H19930
ST. CROIX
WILLIAM

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MEMORANDUM FOR **P. 64**

Mrs. Ina Urquhart St. Croix,

Gaspe, 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-S-10926 FD 26

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

September 11 1942

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

ST. CROIX William Arthur Pte.

No. H. 19930, Queen's Own Cameron Highlander (CA)

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.

ESTATES BRANCH SEP 21 1942 H. Q. OTTAWA NATIONAL DEFENCE

R.G. Phelan Lieut

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

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased...no.....				
2	Children of the Deceased and dates of their Births.....no..				
3	Father of the Deceased...dead...		Arthur Ste Croix	55	Dec 20th 1937
4	Mother of the Deceased...living		Mrs Ina Kirgnhart Ste Croix	54	Barachois Co Gaspe P.Que
5	Brothers of the Deceased	Full Blood	Austin Ste Croix	31	Papineauville Ont
			Cpl Kenneth Ste Croix R.C.A.M.C	29	Sussex N.B.
			Louis Ste Croix	25	Barachois Co Gaspe
			Bro William Marie	24	427 Booth Street Ottawa
		Half Blood	Regis Ste Croix	20	Papineauville Ont
			Hermel Ste Croix	15	Barachois Co Gaspe
6	Sisters of the Deceased	Full Blood	Rev Sr St Peter	27	Holy Rosary Convent Timmonsville
			Marie Ste Croix age 23		Lame Brilliant Co Gaspe P Que
		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
	Arthur Ste Croix died Feb 4th 1931 Linus Ste Croix died March 18th 1931		[redacted]		

See letter d. 21.5.43

See letter 3.6.43

now 21

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	William Arthur Allin Ste Croix
11	Give the month and year of his birth.	Jan 30th 1912
12	Where and when were his parents married?	Barachois Co Gaspe June 11th 1908
13	If deceased was married, state place and date of marriage.	no
14	Did he leave a Will? If so, a copy should be attached hereto.	no
15	Did he leave a bank account? If so, give full particulars.	no
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	no
17	State *your own* postal address in full.	Barachois Co Gaspe P Que

PARTICULARS OF DOMICILE

18	Where was deceased born?	Barachois Co Gaspe P. Que
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	in Barachois Co Gaspe till 1935 the remaining 5 years in Ontario till he enlisted in Jan 28 1939
20	What was the nature of his employment?	
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	I had funeral prayers said for him at our church, to the amount of twenty five dollars

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

(PLEASE TURN OVER)

25.00

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the *Widowed Mother of the deceased. W. Arthur Ste Croix

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

Mrs Ina Ste Croix {Signature of Informant}

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief that Mrs Ina Ste-Croix {Name of Informant} is the *mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

*See above

Dated at Baracho's this 17th day of September 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } J. H. Lassiri P. Priest Qualification Parish Priest

Address Baracho's Gosse City Que.

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

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

Dear Sirs I have filled out this form to the best of my knowledge I hope I will get some compensation for the Death of my son who used to support me and the young boy of 15 years I had a funeral service in Baracho's church tang here to the amount of $25.00 I think he deserved that I hope I will get some help

Yours respectfully

Mrs Ina St Croix

Baracho's Co Gosse

P Que

Received JAN 22 1941 Checked A.E.M. Card ✓ Observations 0

Cleared 19-8-42

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit THE QUEEN'S OWN CAMERON HIGHLANDERS OF CANADA Regimental Number H-19930

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname ST. CROIX
2. Christian Names WILLIAM ARTHUR
3. Present address 55 Lily Str. Winnipeg, Manitoba.
4. Date of birth 30th January, 1912.
5. Place of birth Canada, (Country) Quebec (County or Province) Gaspe (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Miner
8. Married, Widower or Single Single
9. Name of next of kin Ina Urquhart St. Croix
10. Relationship Mother
11. Address of next of kin Gaspe, Quebec.
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No

I William Arthur St.Croix do solemnly declare that the above particulars are true and I hereby engage to serve on active service in the Canadian Active Service Force anywhere in Canada and also beyond Canada and Overseas for the duration of the present war, and for the per iod of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date 16-1-40 Witness Boyd Signature of Recruit W. A. St Croix

I, William Arthur St. Croix do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

W. A. St Croix (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 Winnipeg, this 16th day of January 19 40

THE QUEEN'S OWN CAMERON HIGHLANDERS OF CANADA

Chas. R. Ellon — Signature of Magistrate, Justice or Attesting Officer.

Major — Office or Rank and Unit or appointment.

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

Record of Service of St. Croix (Surname) William ~~Trk~~ Arthur (Christian Names) Regimental Number H19930

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Miner

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: Grade 6 (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*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 Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment						
		T.O.S. Camerons of Canada	Pte	16-1-40	Camerons of C.	Winnipeg	14	16-1-40
		~~A.W.L. from 2 hrs~~	~~to~~	~~hrs~~	~~(forfeits~~	~~day pay)~~	~~29~~	~~2-2-40~~
		A.W.L. from 21:30 hrs 4-2-40 to 0950 hrs	6-2-40	(Forfeit	2 day	pay)	33	7-2-40
		A.W.L. from 1600 hrs 1-3-40 to 2215 hrs	6-3-40	(Forfeits	6 day	pay.)	54	~~2-3-40~~
		A.W.L. from 0530 hrs 1-8-40 to 0900 hrs 4-8-40.		(Forfeits 3 days pay.)			182	5-8-40.
		(A.W.L. from 0530 hrs, 30-9-40, to 1200 hrs, 3-10-40.		12-10-40	C. of C.	Shilo	D.O. 235	12-10-40.
		(Awarded 28 days Detention, & forfeits 4 days pay.)						
		4 days Remission of sentence	Pte	4-11-40	Camp	Quebec	253	6-11-40
		✓ SOS CASF (CANADA) on embarkation Halifax	13-12-40		Cove,	Hants.	285	28-12-40
		✓ TOS CAAF (OVERSEAS) on transfer 14-12-40	disembarked at Gourock		26-12-40		285	28-12-40
		✓ Granted Landing Leave	Pte	15/21 Jan 41	C.of C.	Field	D.O. 5	21 Jan 41
		✓ Privilege Leave	Pte	17/26 Apr 41	C.of C.	Field	32	26 Apr 41
Cancelled by D.O. 34 of 2 May 1941		✓ ~~Absent from 0600 hrs. of 26 April 1941~~	~~Pte~~	~~26 Apr 41~~	~~C.of C.~~	~~Field~~	~~33~~	~~30 Apr 41~~
		✓ Drunkenness 2nd Offence Fined $5.00 FR1.161(2)(h)	Pte	18 June 41	C.of C.	Field	49.	27 June 41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....William Arthur St CROIX..... Date.....16-1-40.....

Part 1. Information obtained from the recruit.

1. Age.....27.....

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

a. Rheumatism.....no.....
b. Tuberculosis.....no.....
c. Bronchitis or asthma.....no.....
d. Heart disease.....no.....
e. Kidney or bladder disease.....no.....
f. Gastro-intestinal.....Yes. Appendicitis
g. Rupture.....no.....
h. Varicose veins.....no.....
i. Flat or deformed feet.....no.....
j. Nasal trouble.....no.....
k. Ear disease.....no.....
l. Eye disease.....no.....
m. Epilepsy.....no.....
n. Nervous or mental disease.....no.....
o. Syphilis.....no.....
p. Gonorrhoea.....no.....
q. Have you ever worn glasses?.....no.....

(Signature of Recruit) W. A St Croix

Examiner's remarks re above.....Appendectomy.....1935 no trouble since.....

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

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

.....Appendectomy scar. pigmented area near naval discolored (bluish) left knee.....

2. Height.....5.....feet.....6.....inches. 3. Weight.....151.....pounds.

4. Complexion.....Fair.....Eyes.....Black Blue. Hair.....fair.....

5. Development.....Good..... Good / Fair / Poor

6. Chest measurement—Girth on full expansion.....37½.....inches.
Range of expansion.....2½.....inches.

7. Vision, right.....20/20.....left.....20/20..... 8. Hearing, right.....WV20.....left.....WV20.....

9. Condition of mouth and teeth.....Good.....

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

.....nil.....

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

Special remarks when category lower than A.....

President — Member — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	Reexamined. Normal - Urine, Ears, Reflexes. Cat.		
16-1-40	G T Stewart Lt Col		
17.1.40	VACCINATION Lieut F A Boyd Capt		
17.1.40	TAB 1/4 cc. F A Boyd.		
23-1-40	TAB 1/2 cc } F A Boyd		
20-1-40	X ray - neg		
30-1-40	TAB 1cc } SAB		
30-1-40	TETANUS TOXOID 1cc		
8-3-40	" " 1cc SAB		
9-3-40	Examined by Consultant Physician & Consultant Radiologist		

Category unchanged. F A Boyd.

Statement of the Service of No. B/19930 Rank Pte

Name St Croix W. A.

Sheet No.

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

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
		AWL 21 hrs 15 min 7 days CB forfeit 1 days pay FR1 149(1)a	Pte.	17 July 41	C of C	UK	57	29 July 41
		28 days detent for an off. Sec 40 AA forfeits 28 days pay. FR1 149(1)B	Pte.	6 Nov 41	C of C	UK	84	14 Nov 41
		P/Leave (3-4) 14 days W.W.	Pte	21 Jan 42	C of C	UK	5	23 Jan 42
		FGCM. 60 Days Detn. Forfeits 79 days pay. Sec 19 AA 149(1)(ii) 149(1)B	Pte	4 Mar 42	C of C	UK	20	24 Mar 42
		P/ Leave to 28 July 42.	Pte	21 July 42	C of C	UK	62	15 Aug 42
		Embarked U.K. for France (Gnb. Oper.)	Pte	18 Aug 42	C of C	U.K.	69	4 Sep 42
Cancelled D.O. 76 26 Sep 42		~~S.O.S. Killed in Action~~	Pte	19 Aug 42	C of C	U.K.	64	29 Aug 42
Cancelled D.O. 10/26 Feb 43.		~~S.O.S. to X List, Missing, since Killed~~	Pte	19 Aug 42	C of C	UK	76	26 Sep 42.
Cancelled D03 20 Feb 43 Pte		~~AOS from C of C. (AFW) 3014~~	Pte.	20 Aug 42	X Lim C of C	UK	1	9 Oct 42
Cancelled D03 20 Feb 43		~~S.O.S. Killed in action~~	Pte	19 Aug 42	X List C of C	UK	2	12 Feb 43
		S.O.S. Killed in Action during Operations	Pte.	19 Aug 42	C of Can	U.K.	10	26 Feb 43.

(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
			SOS CASF (CANADA) on embarkation Halifax 13-12-40 D.O.285 28-12-40				
			TOS CA F (OVERSEAS) on transfer 14-12-40 disembarked at Gourock 26-12-40 D.O.285 28-12-40				
17 Jan 41	3011	Coffb.	Sending leave	Eng	15 Jan 41	PTE	D.O.5 - 21 Jan 41
21 Apr 41	O C	"	Privilege Leave 9 dys	Field	14-4-41	"	32 APR 26 1941
24 Jun 41	"	"	Fined £5 &c. 2nd Offence Drunkenness	"	18-6-41	"	49 JUN 27 1941
19 Jul 41	"	"	7 dys C.B. forfeit 1 dys pay FR 11.149(1)(a) AWL	"	17-7-41	"	57 JUL 29 1941
8-11-41	"	"	28 dys Dtn forfeit 28 dy pay FR 11.149(1)(b) Off AA Act 40	"	6-11-41	"	84 NOV 14 1941
12-1-42	"	"	Privilege leave	"	7-1-42	"	5/23 Jan 42
17-3-42	"	"	60 Day Dtn FGCM. forfeit 60 day pay FR 11.149(1)(a) 19 day FR 11.149(1)(c)(i)	"	4-3-42	"	20 MAR 24 1942
5 Aug 42	"	"	Priv Leave 3	"	21-7-42	"	62 Aug 42
20 Aug 42	AFW 3014		SOS Killed (Jubilee Operation) France		19 Aug 42	"	67/19 Aug 42
			Embarked for France (Jubilee Operation)	U.K	18 Aug. 42	"	69 SEP 42

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
43M—11-36 (9360)
H.Q. 1772-45-18

Unit: Camerons of C., C.A.S.F. Regimental Number: H 19930

1. Surname: ST. CROIX
2. Christian Names: William Arthur.
3. *Substantive Rank and Appointment: Private
   *Acting Temporary or Local Rank: Private
   giving date: 16-1-40

*To be entered in pencil to facilitate alteration.

4. Place of birth: Gaspe, Quebec, Canada.
5. Date of birth as declared on attestation: 30-1-12
   (A)
6. Date of enlistment: 16-1-40
7. Place of enlistment: Winnipeg, Manitoba, Canada.
8. Residence at time of enlistment: 55 Lily Street, Winnipeg, Manitoba, Canada.
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: Single.
13. Trade on enlistment: Miner.
14. Corps, trade and grade: Miner.
15. (D) Qualifications:
16. (E) Miscellaneous entries: Grade 6

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A	16-1-40	M.F.M. 2

(19) Next of kin (entries to be made in pencil)
Ina Marguhart St. Croix
Gaspe, Quebec (Mother)

(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.

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

Statement of the Service of No. H-19930 Rank Pte Sheet No.

Name ST CROIX, William Arthur

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
		208 days detent. for an off. Sect.40(AA) Forfts 28 days pay FR1 149(1) B.	Pte	6.11.41	C of C.	UK	84	14.11.41
		P/Leave 14 days w.w.	"	7-21.Jan.42	"	"	5	23.1.42
		FGCM 60 days Detn.Forfts.79 days pay Sec 19 A A 149(1)c(i) 149 (1)B	"	4.3.42	C of C	"	20	24.3.42
		P/Leave to 28th July 42	"	21.7.42	"	"	62	15.8.42
		Embarked Uk for France (Jub-Oper)	"	18.8.42	"	"	69	4.9.42
		~~S.O.S. to X List Missing believed Killed~~	~~"~~	~~19.8.42~~	~~"~~	~~"~~		
		S.O.S. Killed in Action (Jub-Oper)	Pte	19.8.42	C of C	"	10	26.2.43

No. H19930 Name St. Croix, W.A. Sqn., Battery, or Company "D" Corps Camerons of C. Date of enlistment 16/1/40 G.C. Badges Service or Proficiency Pay

M.F.M. 6 (A.F.B. 122) 500M—8-39 (1703) H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 2 Signature O.C. Company, etc. C.E. Otter Major Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Cameron Barracks Winnipeg	16-5-40	Pte	1	Drunkenness	L/Cpl Faulkner L.M. Spr Thompson W.W.				
Shilo Camp	1-8-40	Pte		Absent without Leave from 0530 hrs 1-8-40 to 0500 hrs 4-8-40 (2 days 23 hrs 30 min.)	Pte Pike D.H. P/Cpl Rich R.H. Cpl Moss W.F. Cpl Gordon E.E.	admonished 5 days C.B.	17-5-40 4-8-40	Lt W.E. Coles Major C.E. Otter	
Shilo Camp Man.	17-9-40	Pte		Absent without Leave from 0530-17-9-40 to 0800 hrs 17-9-40 (2 hrs 30 min.)	Cpl Moss W.F.	7 Days C.B.	17-9-40	Major C.E. Otter	
Shilo Camp Man.	30-9-40	Pte		absent from 0530 30 Sept 40 to 1200 hrs 3 Oct 40 Absent: 3 days 6 hrs 30 mins	Cpl Moss W.F. Remanded to C.O.	28 days Defr forfeit 4 days Pay	12-10-40	Lt Col H. MacKenzie B.T. McFarlane Capt	Forfeit 4 days Pay
D Coulle Bks	11-6-41	Pte	2nd 2	Drunkenness in that he was drunk at 20.15 hrs 11-6-41	H19081 S/Sgt Powdrill D.	Fine $5.00	18-6-41	Major C.E. Otter	

(P.T.O.)

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Hill Barn Dale Newhaven	15.7.41	Pte		W.O.A.S. Absent without leave, from 2245 hrs. 15.7.41 to 2000 hrs. 16.7.41 A.A. 3.15 (1). 22 hrs. 15 mins	L/Cpl. Hinde R.G. S/L. Melville J.	7 days C.B.	17.7.41	Lt. G.F. Hong M.C.	7 days 1 day to pay
In the field.	24.8.41	Pte		W.O.A.S. Absent without leave from 1200 hrs 24.8.41 to 1600 hrs. 24.8.41. Absent 4 hrs. AA15	S/L. Pendri D.J.	7 days C.B.	27.8.41	Maj. C.E. Otton M.C.	
In the field	31.10.41	Pte.		W.O.A.S. conduct to the prejudice of good order and military discipline in that he was found drunk and disorderly in Brighton. AA40	P.C. Stephens (Dorg) S/L. Melville J.	Remanded to C.O. 28 Days Detn.	6.11.41	Major C.E. Otton MC. Lt/Col. G.F. Dudley MC.	
In the field	15.12.41	Pte		W.O.A.S. Absenting himself from Guard at 1700 hrs. 15.12.41. AA6	L/Cpl. Graham J.A.D.	Remanded to C.O. 14 days. C.B.	17.11.41	Major C.E. Otton M.C. Lt/Col. G.F. Dudley M.C. MM.	
In the field.	30.1.42.	Pte.		W.O.A.S. Absenting himself without leave, in that he absented himself from Bde fatigue at 1500 hrs. 30.1.42. A.A15	Cpl. Langlaff H.W.	7 days. C.B.	31.1.42.	Maj. C.E. Otton M.C.	

No. 419930 Name St. Croix. W. A. Sqn., ~~Battery,~~ or Company D Corps Q.O.C.H.J.C. Date of enlistment G.C. Badges Service or Proficiency Pay

M.F.M. 6
(A.F.B. 122)
500M—8-39 (1703)
H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet 30.1.42. No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 3. Signature O.C. Company, etc. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
In the field	13.2.42	Pte.		Drunkeness. A.A.19		60 days Defn.	4.3.42	F.G.C.M.	Forfeits 79 days pay.

(P.T.O.)

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
			4 days remission been released eff. 4-11-40. D.O. 253, 6-11-40.
T.O.S. with pay effective 16/1/40	14	16/1/40	absent from ~~FULLED~~ 6 00 hrs 26-4-41 CANCELLED D. O 33 30-4-41
Forfeits 2 days pay awol from 2130 hrs 4/2/40 to 0950 hrs 6/2/40	33	7/2/40	was fined $5.00 on 18/6/41 for second offence under sec 19 a.a. 6 & 24-6-41 D.O. 498 27-6-41 forfeits 1 days pay awol D.O. 572 29/7/41
Forfeits 1 days pay awol from 0600 hrs 1/3/40 to 2215 hrs 1/3/40 (absent 16 hrs 15 min)	54	2/3/40	awarded 28 days det for offence sec 40 A.A. D.O. 84 14/11/41 awarded 60 days det ~~for offence~~ 19 days pay in close arrest D.O. 208 24/3/42
Forfeits 3 days pay. A.W.L.	182	5-8-40	
awarded 28 days detn. & forfeits 4 days pay. awl.	235	12-10-40	eff. 12-10-40.
S.O.S. W.e.f. 14 Aug 42 - Killed in action	67	29-8-42	Jubilee operation.

The "Queen's Own." Cameron Highlanders of Canada, C. A. S. F.

NAME ST. CROIX, William Arthur.

REGIMENTAL NO. H 19930 RANK Pte.

ENLISTED AT Winnipeg, Manitoba PROMOTIONS, ETC. AND DATE

DATE January 16, 1940

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Ina Urquhart St. Croix RELATIONSHIP Mother

ADDRESS OF Gaspe, Quebec.

ASSIGNMENT OF PAY, $ 20.00 C. ~~T-2-44 Stoffel 1-4-42~~ $20.00 Reinstated 1 July 1942

ADDRESS Ina Urquhart St Croix (Mother) Barachois, Gaspe County, Quebec, Canada

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Not entitled

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

M. F. M. 14

100M—9-39 (1873)
H.Q. 1772-39-1662

IN WHOSE FAVOUR

No H.19930 Rank Private Name ST. CROIX, William Arthur

Unit Q.O.C.H. of C. Date of death 19th August, 1942.

Died at France

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-S-10926 d 21-8-42

N/K Mrs. Ina Urquhart St. Croix, Relationship MOTHER ~~21-8-42~~

Address ~~[illegible]~~ Box 487, Kapuskasing, Ont.

Remains buried in Cemetery

Grave location

CHK ✓

OVER-

DEATH CERT. TO N.K. 10-9-42.

BURIAL REPORT TO N.K.

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

ROYAL MESSAGE DESP'D. DEC 31 1942

CAN. MESSAGE DESP'D. 4-9-42.

Special Memorial (official headstone) erected in DIEPPE CANADIAN WAR CEMETERY, HAUTOT-SUR-MER, FRANCE, bearing the superscription:
KNOWN TO BE BURIED IN THIS CEMETERY.
N.K. advised 21-4-51.

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Soldier ST. CROIX WILLIAM ARTHUR
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number H 19930

(3) Unit Cameron of C.

(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? NO

(8) Have you any children? no

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

Also their names and ages N.A.

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

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

Name N. A

Postal Address

(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 N. A.

(11) Is your father alive? no

If so, state name and address

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

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

Also state reason he has no other means of support

(14) Is your mother alive? yes

If so, state name and address Ina U Urquhart St Croix Gaspe Quebec

but a dependent

(15) If your mother is a widow, are you her sole support? no

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

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

(17) Are you insured? no

If so, in what Company? N. A.

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

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

W. A. St Croix
(Signature of officer or man)

Date 16/1/40

THE QUEEN'S OWN CAMERON HIGHLANDERS OF CANADA

for Charles Olton
Major
Officer Commanding

Date 16/1/40

File No. 405-S-10,926

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. H 19930 Name St. Croix, William Arthur

Rank on Discharge Pte Date of Discharge 18-8-42

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 16-1-40	to	13-12-40	
	from	to		
United Kingdom	from 14-12-40	to	18-8-42.	
	from	to		
Italy	from	to		
Northwest Europe	from	to		
~~Dieppe~~	from 19-8-42	to	K/A.	
	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

~~France-Germany Star~~

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with clasp

M

Verified by Edna Fowler

Date SEP 6 1946

Carded SEP 9 1946

NO RIBBON DESPATCH

HA 165

25-8-4[illegible]
(O.C.L.-134)

41-56036

AWARDS—CANADIAN ARMY (ACTIVE) 1445 **M**

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-S-10,926

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
St.Croix, William Arthur	H.19930	Pte.	Manitoba Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS *replacement	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal War Medal, 1939-45 CVSM & Clasp	8793 26-1-50
	213 Churchill Blvd. St.John N.B. E2K 3E2
*Cross (Memorial)	

OCT 20 1977

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

27/9/77

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Ina U. St. Croix Mother

ADDRESS: Barachois, Gaspe Co., Que.

(2) MEMORIAL CROSS
WIDOW: Nil.

ADDRESS:

(3) MEMORIAL CROSS
MOTHER: Mrs. Ina Urquhart St. Croix

ADDRESS: Barachois, Gaspe Co., P.Q. 8-5-43

MEMORIAL B R
(1)
DATE DESP
REGN. NO 1555

(2)

Retd 1-5-43

(3)

DESP. APR 15 1943
REGN No. 1790

DESP. MAY 10 1943
REGN No. 107

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William Arthur (CHRISTIAN NAMES) ST. CROIX (SURNAME)

REGISTER NO. D-299
FILE NO. 405-8-10926
DATE 22-2-45
SERVICE NO. H-19930
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE ~~19-8-4~~ 19-8-42

PAYEE Mrs. Ina U. ST CROIX,
ADDRESS P.O. Box 487,
Kapuskasing, Ontario

DATE OF TERMINATION OF OVERSEAS SERVICE 19-8-42

		$ ¢
A. TOTAL QUALIFYING SERVICE 780 — NO. OF DAYS 805 / 30 EQUAL TO 26 COMPLETE PERIODS AT $7.50		195.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 506 LESS 25 INELIGIBLE DAYS, EQUAL TO 481 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		120.25
		315.25
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE: PAY $1.30; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.00; ADDITIONAL PAY $		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ TOTAL $2.30 × 7 = $ ~~2x6~~ 16.10; NO. OF DAYS 506 / 183 × $ 16.10		44.52
D. WAR SERVICE GRATUITY		359.77
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		359.77

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
FEB 26 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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

TREASURY	
CHECKED BY	DATE
F Lacoau	2/2/45

SERVICE REPRESENTATIVE

Form No. 1

Register No. D-299 Nominal Roll No. D-7

H.Q. File No. 405 S 10926

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMMUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
H 19930	Pte	ST. CROIX	William Arthur

Reason for Termination of Service:

1st Enlistment Killed In Action CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

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

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 16 Jan 40	T.O.S.	T.O.S.
S.O.S. 19 Aug 42 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 947	Total Days	Total Days

TOTAL SERVICE 947 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	333	34	299
OVERSEAS SERVICE	614	108	506
Totals	947	142	805
Add Non-qualifying Service			142
TOTAL SERVICE			947

EMBARKATION DETAILS:

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

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 19 Aug 42

Computer's Signature W.A. Murphy

Checker's Signature [illegible]

Date Computed 11 Dec 44

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

(C.L. Laurin) Colonel,
Director of Records

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
AWL	4 Feb 40	6 Feb 40			2
AWL	0600 hrs	2215 hrs	1 MAR 40		1
AWL	1 Aug 40	4 Aug 40			3
AWL	30 Sep 40	30 Oct 40		4	
Detention			12 Oct 40	28	
Remission			4 Nov 40	(4)	28
[redacted]	[redacted]	[redacted]			[redacted]
[redacted]	[redacted]		[redacted]		[redacted]
				TOTAL	34

OVERSEAS

T.O.S. 14 Dec 40 T.O.S. T.O.S.

S.O.S. 19 Aug 42 S.O.S. S.O.S.

AWL	15 Jul 41	16 Jul 41			1
Detention	(AA 40)		6 Nov 41		28
Detention	(AA 19)		4 MAR 42	60	
C. Arrest			4 MAR 42	19	79
				TOTAL	108

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

GMcC

ARMY

Name: ST. CROIX William A. No.: H-19930
Surname Christian Names

Pte. C.O.C.H. 19-8-42
Rank Unit Date of Death

AMOUNT

L.P.C. $ 62.33

Date: 20-7-43

Other Credits

Total 62.33

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
2/9	Mother	Mrs. Ina U. St. Croix, Barachois, Gaspe Co., Quebec (1/9 as next of kin) (1/9 for benefit of 1 minor)	$ 13.85 R
1/9	Brother	Austin St. Croix, Kapuskasing, Ontario	6.93 R
1/9	Brother	G-43125, Pte. Kenneth St. Croix, 70 C.A.B.T.C. Fredericton, N.B.	6.93
1/9	Brother	Lewis St. Croix, Barachois, Gaspe County, P.Q.	6.93 R.
1/9	Brother	Brother William Marie 427 Booth Street, Ottawa, Ont.	6.93 R
1/9	Brother	Regis St. Croix, Kapuskasing, Ont.	6.92 R
1/9	Sister	Rev. Sister St. Peter, Holy Rosary Convent, Rimouski, Quebec	6.92 R
1/9	Sister	Marie St. Croix, Lanse Brilliant, Gaspe County, P.Q. (as next of kin entitled)	6.92

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	00	001	$ 62.33

CLASSIFIED BY

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

J. A. Barton

For Chief Treasury Officer

10M—5-43 (9861)
H.Q. 1772-80-2

M.F.M. 510.

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District .....

Dispersal Area .....

LAST PAY CERTIFICATE
(All Ranks)

Regtl. No. H.19930 Rank and Name ST. CROIX W. A. Pte.

of (Unit) Queens Own Cameron Highlanders of Canada on .....

~~(Transfer or~~ Discharge) ..... to ..... on 19th August 19 42

Reason Death Authority : C.C.L."A" #184 d/21 Aug.42

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

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	46	94
First Monthly Payment			Regimental Pay 31 days at $ 1.30	40	30
Casual Payments			Technical Pay ..... days at $		
Payment on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars):					
A.R. #112 d/13 Aug.42.U.C:118	2	24	D.P. Int. to date	1	33
M.F.M.513 Aug. U.C.118	2	01			
" " " " "		60			
" " " " "	1	02			
" " " " "		37			
To Balance Cr. Free	4	33			
Deferred	58	00	By Balance Dr.		
690	62	33			
Total	88	57	Total	88	57

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

Remarks :

Assigned Pay $20.00 stopped 1 Septe,ber 1942.

ESTATES BRANCH MAY 12 1943 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by A. Smith.

Checked by [signature]

Date 10th February, 19 43

Certified correct [signature]
for Chief Treasury Officer, Overseas.

FH.

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRATION CARD

DATE. No.

NAME ST. CROIX William Arthur DATE OF BIRTH QUEBEC. 30 JAN.1912.

RANK Pte. REGIMENTAL NO H.19930.

UNIT Q.O.C.H. OF C. NEXT OF KIN ADDRESS MOTHER, Mrs. I.U.St.Croix, Gaspe, Quebec.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 19 Aug.42. PLACE OF DEATH

IRS

CAUSE OF DEATH KILLED IN ACTION.

PARTICULARS OF BURIAL

DATE OF BURIAL CEMETERY

DEATH CERTIFICATE NO Unknown LOCATION OF CEMETERY Unknown

PLOT NO. DATE OF REGISTRATION

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS Administrator of Estates, Ottawa, Ont. 8th Mar.43.

RELIGION R.C.

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

AUG 13 1943

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

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

This form if placed in an envelope, marked "Dominion Statistics—FREE, penalty for improper use, $300," and properly addressed will pass through the mail "FREE"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality IN THE FIELD (FRANCE) (Name) Sec. ..... Twp. ..... Rge. .....
If in City, Town or Village ..... (Name) Street ..... House No. .....
(If in hospital or Institution, give name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED ST. CROIX, (Surname) William Arthur. (Given name or names in usual order)

RESIDENCE 55 Lily Street, Winnipeg, Manitoba.
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX	5. NATIONALITY (Citizenship)	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word)	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address)
M.			Single.	Quebec.

9. DATE OF BIRTH	Month (Write the word)	Day	Year	10. AGE IN	Years	Months	Days	If less than one day
	January	30th,	1912.		30	6	20	....hrs. or ....min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Miner.

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

13. Date deceased last worked at this occupation ..... **14.** Total years spent in this occupation .....

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased .....

PARENTS

16. Name of father ..... Deceased.

17. Birthplace of father ..... (same as item No. 8)

18. Maiden name of mother .....

19. Birthplace of mother ..... (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant J. B. Radine for Director of Records, Dept. of National Defence.
Address .....

21. Relationship to deceased .....

22. Place of burial, cremation or removal ..... Date of burial ..... 19....

23. Burial Permit was issued by ..... Address .....

24. Signature of Undertaker or person acting as Undertaker ..... Address .....

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH ..... (Hour) 19th (Day) August, (Month) 19 42. (Year)

26. I HEREBY CERTIFY that I attended deceased from ..... 19....
to ..... 19...., and last saw h..... alive on ..... 19....

CAUSE OF DEATH

I

Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Killed in action.
due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) .....
due to
(c) .....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.** .....
.....

OVERSEAS CASUALTY CANADIAN ARMY

27. If a woman, was the death associated with pregnancy? .....

28. Was there a surgical operation? ..... Date of operation ..... 19....
State findings ..... Was there an autopsy? .....

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ..... (State which) Date of injury ..... 19....
Manner of injury ..... (How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home,** or in **public place** .....

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by ..... **M.D.**
Address ..... **Date** ..... **19**....

30. Registered number ..... filed this ..... day of ..... 19....

31. .....
(Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. *(See reverse side for instructions.)*