants	"	15-8-41	"	No. 20 d/ 3 Nov. 41
27 Nov 41	"	"	Att'd for all purposes except pay to E.S.E Command Inf. Bde Coy Comdrs school, 4th Course	"	from 14-11-41 to 12-12-41	"	No. 24/30 Nov. 41
15 Jan 42 12 Mar 42	OC	Chaud	(P) FTW (P) FTW.	"	7 Jan 42 11 Mar 42	"	3 d/15 Jan 42 Do 13/13 Mar 42
3 Jan 42	"	"	Att. to Aldershot P.T. School for except pay, on Senior Officers PT Course CMHQ No 710 para 6.	"	from 26 May 42 to 30 May 42	"	" 29 d/12 Jun 42.
17 Jul 42	"	"	Prov. Leave (3)	"	11 Jul 42	"	" 38 d/ 22 Jul 42.
			Money allowed (P.F.3) D038 d/22 Jul 42				51 d/12 Oct 42
21 Feb 43	"	"	7 days P.L. money allowanced	"	13 Feb 43	"	10 d/ Mar 43.
22 Mar 43	"	"	Att. for est pay to S.S. Camouflage Centre and attending Camouflage Cse for 10 days CMHQ 135 Serv 8.	" from	22 Mar to 26 Mar 43	"	15 d/ Apr. 43.
15 Apr 43	"	"	Proceeded on Staff Officers W.T. Course and att. to W.T. Centre for officers pay est. pay	from	11 Apr 43 to 16 Apr 43	"	18 d/ Apr 43.
25 May 43	"	"	Proceed on CMHQ Cse 801 serv 1-N (Night Fighting) and att to 5 Wing CTS for pay	for	18 May 43 To 2 Jun 43	"	24 d/ Jun 43
11 Jun 43	"	"	7 days P.L.	"	9 Jun 43	"	26/43.
16 Dec 43	EAR/1949	"	SOS to 6 CIRU	"	16 Dec 43	"	51/Dec 43
		6CIRU	Att for pay fr. R de Chaud pend. T.O.S.	U.K.	15 Dec 43	"	273 - 15 Dec 43
		"	T.O.S. fr. R de Chaud & ceases att for pay pend. TOS	"	17 Dec 43	"	275/43
		"	To comd a Trg Coy & to be a/Major whilst so employed	"	17 Dec 43	a/Major	9/44
		6CIRU	Awarded the Cdn Vol Med&Clasp	U.K.	15 Jan 44	"	14/44
		"	Ceases to hold appt of OC "C" Coy and to fill vacancy as OC "D" Coy	"	9 Feb 44	"	42/44
		"	Prior on Command to ABCA Cse ser 9 at Chatham House for 2 to 4 Mar 44 & entitled to draw subs all'ce	"	2 Mar 44	"	53/44
			Relinquished the acting rank of Major		27 Mar 44	Capt	99/44

SERVICE AND CASUALTY FORM

(PART II)

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

Regiment or Corps.....Regimental Number.....

Substantive Rank.....Surname.....Christian Names.....

Acting Temporary or Local Rank.....
(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
		6 CIRU	Proc. on CMHQ case 1242 Sep 28 to 22 May				
			to 15 Jun 44 attd for to School of Inf	UK	22 May 44	Capt	121/44
		"	Officer from MHQ case 1242 Sep 28				
			Recd att for to School of Inf	"	14 Jun 44	"	141/44
			SOS "X-4 List" R de Chaud (433) 12 Jun 44		15 Jun 44		142/44
X4 Rde Chaud		11 Bn	TOS from 6 CIRU	"	10 Jun 44	Capt	23-Jun 44
		Embarked U.K. 17 Jul	Disembarked France 18 Jul				28-1944
X4 Rde Chaud		11 Bn	SOS to Rde Chaud	fd	20 Jul	Capt	29 1944
		Chaud	TOS fr X4 Chaud	"	21 Jul 44	"	52/44
Cancelled		~~"~~	~~SOS to X3 Chaud~~	"	~~14 Aug 44~~	"	~~54/44~~ (SOS 7/44)
~~Aug 44~~	~~X3~~	~~"~~	~~TOS X 3 Chaud~~	"	~~15 Aug 44~~	"	~~32.44~~ wire 6034 dep 44
		Chaud	SOS died of wounds on adm to 174 Highland Field Amb	"	14 Aug 44	Capt	60/44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Bernadette GIGUERE (MOTHER)

ADDRESS: STE. MARIE,
Co. Beauce, Que.

(1)

MEMORIAL B R

DATE DESP

REGN. NO 1351

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Bernadette M. GIGUERE, (MFM5)(FRENCH)

1738

ADDRESS: STE. MARIE, Beauce Co., Que.

(3)

DESP. DEC 7 1944

REGN No. 9209

14-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

1738 M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 332-144-65

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
GIGUERE, Joseph Leonidas Andre		Capt.	Regt. de Mais.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
Defence Medal	
War Medal	5712 1-10-49
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ~~FIELD FORCE~~ ACTIVE SERVICE FORCE.

INSTRUCTIONS.

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

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier GIGUÈRE Joseph, Léonidas, André
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number ~~12003~~ LIEUT.

(3) Unit Regt. de la Chaudière (Mitrailleuse)

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife — Nil

(*b*) Present postal address of wife — Nil

(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? No

If so, give number of boys and girls — Nil

Also their names and ages — Nil

(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 — Nil

Postal Address — Nil

(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? Yes

If so, state name and address Irenée Gigùère
Ste Marie, Co. Beauce

(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.~~ C. A. S. F. — Nil

Also state reason he has no other means of support — Nil

(14) Is your mother alive? Yes

If so, state name and address Dame Bernadette Morency Gigùère
Ste Marie, Co. Beauce

(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.~~ C. A. S. 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.

J. L. A. Gigùère, Lieut.
(Signature of officer or man)

Date 2 sept. 1939

J. L. Reiman
Officer Commanding J. L. REIMAN
LE RÉGIMENT DE LA CHAUDIÈRE (MIT.)

Date SEP 2 1939

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: Andre Gignore. (b) Reg'l. No. ——
2. (a) Arm of service: Infantry. (b) Unit: R de Chaud (AF) (c) Rank: Capt.
3. (a) Date of birth: 7-1-1918 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Ste-Marie de Beauce?
4. (a) Place of enlistment: Ste-M Plessisville. (b) Date of enlistment: 2-9-1939.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 21 years. (b) Were you attending school or college up to the time of enlistment? No Yes
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.): 1. High School. & Commercial 10 years. Technical 4 years
7. If you attended a university, give name of university and standing or degree secured: NA.
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Mechanic(Adjus (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? French & English. (b) What languages do you read well? Both Eng & 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? Corporation des techniciens de la Province de Quebec.

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

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.): No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Technical work. Remain in permanent militia.

DATE: May the 12 th 1941 194..... SIGNATURE: J. L. André Gignoré, Capt.

No _____ Rank Captain Name GIGUERE, Joseph Andre Leonidas

Unit Regt. de Maisonneuve Date of death 14th August, 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces. H.Q. 332-144-65

N/K Mr. Irénée Giguère, Relationship Father

Address Ste. Marie, Co. Beauce, Quebec.

Remains buried in M.R.061659 7F150,000 Cemetery

Cornelles via Caen factory are at Cornelles

Grave Location France

CHK

OVER-

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.,
Bretteville-sur-Laize, France.

Grave 15, row H, plot 4.

HI & CR Form Despd. NOV 18 1946

Photographs
Despatched
OCT 27 1947

See free 2-5-46

BURIAL REPORT TO N.K. SEP 26 1944

RETURN TO BUR. OF STAT. MAY 15 1945

ROYAL MESSAGE DESP'D. OCT 30 1944

CAN. MESSAGE DESP'D.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

RANK Captain

SERVICE UNIT Regiment de Maisonneuve(CA)

NAME GIGUERE, Joseph Leonides Andre

DATE OF BIRTH 7-1-18

DATE OF ENLISTMENT 2-9-39

MARITAL STATUS Single

RELIGION Roman Catholic

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

ADDRESS Ste Marie, Co Beauce Que.

NAME ADDRESS D.A.B. Mr. Irenee Giguere

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9459 H.Q.332-144-65

CASUALTY DETAILS Died of wounds

DATE 14-8-44

FRANCE

French

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

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

DATE 14-9-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

M

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
DIED OF WOUNDS 14 Aug 44 CAC 20495																																							

1. H.Q. File No. **INDEX CARDS [redacted] REMOVED**

OFFICERS INFORMATION CARD

2. Date Completed: 24 April 43

3. Name (use block letters.): GIGUERE (surname) Joseph, Leonidas, André (given names)

4. Rank: Captain

5. Unit: C.I.C. (R.de Chaud.)

6. Present Employment & Location: Coy. Comd.

7. Permanent Home Address: Ste Marie, Co. Beauce, P.Q.

8. Med. Cat.: P U L H E M S 15 Mar 44 — 18 1 1 1 1 1 1 1

9. Decorations

10. Date of Birth: 7 Jan. 18

11. Place of Birth: St. Joseph Co. Beauce, P.Q.

12. Nationality: Canadian

13. Adapt'y Test

14. Total Commiss'd Service: 7 years 6 months

15. Date of Appmt. to A.F.: 2 Sept. 39

16. Rank (Militia): Lieut.

17. Unit or Corps (Militia): N.P.A.M. Le Regt. de la Chaudière

18. TOS. O/S. 21 Jul 41 Complete

J.A. Giguère, Capt. (signature of officer)

MAY 11 1943

CIVILIAN EDUCATION

19. School	20. No. of Years	21. Name of Institution	22. Courses or Subjects	23. Graduated Yes	23. Graduated No	24. Degree or Diploma	25. Year Finished	26. Professional Memberships	27. Hobbies (see note)
High School	11	Ste Marie	Jr. Matric. ☑ Sr. Matric. ☐	Yes		X X X X X Diploma	1935		
Coll. or Univ.	4	Technical School Québec	Fitter	Yes		Diploma with Honours	1939	Technician (Fitter)	Mechanic
Post Grad.									

CIVILIAN OCCUPATION

28. Name of Firm (Last three)	29. Location	30. Nature of Business or Profession	31. Employed From	31. Employed To	32. Positions Held (Mention major responsibilities)
1. Bell Telephone Co.	Montréal	Line Dept.	June 39	Sept. 39	
2.					
3.					

LANGUAGES

33.	English	French	German	Russian	Spanish	Other
Spoken	Fairley Well	Fluently				
Written	"	"				
Translated	"	"				

34. Marital Status: Single ☑ Married ☐ Separated ☐ Divorced ☐ Widower ☐ No. of Dependents

35. Religion: Prot. ☐ R.C. ☑ Other (specify)

36. Racial Origin: Anglo-Saxon ☐ Fr. Can. ☑ Other

37. Special Service or Appointments

38. SERVICE SCHOOLS AND COURSES

Year	Months	School	Course	Grade
1933	1½		Signals	2 Class V/T
1937	½		Subject "K" (M.G.)	
1941	1		Coy. Comd. C.M.H.Q. 710	
1942	⅙		Senior Officers P.T. C.M.H.Q. 138	
1943	¼		Camouflage Officers	
1943	¼		Staff Officers W.T.	

39. WAR AND MILITARY SERVICE

Year	Months	Service
1941/43	21	Present War (Overseas only)
		Great War (Any Service)
		P.F. Officer
		P.F. Other Rank
1935/39	47	N.P.A.M. or R.F. Officer
		C.O.T.C.
		Other (Specify)

40. STAFF EMPLOYMENT or COMMAND (last six)

Year	Months	Location	Appointment
17-12-43	4153	6 CIRU (Trg.Coy)	Comd.

NOTE:—HOBBIES SHOULD INCLUDE ACTIVITIES WHICH MIGHT HAVE AN APPLICATION IN WARTIME, E.G., TRAINING DOGS, PIGEONS, ETC. OR ADVANCED PHOTOGRAPHY.

THIS SIDE ONLY FOR N.D.H.Q. OR C.M.H.Q.

NAME GIGUERE, Joseph Leonidas Andre
SURNAME FIRST. USE BLOCK LETTERS.

SUMMARY OF CONFIDENTIAL REPORTS

Entry Made at N.D.H.Q. C.M.H.Q.									
Date of Report									
1. Reliability									
2. Leadership									
3. Sense of Responsibility									
4. Stability									
5. Alertness									
6. Administrative Ability									
7. Energy and Persistence									
8. Group Value									
9. Appearance									
10. Speech									
11. Writing Facility									
12. Basic Knowledge of Arms									
13. Tactical Aptitude									
14. Teaching Ability									
RATING									

RECOMMENDATIONS

Staff Appointment									
Accelerated Promotion									
Normal Promotion									
Retarded Promotion									
Transfer to Other Arm									
Retirement or Reclassicat'n									
Civil Occupation									
Other									

POSTINGS, ETC.

A.P. AND R. OR OTHER ENTRIES	EFFECTIVE DATE	UNIT	AUTHORITY: MIN. APPROVAL	AUTHORITY: R.O.
BATTLE CAS AEF: Traum Amp right leg comp frac left tibia & fibula & left femur all diagnosis cause of death CAS/9797				
DEAD BELIEVED DIED OF WOUNDS 14 Aug 44				CAS/9459
~~Confirmed Wounded~~	~~14 Aug 44~~	CANC	CCL 492	~~CAS/9906~~
DIED OF WOUNDS	14 Aug 44			CCL 494
Lieut	2 Sep 39			
Capt	19 Jul 40			
A/Major	17 Dec 43			os4153-4
A/Major (Relinq)	27 Mar 44			os4491-5

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given—	Dose and date given—
Date of Wound or onset of illness } 14.8.44.	Religion— R.C.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

* Strike out where inapplicable.

DIED 14/8/44

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

*No. Rank CAPT.

Name GIGUERE.

Unit REGT. DE LA CHAUDIERE

*In cases of Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. ~~Accidentally Wounded~~. ~~"Sick"~~
(Strike out description which does not apply.)

Diagnosis of Unit M.O.— /

Date seen by him—

No. of Field Ambulance— C.C.P. 174. FLD. AMB.

Date of admission— 14.8.44.

Field Ambulance diagnosis— TRAUMATIC AMP. R. LEG. COMP. # LEFT TIB & FIB. & LEFT FEMUR.
DEAD ON ADMISSION. [illegible] MAJOR.

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

(3609) 6/41 (7) Wt 27080 500m (7) 9/41 Gp.697 C&SLtd

ARMÉE ACTIVE DU CANADA

DÉCLARATION SUPPLÉMENTAIRE POUR LES OFFICIERS

(Applicable également aux infirmières)

Nom Giguère André Grade Lieutenant (Mit.)

Unité Regt. de la Chaudière Numéro individuel .....

Je, soussigné, Joseph, Léonidas, André Giguère

étant officier dans la Milice canadienne et, par ma déclaration en date du 2ième jour de septembre 1939, m'étant déclaré prêt à servir dans l'Armée Active du Canada quand et aussi longtemps que j'en serai requis, déclare en outre que je suis prêt à faire du service actif dans l'Armée Active du Canada partout au Canada aussi bien que en dehors du pays et outre-mer, pendant la durée de la présente guerre aussi bien que durant la période de démobilisation subséquente, si Sa Majesté requiert ainsi mes services.

Témoin Christophe Bascheneau, capt. J. L. A. Giguère Lieut.

Signature et grade de l'officier

Date 7 Octobre 1939

Remarque. — Cette déclaration doit être faite en triple exemplaire dont un exemplaire devra être joint à chaque duplicata et triplicata original de la déclaration d'officier, Formule M.F.M. 1 Fr.

2. Si la formule M.F.M. 1 Fr. a déjà été transmise au bureau des archives du Quartier général de la Défense Nationale, l'original de cette déclaration lui sera communiqué pour y être adjoint.

M.F.M. 1 (x) Fr.
2M — 9-39

S.O.S

NAME GIGUERE, JOSEPH LEONIDAS ANDRE. H.Q. File 332-144-65.

RANK ~~LT.~~ ~~CAPT.~~ A/MAJ.

C.A.S.F. UNIT R. DE CHAUD. (MIT.) 3RD DIV.

N.P.A.M. UNIT " " " "

Appt. R.O. No. 246 Date 6-1-40 Effective date of appt. 2-9-39.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

TO BE CAPT., R. DE CHAUD. (MIT.) 19-9-40 R.O.# 795, 21-11-40

EMBARKED CANADA - SAILING LIST No. 117 JUL 20 1941

T.O.S. CDN. ARMY O.S. 21-7-41. O.S/R.O. # 916, 23-8-41 (MEMO.)

RELINQUISHES A/MAJ. 6 CDN. INF. REINF. UNIT. 27 MAR. 44. O/S R.O. # 449, 21 JAN. 44.

TO COMD. TRG. CO'Y. & TO BE A/MAJ. WHILST SO EMPLD, 6 CDN. INF. R.U., A"QP, 17 DEC. 43.

OS/R.O. 4153, 7 JAN. 44

3M—11-39 (3039)
H.Q. 1772-45-8

DIED OF WOUNDS 14-8-44 REC'D DE MAIS. "FRANCE" CABLE # 9459 D/14-9-44.

Regt de la Chaud MDS as at ~~22.5.41.~~
3-10-41