R55408
CAUCHY
LOUIS AUGUS

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FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipality: OVERSEAS

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: CAUCHY (Block letters)

Given names: Louis Augustin Marie

Do not write in this space

**4. RESIDENCE**

Street: Deziel Street No. 44

Official name of civil municipality or township: Levis

Municipal county: Province: Quebec

| 5. SEX | 6. NATIONALITY (Citizenship) | 7. RACIAL ORIGIN | 8. Single, Married, Widowed or Divorced (Write the word) |
|---|---|---|---|
| Male | Canadian | | Single |

9. If married give name of wife or husband of deceased: N.A.

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: February (Month) 11th (Day) 1922 (Year)

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 20 | 4 | 17 | ....hrs. or....min. |

**OCCUPATION**

13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.: Wireless Operator Air Gunner

14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.: R.C.A.F.

15. Date deceased last worked at this occupation: 8-6-42

16. Total years spent in this occupation: Two

| | 17. NAME OF CHIEF PROVIDER | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | CAUCHY, Charles A. | Quebec |
| MOTHER (Maiden Name) | BLOUIN, Germaine | Quebec |

19. Place of burial, cremation or removal:

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)

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 28th (Day) 1942 (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) Previously reported missing after air operations, now

due to

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

(b) Presumed dead for official purposes

due to

(c)

**II**

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

**III** If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation?....Date of....19....

State findings....Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide: Accident (State which) Date: June 28th 1942

Manner of injury: Presumed killed during air operations. (How sustained)

Nature of injury:

Specify whether injury occurred in industry, in home, or in public place: public place

Signed....M.D.

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

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

R. Casselman F.O.

for (RCAF Records Officer)

This signature authorizes the collector to accept this form as authentic. 10-12-42

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)

FORMULE 6

# BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

**1. LIEU DU DÉCÈS** — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue | No. | Hôpital ou institution

**2. SÉJOUR** — (a) dans l'hôpital ou l'institution | (b) dans la municipalité du décès | (c) dans la province | (d) au Canada (s'il s'agit d'un immigré) — *Années | Mois | Jours*

**3. NOM DU DÉFUNT** — Nom de famille (*Lettres moulées*)

Noms de baptême ou prénoms

N'écrivez pas dans cet espace

**4. RÉSIDENCE**

Rue ..... No.

Nom officiel de la municipalité civile ou du canton

Comté municipal ..... Province

**5. SEXE** | **6. NATIONALITÉ** (Citoyenneté) | **7. ORIGINE RACIALE** | **8. Célibataire, marié, veuf ou divorcé** (*Ecrire l'un de ces mots*)

**9.** Si le défunt était marié, nom de son conjoint

**10.** LIEU DE NAISSANCE (Province ou pays)

**11.** DATE DE NAISSANCE ..... (jour) (mois) (année)

**12.** ÂGE DU DÉFUNT — Années | Mois | Jours | Si âgé de moins d'un jour ..... hrs. ou ..... min.

**OCCUPATION**

**13.** Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.

**14.** Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.

**15.** Dernière date à laquelle le défunt vaquait à ce travail

**16.** Nombre d'années occupées dans cette profession

| | **17. NOM** | **18. LIEU DE NAISSANCE** (Province ou pays) |
|---|---|---|
| PÈRE | | |
| MÈRE (Nom de fille) | | |

**19.** Lieu de l'inhumation, de l'incinération ou destination du transport

**20.** Date de l'inhumation ..... 19.....

**21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE**

(a) Nom de la paroisse ou église

(b) Municipalité civile de

(c) Comté municipal

(d) Date ..... 19..... (jour) (mois) (année)

## CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

**22.** Date du décès ..... 19..... (jour) (mois) (année)

**23.** JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le ..... 19.....

### 24. CAUSE DU DÉCÈS

**I**

**Cause immédiate** Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) .....

dû à

**États morbides, s'il y en a, ayant produit la cause immédiate** (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) .....

dû à

(c) .....

**II**

**Autres conditions morbides** (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

.....

**III** Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ..... 19.....

(b) Durée de la maladie ..... jours

**25.** S'il s'agit d'une femme, y avait-il état puerpéral? .....

**26.** Y a-t-il eu intervention chirurgicale? ..... Date de l'opération ..... 19.....

Constatations ..... Y a-t-il eu autopsie? .....

**27.** Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide ..... Date ..... 19.....
(Spécifier)

Manière de la blessure .....
(Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

**Signature** ..... **M.D.**

**Adresse** ..... **Date** ..... 19.....

**28.** Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....
Cette signature autorise le collecteur à accepter la formule comme authentique.

**29.** Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

**(For English see other side)**

R0055408 CAUGHY AUGUSTIN M | FS

1 NUMBER | NAME | 29 RANK

Louis, A. M.

# SERVICE AWARD CARD

| 39-45 STAR | ATL. STAR | A/C EUR STAR | AFRICA STAR | PACIFIC STAR | BURMA STAR | ITALY STAR | FR. AND GER. STAR | DEFENCE MEDAL | GEN. SER. WAR MEDAL | C.V.S.M. | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ✓ | | ✓ | | | | | | ✓ | ✓ | ✓ | | | | AWARD |
| | | | | | | | | | | ✓ | | | | AWARD AND CLASP |
| | | | | | | | | | | | | | | APPLICATION DISPATCHED |
| | | | | | | | | | | | | | | RIBBON ISSUED |
| | | | | | | | | | | | | | | MEDAL ISSUED |

37131

April 11th 46

FORM NO. R. 325

R.C.A.F.

NUMBER | NAME | RANK

PREFIX | CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Germaine Cauchy (mother)
56 Denziel St.,
Lewis,
P.Q.

3206.
19/10/44.

Apr.-45.

MEMORIAL BAR
DATE DESP.....
REGN. NO 933

10M—3-40 (4425)
H.Q. 1772-45-8

NAME CAUCHY, Louis Augustin Marie, H.Q. FILE NO. 1022-C-4501

RANK Sgt. W.O.A.G. UNIT OVERSEAS ~~XXXXXXX~~ PRES. DEAD REGT'L NO. R55408

| CABLE NO. | CABLE DATE | NATURE OF CASUALTY | CAS. LIST NO. | CAS. LIST DATE |
|---|---|---|---|---|
| DATE OF DEATH: | 28-6-42 | MOTHER LIVING: YES WIFE: NA | | |
| MINISTERIAL CARD: | 8-7-42 | ROYAL MESSAGE: 28-1-43 MEMORIAL CROSS: | 4-2-43 | |
| | To mother & fat her | To mother & father To mother | Delvd | |
| | To mother & father 10-12-42 | | | |

Mr. & Mrs. Charbes A. Cauchy, R.C.
56 Deziel Street,
Levis, Quebec.

| CABLE | | NATURE OF CASUALTY | CAS. LIST | |
|---|---|---|---|---|
| NO. | DATE | | NO. | DATE |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

AIR FORCE No. R55408

SURNAME: CAUCHY, FULL CHRISTIAN NAMES: LOUIS AUGUSTIN MARIE

ENLISTMENT PLACE Quebec, Que. DATE 8-8-40

RE-ENLISTMENT

C.R. FILE NUMBER

# RECORD OF SERVICE AIRMEN

14

R.C.A.F. FORM R44(B)
W. 50M-10-40 (7685)
H.Q. 1062-3-58

## 1. POSTING (INDICATE S.O.S. AND T.O.S.)

| S.O.S. OR T.O.S. | UNIT AND PLACE | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| I.O.S | 2 M.D. Brandon | 8 | 8 | 40 | BMP81 |
| S.O.S | 2 M.D. & Sea to Airport Van. (amended) | 23 | 9 | 40 | BMP116-118 |
| S.O.S | 2 M.D. to R.C.A.F. Stn. Van. for Temp. Guard Duty S.S.A. | 23 | 9 | 40 | BMP118 |
| S.O.S. | R.C.A.F. Stn. Vancouver | 21 | 12 | 40 | B332 |
| I.O.S | 2 S.S. Regina | 22 | 12 | 40 | 2RS163 |
| S.O.S | 2 S.S. Regina | 4 | 2 | 41 | 2RS29 |
| T.O.S | 2 M.D. Brandon. | 5 | 2 | 41 | 2MD31 |
| S.O.S. | 2 M.D. | 17 | 2 | 41 | 2MD40 |
| I.O.S | 3 W.S. Winnipeg, Man. | 8 | 7 | 41 | 3WS2 |
| S.O.S | 3 W.S. Winnipeg, Man | 6 | 7 | 41 | 3WS120 |
| T.O.S | #5 B.G.S. Dafoe, Sask. | 7 | 7 | 41 | 5BG860 |
| S.O.S | 5 B.G. Dafoe | 5 | 8 | 41 | 5BG87 |
| I.O.S | 1 "Y" Depot Halifax | 6 | 8 | 41 | Em181 |
| S.O.S | 1 Y Depot to R.A.F. Trainees Pool | 23 | 8 | 41 | Em201 |
| T.O.S | U.K. | 2 | 9 | 41 | RAF42 |
| S.O.S | to Sig. Sch. | 16 | 9 | 41 | RAF42 |
| S.Gt. | to 22 O.T.U. fm 1 S/Sch. | 25 | 11 | 41 | RAF54. |
| ~~S.O.D~~ | ~~to 3 P/Sch fm. Flying Stn~~ | ~~25~~ | ~~11~~ | ~~41~~ | ~~RAF54~~ |
| S.O.S | to 150 Sqn Snaith fm 22 OTU | 7 | 5 | 42 | RAF27-31 |
| | Missing | 27 | 6 | 42 | RAF39 |
| | Death Pres. | 28 | 6 | 42 | R.A.F. 18/43 |
| | Flying Battle Wellington | 27 | 6 | 42 | Sqn P5664 d/30-6-42 |
| | Believed killed 450 Sqn. | | | | M9604 d/23-8-42 |
| | Pres. Award | 28 | 6 | 42 | |
| | PX5419 | 30 | 4 | 42 | |
| | W.A.A.F. Comps. | 3 | 10 | 44 | |
| | 2 M.D. Brandon. | | | | |
| S.O.S | 2 S.S. Regina | 4 | 2 | 41 | 2RS29. |
| [illegible] | 2 S.S. Regina | 22 | 12 | 40 | 2RS163 |
| S.O.S | R.C.A.F. Stn. Vancouver | 21 | 12 | 40 | B332 |

## 2. RECLASS'NS-PROMOTIONS-ETC.

| RANK | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|
| AC2 | 8 | 8 | 40 | BMP81 |
| LAC | 4 | 2 | 41 | 2RS29 |
| Sgt (T) (Pd) T4 | 4 | 8 | 41 | 5BG87 |
| J175 | 4 | 2 | 42 | AFRO 113 |

## 3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

| DATE | FORM | CATEGORY | REMARKS |
|---|---|---|---|

HOSPITALIZATION (IN BLACK INK)

| HOSPITAL QUARTERS | ADMITTED CONFINED | DISCHARGE RET'N DUTY | D.R.O. |
|---|---|---|---|
| 8-8-40 | R100 | A3B | |
| Stn Hosp | 23-12-40 | 25-12-40 | 2RS163, 161 |
| 13-1-41 | M2. | A3B. | |

15388 — 22/9/43 —

Completed MAR 5 1945

## 4. TRADE AND CHARACTER

| TRADE | GROUP | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| Aircrew (Obs) | II | 8 | 8 | 40 | BMP81 |
| WO/AG. | | 4 | 2 | 41 | 2RS29 |
| WO/AG Special 3045 | II | 4 | 8 | 41 | 5BG87 X |
| WO I AG. | II | 6 | 3 | 42 | RAF43 |

| TRADE PROFICIENCY | CHARACTER ASSESSMENT | DATE OF R41 |
|---|---|---|
| | | |

## 5. COURSES-TESTS-ETC.

| SUBJECT | RESULT | DATE | AUTHORITY |
|---|---|---|---|
| Crse 11 | 80.9 | 4 8 41 | T82 |

## 6. LEAVE

| FROM | TO | DAYS | REMARKS | D.R.O. |
|---|---|---|---|---|
| 4-8-41 | 14-8-41 | 10 | | 5BG87 |

C.A.F. RSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | C. OF E. BAP U.C. PRES. R.C. HEB. MIS. OTHER PROV. RELIGION | PROVINCE OF ENLISTMENT | DISCHARGE

| [No.] | SURNAME | FULL CHRISTIAN NAMES | ENLISTMENT | RE-ENLISTMENT | C.R. FILE NUMBER |
|---|---|---|---|---|---|
| R55408 R | Cauchy, | Louis Augustin Marie | PLACE Quebec, Que. DATE 8-8-40 | | |

R.C.A.F. FORM R. 44 (B)

# RECORD OF SERVICE AIRMEN

**7. BIRTH:**

| DATE | PLACE | CITIZENSHIP 1 |
|---|---|---|
| 11-2-22 | Levis, Que. | British |

FATHER (FULL NAME) Charles A. Cauchy

BIRTHPLACE Levis, Que.

MOTHER (FULL MAIDEN NAME) Germaine Blouin

BIRTHPLACE Levis, Que.

**8. EDUCATIONAL STANDING**

HIGH SCHOOL ENTRANCE
JUNIOR MATRICULATION X Que.
SENIOR MATRICULATION
TECHNICAL SCHOOL (2)
UNIVERSITY
CORRESPONDENCE COURSES
6

**9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.**

Nil

4500

**10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE**

59th Heavy Btty. R.C.A. Cpl. 1938-39

6

**11. HONOURS-AWARDS, MENTIONS**

| HONOURS-AWARDS, MENTIONS | AUTHORITY | DATE |
|---|---|---|
| Air Gunner Badge | SBG87 | 4-8-41 |

**12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)**

SOLO DUAL PASSENGER

**13. RELIGION** Roman Catholic
1

**14. LANGUAGES** French, English
3

**15. SPORTS** Swimming, skating, tennis

**16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED:** Single

WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER ENLISTMENT)
1

**17. MARRIED ESTABLISHMENT**

| REMARKS | RANK | EFFECTIVE | D.R.O. |
|---|---|---|---|

**18. CHILDREN**

| CHRISTIAN NAMES | BIRTH DATE | D.R.O. | CHRISTIAN NAMES | BIRTH DATE | D.R.O. |
|---|---|---|---|---|---|

**19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)**

FULL NAME: Charles A Cauchy RELATIONSHIP Father
ADDRESS: 44 Deziel St. Levis, Que. D.R.O.
FULL NAME: Mrs. G. Cauchy RELATIONSHIP Mother
ADDRESS: 56 Deziel St. Levis, Que. D.R.O. RAF42

**20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)**

| RATE CHANGES ETC. | EFFECTIVE | D.R.O. | RATE CHANGES ETC. | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|

**21. ENGAGEMENTS**

| TERM | EFFECTIVE | D.R.O. | TERM | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| Duration | 8 8 40 | | | | |

**22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES**

| FROM | TO | DATE | D.R.O. |
|---|---|---|---|
| Ceases to dr. rtns | & occ. pub. qtrs | 21-12-40 | B332 |
| Occ public | quarters | 5-2-41 | 2MD31. |
| Occupy. pub. qtrs & | drawing rations | 18-2-41 | 3WS2 |
| Occ. Pub. Qtrs. & draw. rtns. | | 7-7-41 | SBGS60 |
| Occ. pub Qtrs & draw rtns | | 18-8-41 | Em 181 |
| Cease to draw ... | | 21-12-40 | B332 |
| A.P.E. 44 Deziel St., Levis, Que. | | | 23703 |

**23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)**

| R60 | R79 | B465 | X-RAY | A[illegible]3 | IDN. CARD | |
|---|---|---|---|---|---|---|
| 19-8-40 | 28-8-41 | 14-8-40 | | | | Kx |

| AIR FORCE No. | SURNAME | FULL CHRISTIAN NAME | ENLISTMENT/APPOINTMENT | RELIGION |
|---|---|---|---|---|
| R55408 | CAUCHY | LOUIS AUGUSTIN MARIE | PLACE: <br> DATE: 8-8-40 | R.C. |

R.C.A.F. FORM R230

## TYPE OF LEAVE

| FROM | TO | No. DAYS | DESCRIPTION | AUTH. |
|---|---|---|---|---|

## TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

## POSTINGS, ATTACHMENTS & TEMPORARY DUTY

| SOS TOS | FROM | TO | DATE | AUTHORITY |
|---|---|---|---|---|
| T.O.S at | | 22 OTU | 25 11 41 | 54/96/41 |
| T.O.S at | | 150 Sqd. | 7 5 42 | 54/42 31/28 |
| Missing after Air Ops | | | 27 6 42 | APRO 1097/42 |
| Presumed Dead | | | 27 6 42 | APRO 2069/42 18/ 1238A /47 |

## ALL OTHER CASUALTIES

| CASUALTY AND DATE | AUTHORITY |
|---|---|
| DCL 1029 39/41 | |
| | 24/8/41 |

## SERVICE MACHINES FLOWN

## CHARACTER AND TRADE ASSESSMENT

| DATE | CHARACTER | TRADE ASSESSMENT |
|---|---|---|

## HONOURS, AWARDS AND MENTIONS

| DATE | AWARD | AUTHORITY |
|---|---|---|

| AIR FORCE No. | SURNAME | FULL CHRISTIAN NAME | ENLISTMENT/APPOINTMENT | RELIGION |
|---|---|---|---|---|
| R55408 | Cauchy | Louis Augustin Marie | PLACE<br>DATE 8-8-40 | R.C. |

ROYAL CANADIAN AIR FORCE

# RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-236
K. P. 75434

| BIRTH DATE | PLACE | COUNTRY | CITIZENSHIP | RACIAL ORIGIN |
|---|---|---|---|---|
| 11-2-22 | | | | FRENCH CAN |

## CIVIL EDUCATION

| | |
|---|---|
| PUBLIC SCHOOL | JUNIOR MATRICULATION |
| HIGH SCHOOL ENTRANCE | SENIOR MATRICULATION |
| TECHNICAL SCHOOL | UNIVERSITY |
| CORR./BUSINESS COURSES | LANGUAGES SPOKEN |

## CIVIL OCCUPATIONS AND EXPERIENCE

| | |
|---|---|
| | |
| | |
| | |
| | |

## PREVIOUS SERVICE

| PLACE AND DATE OF MEDICAL | CATEGORY | PLACE AND DATE OF MEDICAL | CATEGORY |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

## CHILDREN

| NAMES | PLACE AND DATE OF BIRTH | NAMES | PLACE AND DATE OF BIRTH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mrs. Gemaine Cauchy (mother) 56 Dezeil St. Levis Que.

## EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

| TYPE | FROM | TO | TYPE | FROM | TO |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## OFFICERS

| RANK, BRANCH AND CATEGORY | DATE | AUTH. | DUTIES PERFORMED DURING SERVICE, E.G. ADJ. |
|---|---|---|---|
| | | | |

COURTS-MARTIAL ATTENDED WITH DATES
(STATE IF UNDER INSTRUCTION OR AS MEMBER)

## AIRMEN AND AIRWOMEN

| RANK | DATE | AUTH. | TRADE | DATE | AUTH. |
|---|---|---|---|---|---|
| Sgt | 4 8 41 | | Wireless | | |
| T/F Sgt | 4 2 42 | 91=R0 113/44 | | | |

## OFFICERS, AIRMEN/AIRWOMEN

| COURSE OR TRADE | GRP. | % | PF | DATE |
|---|---|---|---|---|
| | | | | |

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R55403 RANK SERGEANT TRADE W.O.A.G. (GP. GRP) UNIT OVERSEAS

NAME CAUCHY, LOUIS AUGUSTIN MARIE

SERVICE

| R.C.A.F. | R.A.F. | R.A.A.F. | R.N.Z.A.F. | OTHER |
|---|---|---|---|---|
| X | | | | |

MARITAL STATUS

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY?

NEXT OF KIN AS SHOWN REC. OF SERV. & RELATION [redacted] MR. CHARLES A CAUCHY (FATHER) NAME MRS. G. CAUCHY

ADDRESS 44 DESIEL ST., LEVIS, QUE. ADDRESS 56 DESIEL STREET, LEVIS, QUEBEC.

D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. JUCHY (MOTHER)

ADDRESS 56 DESIEL ST. LEVIS, QUEBEC.

RELIGION R.C. CANADIAN FRENCH CANADIAN YES OTHER

PARENTS NAMES MR. AND MRS. CHARLES A. CAUCHY FATHER LIVING ON ENLISTMENT YES

ADDRESS 56 DESIEL STREET, LEVIS, QUEBEC. MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . [redacted]

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

IF SO, GIVE PERIOD OR PERIODS: . . . . . [redacted]

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? . . . . . [redacted]

AUTHORITY CAS. SIG. NO. AIR MINISTRY KINGSWAY PK5663 d/30-6-42 3106

CASUALTY DETAILS:

MISSING AFTER AIR OPERATIONS (OVERSEAS) 27-6-42

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 6-7-42

R.C.A.F. R217
15M-4-42 (2067)
H.Q. 885 R217

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

R.C.A.F. A81-A
5M-12-44 (4876)
H.Q. 885-A81-A

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

5-5-607 AIR

DECEASED MEMBER'S NAME [redacted] — Louis A.M. (CHRISTIAN NAMES) Cauchy (SURNAME)

REGISTER NO. M.L

PAYEE Receiver General of Canada,

ADDRESS Director of Estates, Ottawa, Ont.

FILE NO. 15388

DATE 1 oct/45

SERVICE NO. R.55408

FINAL RANK OR RATING FS

DATE OF TERMINATION OF OVERSEAS SERVICE 27 juin/42

DATE OF DISCHARGE 27 juin/42

| | | $ | ¢ |
|---|---|---|---|
| A. TOTAL QUALIFYING SERVICE | NO. OF DAYS 693/30 EQUAL TO 23 COMPLETE PERIODS AT $7.50 | 172.50 | |
| B. QUALIFYING OVERSEAS SERVICE | NO. OF DAYS 309 LESS 3 INELIGIBLE DAYS, EQUAL TO 306 DAYS @ 25c. PER DAY | 76.50 | |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | | | |
| DAILY RATES AT DISCHARGE | PAY $ 3.75 | | |
| | SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.00 | | |
| | ADDITIONAL PAY $ | | |
| | $ | | |
| | $ | | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | $ | | |
| | TOTAL $ 4.75 ×7 = $ 33.25 | | |
| | NO. OF DAYS 309/183 ×$ 33.25 | 56.15 | |
| D. WAR SERVICE GRATUITY | | 305.15 | |
| E. DEDUCTIONS | OVERPAYMENT OF PAY AND ALLOWANCES $ | | |
| | DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ | | |
| | OTHER DEDUCTIONS $ | | |
| F. TOTAL AMOUNT PAYABLE | | 305.15 | |

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F. Records Office
Rec'd OCT 10 1945
O.K. C.I.B.
R.C. N.I.
P. & A. B.A.

Trans. Trust $ Account
Journal Voucher # G228

**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 |
|---|---|
| PEN | LGS |

TREASURY

| CHECKED BY | DATE |
|---|---|
| [signature] | 3.10.45 |

[signature]
SERVICE REPRESENTATIVE

△T

N° MATRICULE R.55408 VERSÉ À No.2 Manning Depot, Brandon MÉTIER SPECIAL RESERVE Aircrew (Observer)

# CORPS D'AVIATION ROYAL CANADIEN
## (FORMULE D'ENGAGEMENT)

**(Le postulant devra répondre de sa propre main aux questions des pages 1 et 2)**

1. Nom CAUCHY Prénoms en entier LOUIS AUGUSTIN MARIE
2. Adresse actuelle 44 RUE DEZIEL, LEVIS Téléphone 875
3. Adresse fixe 44 RUE DEZIEL, LEVIS
4. Lieu de naissance LEVIS Nationalité CANADIEN-FRANÇAIS
5. Date de naissance 11 FEVRIER 1922 ✓ Marié, célibataire, veuf, séparé, divorcé CELIBATAIRE
6. Enfants

| Nom | Date de naissance | Nom | Date de naissance |
|---|---|---|---|
| | NONE | | |
| | | | |
| | | | |

7. Profession ETUDIANT 8. Religion CATHOLIQUE ROMAINE (Indiquez la confession religieuse)
9. Langues FRANÇAISES, ANGLAISES, (Degré de connaissance)
10. Plus proche parent (nom en entier) CHARLES A. CAUCHY Degré de parenté PÈRE
    Adresse du plus proche parent 44 RUE DEZIEL LEVIS
11. Père (nom en entier) CHARLES A. CAUCHY Lieu de naissance LEVIS
    Adresse 44 RUE DEZIEL, LEVIS Nationalité CANADIEN-FRANÇAIS
    Profession CONDUCTEUR, C.N.R.
12. Mère (nom de fille en entier) GERMAINE BLOUIN Lieu de naissance LEVIS
    Adresse 44 RUE DEZIEL, LEVIS Nationalité CANADIENNE-FRANÇAISE
13. Détails du service dans les armées de terre, de mer ou de l'air: { Armée de terre non-permanente

| Unité | Lieu | Rang | Profession | Date du | Date au | Motif de la libération |
|---|---|---|---|---|---|---|
| 59TH HEAVY BTTY. R.C.A. | PETAWAWA HALIFAX | CAPORAL | SIGNALEUR | 1938 | 1939 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

14. Honneurs, récompenses, citations AUCUNE
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? No
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? NON Si oui, où? NA
    Quand? NA Résultat NA
17. Avez-vous déjà été réformé de quelque service armé de Sa Majesté pour inaptitude physique? NON
    Si oui, indiquez la nature de l'infirmité NA
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? NON
    Si oui, indiquez la nature de l'infirmité NA
19. Avez-vous jamais été trouvé coupable de délit? NON Si oui, indiquez-en la nature NA
20. Avez-vous des dettes? NON Si oui, donnez des détails NA

R.C.A.F. Recd Office AUG 12 1940 C.I.B. O.K. R.C. M.I. R.C.A.F. S.L.

R.C.A.F.—R.100a
20M—2-40 (3925)
Q.G. 1062-3-83

11-166

21. Éducation:

| — | Nom de l'école | Date du | Date au | Cours, sujets, etc. |
|---|---|---|---|---|
| Instruction primaire—École publique ou séparée | ECOLE MICHAUD | 1927 | 1931 | MATIÈRES PRIMAIRES |
| Cours supérieur—Collège, etc | COLLEGE DE LEVIS | 1931 | 1940 | CLASSIQUE |
| Cours technique | | | | |
| Autres cours universitaires ou scolaires | | | | |
| Cours par correspondance | | | | |
| | | | | |

22. Emplois civils (détails au complet): AUCUN

| Employeur et lieu | Fonctions, métiers, positions | Date du | Date au | Motif du départ |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

23. Heures de vol, seul AUCUNE accompagné N/A avec passager N/A

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C N/A

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement
NATATION (modérément) PATIN (modérément) TENNIS (occasionnellement)

26. Service aéronautique dans lequel vous voulez vous engager {~~Service à terre.~~ / Service navigant. ✓

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez AIR CREW

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) ~~pilote,~~ (b) ~~observateur;~~ (c) ~~mitrailleur~~ ou (d) ~~radiotélégraphiste~~ (~~membre d'équipage~~). (Biffez les mots qui ne s'appliquent pas).

27. Nommez au moins deux personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

| Nom | Adresse | Profession |
|---|---|---|
| LUCIEN CLOUTIER | COLLEGE DE LEVIS | PRETRE |
| JEAN-CHARLES MICHAUD | 2 rue Saint FELIX | DESSINATEUR |
| | | |
| | | |

28. Autres renseignements se rapportant à votre demande d'engagement NONE

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires? OUI

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date 1 JUILLET 1940 Signature Louis Caudry

## POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) *Rapport de l'officier qui a eu une entrevue avec le candidat—*

Type d'homme.....Apparence générale.....

Aptitudes pour (indiquez à quel titre).....

Date.....Signature.....Grade.....

(B) *Rapport sur l'épreuve professionnelle—*

Métier sur lequel a porté l'épreuve.....

Résultat.....

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C.....

.....

Date.....Signature.....Grade.....

(C) **DÉCLARATION D'ENGAGEMENT DE LA RECRUE**

Je, soussigné, CAUCHY Louis Augustin Marie déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre, ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date 8 aout 1940 Louis A. Cauchy
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

Je, soussigné, CAUCHY Louis Augustin Marie promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date 8 aout 1940 Louis A. Cauchy
Signature de la recrue

(E) **DÉCLARATION DE L'OFFICIER CERTIFICATEUR**

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à Quebec, Que. ce 8eme jour de aout 1940

(J.R. Landry) Signature de l'Officier | Flight Lieutenant Grade | RCAF Recruiting Centre, Quebec. Unité

# POUR L'USAGE DU DÉPARTEMENT SEULEMENT

## CERTIFICAT DE L'EXAMEN MÉDICAL

*Partie 1. Renseignements obtenus de la recrue—*

1. Age 18 2. Avez-vous souffert d'une des maladies suivantes?

(a) Rhumatisme no
(b) Tuberculose No
(c) Bronchite ou asthme No
(d) Affection cardiaque No
(e) Maladie du rein ou de la vessie No
(f) Gastrite intestinale No
(g) Hernie No
(h) Varices No
(i) Pieds plats ou déformés No
(j) Affection nasale No. Tonsils removed in 1938
(k) Maladies des oreilles No
(l) Maladies des yeux No
(m) Epilepsie No
(n) Maladie nerveuse ou mentale No
(o) Syphilis No
(p) Gonorrhée No
(q) Fracture No
(r) Autre maladie ou défectuosité No

3. Avez-vous jamais porté des lunettes? No

Louis Cauchy
Signature de la recrue

Observations des examinateurs

Tonsils removed in 1938. Observed that sight tonsils is incompletly removed but candidate has no sore throat since. Candidate had colds in head 4 or 5 years, aver. duration one week not severe.

*Partie 2. Renseignements obtenus par l'examen médical.* (La recrue doit être déshabillée)—

1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails)

Varicocelle at left. Birth mark on left side.

2. Taille 5 pieds 9 pouces. 3. Poids 140 livres.

4. Teint Fair 5. Couleur des yeux Blue Cheveux Fair

6. Développement ~~Bon~~ / Passable / ~~Médiocre~~ 7. Tour de poitrine—Expiration 33 pouces
Degré d'expansion 2 pouces

8. Ouïe—Droite W.V.20 Gauche W.V.20 Tympan—Droit N gauche N

9. Vue—sans lunettes—droit 20/20 avec lunettes—droit
gauche 20/20 gauche

10. État de la bouche et des dents Partial plate 4 teeth., 23 points Good condition

11. Urine—Albumine Nil Sucre Nil

12. Anomalies révélées à l'examen (congénitales et pathologiques)

*Partie 3.* Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie.

A³B

Observations spéciales des médecins Colour Vision: Normal

8-8-40: Re-checked and found fit for Cat A³B L.L.

Date 10 - 7 - 40 19

Président — Lieut R.C.A.M.C.

Membre — Capt. Reaume.

Membre

SPECIAL RESERVE

Extrait du Régistre des baptêmes, mariages et sépultures de la paroisse Notre-Dame de Levis, pour l'annee mil neuf cent vingt-deux -

Le douze février mil neuf cent vingt-deux nous, prêtre soussigné, professeur au College de Lévis, avons baptisé Louis, Augustin marie, né la veille, fils légitime de Charles Cauchy, conducteur de train et de marie Paule Léonaine Blouin, de cette paroisse. Le parrain a été Cléophas Blouin, shérif, grand père de l'enfant de cette paroisse, la marraine Marie Louise Thomas, épouse du parrain, soussignés avec nous ainsi que le père. Lecture faite Marie Louise Thomas. - Blouin
Cléophas Blouin
Charles Cauchy
Jos-Eug. Lachance, ptre -

PAROISSE N.D. DE LA VICTOIRE
DIOCESE DE QUEBEC
DE LEVIS

Lequel Extrait, nous soussigné, V.-c. curé de la paroisse Notre-Dame de Lévis, certifions être vrai et conforme au régistre original, déposé dans les archives de la paroisse.

Fait le premier jour du mois de juillet
mil neuf cent quarante Achille Lemieux ptre

PAROISSE N.D. DE LA VICTOIRE
DIOCÈSE DE QUÉBEC
DE LÉVIS

SPECIAL RESERVE

*Notre-Dame de Lévis, le* ..... *19*

Je, soussigné, curé de Notre-Dame de Lévis, certifie que monsieur Louis-Augustin-Marie Cauchy, mon paroissien, demeurant au numéro 44, rue Déziel, Lévis, P.Q., est un excellent jeune homme, de bonne conduite et de très-bonne famille; il mérite la considération qu'on voudra bien lui accorder.

Je lui donne un parfait témoignage.

Lévis, le Ier juillet I940.

PARISCLIFFE
LINEN BOND
MADE IN CANADA

PAROISSE N.D. DE LA VICTOIRE
DIOCÈSE DE QUÉBEC
DE LÉVIS

SPECIAL RESERVE

R.C.A.F. Special Reserve

Interview Report

Non-Flying List

Air Crew

Administration
Technical
Equip. & Accounts
Pilot
Observer
Wireless Op. Air.
Air Gunner

SURNAME: CMUCHY

CHRISTIAN NAMES IN FULL: Louis Augustin Marie

Age 18
Height 5'10"
Weight 145
Married or Single
No. of Children

ACADEMIC STANDING:

Equivalent to Junior Matric at College de Levis.

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

none

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

2 years none permanent Militia.
59th Heavy Btly. R.C.A. 1938 to 1940
as Cap. Signaler.

SPORTS:

EXTENSIVELY: Swimming
MODERATELY: Skating
OCCASIONALLY: Tennis

HOBBIES:

none

APPEARANCE: HEALTHY-RUGGED-SLENDER
TALL-MEDIUM-SHORT
REFINED-ORDINARY-COARSE
CLEAN - UNTIDY - DIRTY

DRESS: FLASHY-TASTEFUL-CONSERVATIVE
POORLY DRESSED BUT CLEAN AND
NEAT-SMART-UNTIDY-CARELESS

INTELLIGENCE: QUICK - DELIBERATE - SLOW
ORGANIZED-ACCURATE-RAMBLING

PERSONALITY: DOMINEERING-CONFIDENT-
SUBMISSIVE-MATURE-
IMMATURE-PLEASANT-
MOROSE-BELIGERENT

SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F.....YES ____ NO ____

FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK...YES ____ NO ____

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para.1 (b)

Very Good.

SUMMARY OF ALL OF THE ABOVE:

Fine type. will make a good Officer & Air Crew.

R.C.A.F. Records Office
Rec'd AUG 12 1940
O. K. ..... C.I.B.
R. C. ..... N. I.
C. L. ..... P. A.

EXCELLENT
ABOVE AVERAGE
AVERAGE
BELOW AVERAGE
(Strike out words not applicable)

RECOMMENDED FOR:

Air Crew Pilot
or
Observer.

DATE: July 3rd. 1940

RECRUITING CENTRE: QUEBEC

SIGNATURE OF OFFICER:

Commanding Officer.

A.F.M.6

SPECIAL RESERVE

COLLEGE DE LEVIS

POSUERUNT ME CUSTODEM

Certificat d'études de monsieur Louis Cauchy

Je, sousigné, préfet des études au Collège de Lévis, certifie que monsieur Louis Cauchy de Lévis a passé avec succès les examens d'immatriculation en notre maison en l'année 1938 et qu'un certificat peut lui être remis à cet effet; monsieur Cauchy a de plus poursuivi ses études pendant deux ans dans la section des classes de Lettres et il a terminé sa Rhétorique cette année même.

Lucien Colontaine
préfet des études
au collège de Lévis,
ce 1 juillet 1940.

PRÉFECTURE
COLLÈGE DE LÉVIS

55408

**CONFIDENTIAL**

Recheck.
#2 Medical Selection Board. #R55408

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

# ROYAL CANADIAN AIR FORCE

FILE NUMBER

**Medical Board held at** Regina, Sask. *Date* 13/1/41

**Enlisted at:** Quebec City, Que. 8/8/40

*Surname* CAUCHY *Chr. Names* Louis, Augustin, Marie.
*Nature of Commission* A/C *Date of Birth* 11/2/22 *Married or Single* S
*Branch* R.C.A.F. *Hours Flown* "@ 2½ pass.
*Address* 56 Deziel St., Levis, Que.

HAVE YOU ANY HISTORY OF:—

| | | |
|---|---|---|
| (i) | NERVOUS TROUBLE or Nervous Breakdown | NO |
| | Severe or "Sick" Headaches, Migraine | NO |
| | Fits or Convulsions of any kind | NO |
| | Sun or Heat Stroke | NO |
| | Head Injury or Concussion (including "knock-out") | NO |
| | Insomnia, Nightmares, Sleep-walking, or Bed-wetting | Occasional Nightmares. |
| (ii) | LUNG TROUBLE or Consumption | NO |
| | Bronchitis, Pneumonia or Pleurisy | NO |
| | Asthma or Hay Fever | NO |
| (iii) | HEART DISEASE, "Weak or Strained Heart" | NO |
| | Fainting Attacks or Giddiness | NO |
| | Rheumatism, Rheumatic Fever or "Growing Pains" | NO |
| | Frequent Sore Throats or Tonsillitis | NO |
| | Diphtheria, Scarlet Fever or Scarlatina | NO |
| (iv) | STOMACH or BOWEL TROUBLE | NO |
| | Chronic Indigestion or Pain after Food | NO |
| (v) | KIDNEY or BLADDER TROUBLE | NO |
| | Syphilis or Gonorrhœa | NO |
| (vi) | TROPICAL DISEASE | NO |
| | Malaria | NO |
| | Dysentery | NO |
| (vii) | EYE TROUBLE or Inflammation of Eyelids | NO |
| | Wearing of Glasses | NO |
| | Colour or Night Blindness | NO |
| (viii) | EAR TROUBLE, Earache or Discharge from Ears | NO |
| | Deafness, Noises in the Ears, or Dizziness | NO |
| | Frequent Colds in Head, Catarrh or Obstruction | NO |
| | Prolonged Hoarseness or Loss of Voice | NO |
| | Sea, Car or Train Sickness | NO |
| | Discomfort on Swings, Roundabouts, Switchbacks | NO |
| (ix) | OPERATIONS | T & A. |
| (x) | Any Illness or Injury not mentioned above | Measles. |

Education S.M.
Present Occupation Student Hobbies Artistic
Previous Service 15th battery N.P.A.M.
Athletics Good
Habits—Smoking NO Alcohol NO

FAMILY HISTORY—Consumption NO
Nervous Ailments, Mental Trouble, or "Fits" NO

Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (5) Alive—Health Good (1) Dead—Cause Infancy.
Sisters (3) Alive—Health Good (...) Dead—Cause

*I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.*

*Date* JAN 13 1941 *Signature* L. A. Cauchy *Witness* [signature]

## GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Wiry ..... *(b)* Mentality ..... Standard .....
Body Marks, Scars, Deformities ..... Scar right thigh abdomen. Vacc. left. .....
Size of Thyroid Gland ..... Normal .....
Surgical Abnormalities ..... Small varicocele ½ left. .....
Results of Wounds, Injuries, Operations ..... Normal .....

| | Date ..... Assessing Room | Date ..... Assessing Room | Date ..... Assessing Room | Remarks on any Abnormalities Found |
|---|---|---|---|---|
| Height (ins.) | 69.5 | | | |
| Weight (lbs.) | 152 | | | *Date* ..... |
| Chest Circumference (ins.) | 36 | | | |
| Body Build (lbs.) | & 10 | | | |
| Leg Length (ins.) | 42.5 | | | |
| Pulse Rate — Sitting | 72 | | | |
| Pulse Rate — Standing 1st | 84 | | | |
| Pulse Rate — Standing 2nd | 84 | | | |
| Pulse Rate — After Exercise | 96 | | | |
| Pulse Rate — Time to Normal | 10 | | | |
| Arterial Walls | N | | | |
| Blood Pressure — Systolic | 115 | | | |
| Blood Pressure — Diastolic | 80 | | | |
| Heart — Size | N | | | |
| Heart — Sounds | N | | | |
| Heart — Rhythm | N | | | |
| Lungs | N | | | |
| Breath held | 89 | | | |
| Expiratory Force | 130 | | | |
| Vital Capacity (Best of 5) | 4300 | | | |
| Reflexes — Knee | N | | | |
| Reflexes — Ankle | N | | | |
| Reflexes — Triceps | N | | | |
| Reflexes — Abdominal | N | | | |
| Reflexes — Plantar | N | | | |
| Cranial Nerves | N | | | |
| Balancing Rod | R. L. S1 S1 | R. L. | R. L. | R. L. R. L. R. L. |
| Self Balancing | R. L. S1 S1 | R. L. | R. L. | R. L. R. L. R. L. |
| Tremors — Fingers | N | | | |
| Tremors — Eyelids | N | | | *Date* ..... |
| Abdomen — Liver | N | | | |
| Abdomen — Spleen | N | | | |
| Abdomen — Muscular Tone | N | | | |
| Urine — Albumen | N | | | |
| Urine — Sugar | N | | | |
| *Initials of M.O.* | | | | |

40 mm. Hg. Test .....
*Date* ..... 788/676/675/655/5 -- 67 secs. (Type 1) .....
*Date* .....
*Date* .....
*Date* .....

Remarks by Consultant.

Small Varicocele left.

Fit.

## EYE EXAMINATION

History: Nil

Visual Acuity: R. 20/20 , c̄ 2.25 ≡ 20/100
L. 20/20 , c̄ 2.25 ≡ 20/100

Colour Vision: N. Ishihara.

Red, Green: Exo. 6" 5Δ - red green- 6"

Diaphragm Test (P.D. = 6 ): Exo at 3.

Convergence: C. = 9 cms.
S. C. = 15 cms.

Accommodation: R. 15.5
L. 15.5

Cover Test: Normal

Fundi and Media: Normal

Fields: Normal

Remarks:

A3B.

| | | |
|---|---|---|
| *Initials of M.O* | *Initials of M.O* | *Initials of M.O* |
| *Date* | *Date* | *Date* |

## EXAMINATION OF EAR, NOSE AND THROAT

History: Nil

| | | | |
|---|---|---|---|
| Hearing: R. Ear | WV 20' | | |
| Hearing: L. Ear | WV 20' | | |
| External Ear, Meatus Membranes: R. Ear | N | | |
| External Ear, Meatus Membranes: L. Ear | N | | |
| Middle Ear, Eustachian Tubes: R. Ear | patent | | |
| Middle Ear, Eustachian Tubes: L. Ear | pa tent | | |
| Cochlear Apparatus: R. Ear | N | | |
| Cochlear Apparatus: L. Ear | N | | |
| Vestibular Apparatus: R. Ear | N | | |
| Vestibular Apparatus: L. Ear | N | | |
| Buccal Cavity | N | | |
| Teeth | N | | |
| Gums | N | | |
| Pharynx | N | | |
| Nasopharynx | N | | |
| Nose | N | | |
| Larynx | N | | |
| Remarks: Fit. | *Initials of M.O* / *Date* | *Initials of M.O* / *Date* | *Initials of M.O* / *Date* |

## HISTORY OF PRESENT CONDITION

Date.....

Small Varicocele left side.

Defective eye muscle balance.

Fit. A3B.

---

## OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

CATEGORY APPROVED
63 B
JAN 13 1941
.....
..... for D.G.M.S.

R.C.A.F. Rec'd
Rec'd FEB 11 1941
O. K..... C.I.L.....
R. C. .....N. I.....
S. L.....P. A.....

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

# ROYAL CANADIAN AIR FORCE

## REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

### AIR AND GROUND TRAINING

Surname CAUCHY Christian Names Louis Augustin Marie

Number R55408 Rank LAC

### INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

### PART I

### WIRELESS TRAINING

1. No. 3 Wireless School. Course No. 11 To 4-7-41 From 17-2-41

2. *Flying Times*—

*(a)* In Flying Classroom as 1st Operator 1 hours.

*(b)* In Flying Classroom, listening watch 2.30 hours.

*(c)* In 2-seat aircraft as sole operator 3.40 hours.

R.C.A.F. Records Office
Rec'd. OCT 3 1941
O. K. C. B.
R. C. N. I.
S. L. P. A.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

~~Above average~~
Average
~~Below average~~

4. *Ground Training*—

| Subject | Maximum marks | Marks obtained | Subject | Maximum marks | Marks obtained |
|---|---|---|---|---|---|
| Theory | 50 | 31 | Signals Organization | 150 | 110 |
| Radio Equipment | 250 | 221 | Armament | 100 | 70 |
| Morse (buzzer and lamp) | 200 | 197 | Drill and P.T. | 50 | 42 |
| Procedure | 200 | 176 | TOTALS | 1000 | 847 |

Maximum Marks, 1000. Marks Obtained 847 Percentage 84.7 Pass or Fail Pass

Position in Class 17 No. in Class 45

5. Date authorized to wear Wireless Operator's Badge July 4, 1941.

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—.....

.....

......"Suitable" Rated 2 in order of suitability amongst the .....

.....Can[2]. Canadian Trainees of his entry.....

.....

.....W. F. Lovett Flt. .....

*for Officer Commanding*

No. 3 Wireless School

Date .....July. 4. 1941.....

To be passed to No. 5 B. G. S.

PART II

ARMAMENT TRAINING

1. No. 5 B. G. S. Course No. 11.W.A.G.

2. Dates of Courses:— From 7.7.41. To 4.8.41.

AIR TRAINING

GUNNERY

3. *Flying Time:*—

| Aircraft | Day | Night | Passenger | Total Hrs. | Total Mins. |
|---|---|---|---|---|---|
| Battle | 8:50 | nil | 7: | 15: | 50. |
| | | | | | |

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test..... 9 %

(*b*) Beam Relative Speed Test..... 11 %

(*c*) Under Tail Test..... 9 %

5. *Total Rounds Fired*—

Ground..... 300 ~~%~~

Air to Ground..... 400 ~~%~~

Air to Air..... 1870 ~~%~~

6. *Assessment*— Marks Obtained

| | | |
|---|---|---|
| (*a*) Written Examination | (100 Marks) | 75 |
| (*b*) Practical and Oral Examination | (100 Marks) | 77 |
| (*c*) Ability as Firer | (250 Marks) | 175 |
| (*d*) Qualities as an N.C.O | (~~150~~ 450 Marks) | |
| Totals | (~~600~~ Marks) | 327 |

7. Position in Class 13 No. in Class 34 Pass or Fail pass

8. Date authorized to wear Air Gunner's Badge 4.8.41.

9. Comments on suitability for Commissioned Rank Possibly

10. Remarks..... This student made out exceptionally well, especially in view of his language difficulties. Has a very thorough knowledge of gunnery subjects... Splendid aircrew material.

W. F. Lovett Flt. ~~Wing Commander~~

*for Chief Instructor*

No. 5 B. G. S.

Date 5.8.41.

PART II—*Concluded*

## AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

| Course | Maximum Marks | Marks Obtained |
|---|---|---|
| Wireless School | 1000 | 847 |
| Bombing and Gunnery School | 450 ~~600~~ | 327 |
| TOTALS | 1450 ~~1600~~ | 1174 |

12. Percentage 80.9 Pass or Fail pass Position in Class 9

No. in Class 34

13. Recommended for Commissioned Rank no Assessment
*(yes or no)* *(ex., above average)*

14. Remarks Concur in remarks, para. 10

R. H. Dallas Wing Commander
*Officer Commanding*
No. 5 B. G. S.

Date

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

# ROYAL CANADIAN AIR FORCE

## REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

### AIR AND GROUND TRAINING

Surname CAUCHY Christian Names Louis Augustin Marie

Number R55408 Rank LAC

### INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

### PART I

### WIRELESS TRAINING

1. No. 3 Wireless School. Course No. 11 To 4-7-41 From 17-2-41

2. *Flying Times*—

*(a)* In Flying Classroom as 1st Operator 1 hours.

*(b)* In Flying Classroom, listening watch 2.30 hours.

*(c)* In 2-seat aircraft as sole operator 3.40 hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

~~Above average~~
Average
~~Below average~~

4. *Ground Training*—

| Subject | Maximum marks | Marks obtained | Subject | Maximum marks | Marks obtained |
|---|---|---|---|---|---|
| Theory | 50 | 31 | Signals Organization | 150 | 110 |
| Radio Equipment | 250 | 221 | Armament | 100 | 70 |
| Morse (buzzer and lamp) | 200 | 197 | Drill and P.T | 50 | 42 |
| Procedure | 200 | 176 | TOTALS | 1000 | 847 |

Maximum Marks, 1000. Marks Obtained 847 Percentage 84.7 Pass or Fail Pass

Position in Class 17 No. in Class 45

5. Date authorized to wear Wireless Operator's Badge July 4, 1941

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—.....

"Suitable" Rated 2 in order of suitability amongst the Canadian Trainees of his entry.

J. W. Senecal Flo
*for Officer Commanding*
No. 3 Wireless School

Date July 4, 1941.

To be passed to No. 5 B. G. S.

PART II

ARMAMENT TRAINING

1. No. 5 B. G. S. Course No. 11 W.A.G.

2. Dates of Courses:— From 7.7.41. To 4.8.41.

AIR TRAINING

GUNNERY

3. *Flying Time:*—

| Aircraft | Day | Night | Passenger | Total Hrs. | Total Mins. |
|---|---|---|---|---|---|
| Battle | 8:50 | nil | 7: | 15: | 50 |
| | | | | | |

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test ... 9 ... %

(*b*) Beam Relative Speed Test ... 11 ... %

(*c*) Under Tail Test ... 9 ... %

5. *Total Rounds Fired*—

Ground ... 300 ... ~~%~~

Air to Ground ... 400 ... ~~%~~

Air to Air ... 1870 ... ~~%~~

6. *Assessment*— Marks Obtained

(*a*) Written Examination ... (100 Marks) ... 75

(*b*) Practical and Oral Examination ... (100 Marks) ... 77

(*c*) Ability as Firer ... (250 Marks) ... 175

(*d*) Qualities as an N.C.O ... ~~(XXX~~ (150 Marks) ...

Totals ... ~~(600~~ 450 Marks) ... 327

7. Position in Class 13 No. in Class 34 Pass or Fail pass

8. Date authorized to wear Air Gunner's Badge 4.8.41.

9. Comments on suitability for Commissioned Rank Possibly

10. Remarks.... This student made out exceptionally well, especially in view of his language difficulties. Has a very thorough knowledge of gunnery subjects. Splendid aircrew material.

W. F. Smith Flt ~~Wing Commander~~
*for Chief Instructor*
No. 5 B. G. S.

Date 5.8.41.

PART II—*Concluded*

## AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

| Course | Maximum Marks | Marks Obtained |
|---|---|---|
| Wireless School | 1000 | 847 |
| Bombing and Gunnery School | 450 ~~600~~ | 327 |
| TOTALS | 1450 ~~1600~~ | 1174 |

12. Percentage 80.9 Pass or Fail pass Position in Class 9

No. in Class 34

13. Recommended for Commissioned Rank no Assessment
*(yes or no)* *(ex., above average)*

14. Remarks Concur in remarks, para. 10

R. A. Dellaye Wing Commander
*Officer Commanding*

No. 5 B. G. S.

Date

# ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
40M—8-40 (6622)
H.Q. 1002-2-126

## *Individual Record of Flying*

RANK LAC NO. R.55408 NAME Chauchy L.A.M.

| UNIT | Month ending | SINGLE-ENGINE AIRCRAFT | | | | | | | | | | | | MULTI-ENGINE AIRCRAFT | | | | | | | | | | | | CREW DUTIES | | | | | | TOTAL | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | DAY | | | | | | NIGHT | | | | | | DAY | | | | | | NIGHT | | | | | | | | | | | | | | |
| | | Captain of Aircraft | | 2nd Pilot | | Dual | | Captain of Aircraft | | 2nd Pilot | | Dual | | Captain of Aircraft | | 2nd Pilot | | Dual | | Captain of Aircraft | | 2nd Pilot | | Dual | | Observer | | Air Gunner | | Other | | Passenger | | |
| | | (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | |
| | | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins |
| #3 Wireless School.Winnipeg. | June 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 | 55 | | | 7 | 55 |

F/L Green 7/6
for(W.R.Pollock)Wqn.Ldr.
O.C.Flying Squadron.
#3 Wireless School.

# ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
40M—8-40 (6622)
H.Q. 1062-2-126

## *Individual Record of Flying*

RANK..... NO..... NAME.....

| WEEKLY FLYING RETURN OF | | | SINGLE-ENGINE AIRCRAFT | | | | | | | | | | MULTI-ENGINE AIRCRAFT | | | | | | | | | | CREW DUTIES | | | | | | Passenger | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | DAY | | | | | | NIGHT | | | | DAY | | | | | | NIGHT | | | | | | | | | | | | | |
| UNIT | Week ending | Serial No. | Captain of Aircraft | | 2nd Pilot | | Dual | | Captain of Aircraft | | 2nd Pilot | | Dual | | Captain of Aircraft | | 2nd Pilot | | Dual | | Captain of Aircraft | | 2nd Pilot | | Dual | | Observer | | Air Gunner | | Other | | | | | |
| | | | (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | |
| | | | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins |

J. A. T. P. CANADA

# ROYAL CANADIAN AIR FORCE

# GENERAL CONDUCT SHEET

OFFICIAL No. R55408 NAME AND INITIALS (IN BLOCK LETTERS) CAUGHY, L. A. M. DATE OF ENLISTMENT 8-8-40

SHEET No. One (IN WORDS) SIGNATURE AND RANK OF C.O. W.E. Rand F/O DATE 12-8-40

For Commanding Officer, No. 2 Manning Depot, RCAF, Arena Building, Brandon, Manitoba.

| UNIT AND PLACE | Date of Offence | Rank | Cases of Drunkenness (in red) | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | Initials and Rank of Officer making entry and Remarks, with Date |
|---|---|---|---|---|---|---|---|---|---|
| | | | | CERTIFIED NO ~~FURTHER~~ ENTRY | | | | | 24 SEP 1941 |
| | | | | CERTIFIED NO ENTRY. | | | | | 25 NOV 1941 |
| | | | | Certified no Entry | | | | | 7.5.42 |
| | | | | CERTIFIED ~~no further~~ no ENTRY | | | | | 26.6.42. |
| | | | | To be carried over | | | | | |

ADJUTANT
TRAINING WING No. 22 O.T.U.

F/LT. Adjutant,
No. 150 Squadron, R.A.F.

R.C.A.F. R. 71
25M—2-40 (4161)
H.Q. 1062—3-53

SPECIAL RESERVE

J. A. T. P. CANADA

R.C.A.F. Special Reserve

Interview Report

~~Non-Flying List~~

Air Crew

Administration
Technical
Equip. & Accounts
Pilot
Observer
~~Wireless Op. Air.~~
~~Air Gunner~~

SURNAME: CAUCHY

CHRISTIAN NAMES IN FULL: Louis Augustin Marie

Age 18
Height 5'10"
Weight 145
~~Married or~~ Single
~~No. of Children~~

ACADEMIC STANDING:

Equivalent to Junior Matric at College de Levis.

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

none

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

2 years none permanent Militia.
59th Heavy Btly. R.C.A. 1938 to 1940
as Cap. Signaler.

SPORTS:

EXTENSIVELY: Swimming
MODERATELY: Skating
OCCASIONALLY: Tennis

HOBBIES:

none

APPEARANCE: HEALTHY-~~RUGGED~~-SLENDER
TALL-~~MEDIUM-SHORT~~
REFINED-~~ORDINARY-COARSE~~
CLEAN-~~UNTIDY-DIRTY~~

DRESS: ~~FLASHY~~-TASTEFUL-CONSERVATIVE
~~POORLY DRESSED BUT~~ CLEAN AND
NEAT-SMART-~~UNTIDY-CARELESS~~

INTELLIGENCE: QUICK - ~~DELIBERATE - SLOW~~
ORGANIZED-ACCURATE-~~RAMBLING~~

PERSONALITY: ~~DOMINEERING~~-CONFIDENT-
~~SUBMISSIVE~~-MATURE-
~~IMMATURE~~-PLEASANT-
~~MOROSE-BELLIGERENT~~

SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F.....YES ~~NO~~

FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK...YES ~~NO~~

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para.1 (b)
Very Good.

SUMMARY OF ALL OF THE ABOVE:

Fine type. will make a good Officer & Air Crew.

EXCELLENT
~~ABOVE AVERAGE~~
~~AVERAGE~~
~~BELOW AVERAGE~~
(Strike out words not applicable)

RECOMMENDED FOR:

Air Crew Pilot
or
Observer.

DATE:
July 3rd, 1940

RECRUITING CENTRE:
QUEBEC

SIGNATURE OF OFFICER:
Commanding Officer.

A.F.M. 5

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). **R.A.F. Form 1580.**

# ROYAL AIR FORCE.

# AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. CAN/R55408 Name CAUCHY Louis Auguste marie Rank T/Sgt
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade W.O. A.G. Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 11.2.22 Religion R.C. Occupation in Civil Life Student

Last Enlisted 8.8.40 Current Engagement P of W

If a member of the Auxiliary Air Force Special Reserve.

If Reservist, which Class ("E," "F," V.R.) Whether Married, Single, or Widower S.

Name, address and relationship of legal next of kin (to be entered in pencil) :
Mother Mrs L. Cauchy. 56 Deziel Street Levis Quebec.

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here " Next of Kin.")
N of K.

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

| Section 1.—Movements and Casualties. | | | Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings. | | |
|---|---|---|---|---|---|
| Unit FROM which. | Unit TO which. | Date of Effect. | *Authority. | Description. | Date of Effect. |
| 5 B&G Dafoe | Y.D. Halifax | 5.8.41 | M.O. R13 | mustered aircrew Obs. | 8.8.40 |
| Y.D. Halifax | R.A.F.T.P. | 23-8-41 | | Enlisted A.C.2 | 8.8.40 |
| | Emb. Can. | 24.8.41 | D.R.O. 29 | Reclass: L.A.C. | 4.2.41 |
| | 3 P.R.C. | 2.9.41 | " 29 | Remus: W.O. A.G. | 4.2.41 |
| 3 P.R.C. | 1 Sig. S. | 16.9.41 | " 87 | Remus: W.O. AG. Spec Grf | 4.8.41 |
| No. 1 S.S Cramwell | No. 22, O.T.U | 25 NOV 1941 | " 87 | Promoted T/Sgt. Paid | 4.8.41 |
| 22 O.T.U | 150 Sqdn, Snaith | 7.5.42 | | | |
| No 150 Sqdn SNAITH | No. 1 R.A.F Depot Uxbridge | 26.6.42 | | | |

| Section 3.—Good Conduct Badges. | | | |
|---|---|---|---|
| *Authority. | 1st, 2nd, 3rd. | Awarded, Deprived, Restored. | Date of Effect. |

*The authority to be quoted will be the serial number of the relevant P.O.R.

K. & H., Ltd. R5738/8/41

Section 4.—Character and Trade Proficiency.

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g., on posting ; admission to hospital when posted to N.E. strength ; death ; etc. ; also on 31st December each year.)

| Rank. | Character. | Trade Classification. | Proficiency. A | B | C | Whether specially recommended, recommended, or not recommended for promotion or reclassification. | Date. | Signature and Rank of Commanding Officer. |
|---|---|---|---|---|---|---|---|---|
| Sgt | VG | W/Op. AG | NOT EMPLOYED | ON STRENGTH FOR TRAINING ONLY. | | | 25 NOV 1941 | [illegible] S/L |
| Sgt. | V.G. | WO/AG. | ON STRENGTH FOR TRAINING ONLY | | | | 7.5.42 | [illegible] S/L |
| Sgt | VG. | W/Op. AG. | Sat | Sat | Sat | Recd. | 28/4/42 | [illegible] W/Cdr |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PoR 86/42 | 2.5.42 | 6.5.42 | 5days Priv | | | Rw. 371579 | 8.5.42 | W.B. Homedall P/O |
| | 1.12.41 | 7.12.41 | 7days Priv | | PoR 203/41 | Rw. 957904 | 2.5.42 | W.B. Homedall P/O F/Lt |
| | | | GRANTED 7day Priv Rail War. No. 924180 | | P.O.R. 65/42 | 31.3.42 to 6-4-42 [illegible], F/Lt. | | |
| | 30.12.41 | 3.1.42 | 5days | Priv | PoR 2/42 | FRW 451944 | 9.1.42 | [illegible] P/O |
| PoR.45/41 | 23 SEP 1941 | — 28 SEP 1941 | (6 days priv) | | | Rly Wt issued | | [illegible] W/O |

Record of Leave and Issue of Free Travelling Warrants

First entry to be made at bottom of above section ; subsequent entries to be made directly above in sequence.

Section 5.—Results of Courses of Instruction, Recommendations for Aircrew Duties, Recommendations for Commissioned Rank (K.R. 2132, (19) (A)). Decorations, Mentions, Special Commendations by A.Os.C., etc.

| Authority. | Nature. | Date of Effect. |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

CONFIDENTIAL

SPECIAL RESERVE

R.C.A.F. M.2
25M—2-40 (3923)
H.Q. 1062-10-2

# ROYAL CANADIAN AIR FORCE

**Medical Board held at** Quebec City *Date* 5-7-40

FILE NUMBER

*Surname* Cauchy *Chr. Names* Louis Augustin Marie
*Nature of Commission* Air Crew *Date of Birth* 11/2/22 *Married or Single* Single
*Branch* R.C.A.F. *Hours Flown* none
*Address* 44 Déziel Lévis P.Q.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown No
Severe or "Sick" Headaches, Migraine no
Fits or Convulsions of any kind No
Sun or Heat Stroke No
Head Injury or Concussion (including "knock-out") No
Insomnia, Nightmares, Sleep-walking, or Bed-wetting No
(ii) LUNG TROUBLE or Consumption No
Bronchitis, Pneumonia or Pleurisy No
Asthma or Hay Fever No
(iii) HEART DISEASE, "Weak or Strained Heart" No
Fainting Attacks or Giddiness No
Rheumatism, Rheumatic Fever or "Growing Pains" No
Frequent Sore Throats or Tonsillitis Tonsils removed, right in completly, 1938 cured
Diphtheria, Scarlet Fever or Scarlatina No
(iv) STOMACH or BOWEL TROUBLE No
Chronic Indigestion or Pain after Food No
(v) KIDNEY or BLADDER TROUBLE No
Syphilis or Gonorrhœa No
(vi) TROPICAL DISEASE No
Malaria No
Dysentery No
(vii) EYE TROUBLE or Inflammation of Eyelids No
Wearing of Glasses No
Colour or Night Blindness No
(viii) EAR TROUBLE, Earache or Discharge from Ears No
Deafness, Noises in the Ears, or Dizziness No
Frequent Colds in Head, Catarrh or Obstruction Colds in head 4, 5 a year duration 1 week no service
Prolonged Hoarseness or Loss of Voice No
Sea, Car or Train Sickness No
Discomfort on Swings, Roundabouts, Switchbacks No
(ix) OPERATIONS Tonsils removed at right incompletly
(x) Any Illness or Injury not mentioned above No

Education Senior matriculation
Present Occupation Student Hobbies Telegraphy
Previous Service 2 years none permanent militia, 59th heavy Btty R.C.A. 1938-1940
Athletics Swiming "one mile", skating, tennis ,
Habits—Smoking None Alcohol Never
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (5) Alive—Health Good (1) Dead—Cause Infancy
Sisters (....) Alive—Health Good (0) Dead—Cause

*I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.*

*Date* 9-7-40 *Signature* Louis Cauchy *Witness* [illegible]

## GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique....Good.....*(b)* Mentality.....Alert.....
Body Marks, Scars, Deformities....Varicocele at left, Birth mark on left side.....
Size of Thyroid Gland.....Normal.....
Surgical Abnormalities.....None.....
Results of Wounds, Injuries, Operations....Good results (Tonsillectony).....

| | Date 5/7/40 Assessing Room | Date ... Assessing Room | Date ... Assessing Room | Remarks on any Abnormalities Found |
|---|---|---|---|---|
| Height (ins.) | 69 | | | |
| Weight (lbs.) | 140 | | | Date..... |
| Chest Circumference (ins.) | 33½ | | | |
| Body Build (lbs.) | -1½ | | | |
| Leg Length (ins.) | 43 | | | |
| Pulse Rate — Sitting | 84 | | | |
| Pulse Rate — Standing 1st | 108 | | | |
| Pulse Rate — Standing 2nd | 96 | | | |
| Pulse Rate — After Exercise | 120 | | | |
| Pulse Rate — Time to Normal | 25 | | | |
| Arterial Walls | Soft | | | |
| Blood Pressure — Systolic | 120 | | | |
| Blood Pressure — Diastolic | 80 | | | |
| Heart — Size | N | | | |
| Heart — Sounds | N | | | |
| Heart — Rhythm | N | | | |
| Lungs | N | | | |
| Breath held | 85 | | | |
| Expiratory Force | 160 | | | |
| Vital Capacity (Best of 5) | 5300 | | | Date..... |
| Reflexes — Knee | Exagd | | | |
| Reflexes — Ankle | N | | | |
| Reflexes — Triceps | N | | | |
| Reflexes — Abdominal | Pres | | | |
| Reflexes — Plantar | Abs | | | |
| Cranial Nerves | N. | | | |
| Balancing Rod ½ ½ | R. L. 1615 | R. L. | R. L. | |
| Self Balancing 1 | R. L. Fs 1 Fs | R. L. | R. L. | |
| Tremors — Fingers | sF sF | | | |
| Tremors — Eyelids | s c | | | Date..... |
| Abdomen — Liver | N | | | |
| Abdomen — Spleen | N | | | |
| Abdomen — Muscular Tone | N | | | |
| Urine — Albumen | Nil | | | |
| Urine — Sugar | Nil | | | |
| *Initials of M.O.* | G.L. | | | |

40 mm. Hg. Test....9-7-40 6 55 - 7-7-109/9 910/10 810/10-7.....
*Date*.....
*Date*.....
*Date*.....
*Date*.....
*Date*.....

Remarks by Consultant. Flat feet 1st degree non rigit type
Good physical efficiency G.L.

## EYE EXAMINATION

History ..... Negative .....

Visual Acuity
R. 20/20 , $\frac{+2.25}{c}$ = 20/200
L. 20/20 , $\frac{+2.25}{c}$ = 20/200

Colour Vision ..... Ihihara test 6 th Edition Normal

Red, Green ..... Eso at 4 inches

Diaphragm Test (P.D. = 60mm ) 4&5 Crowding at 3

Convergence
C. = 7 cms.
S. C. = 10½ cms.

Accommodation
R. 10
L. 9

Cover Test Patent Divergence both eyes R.R.

Fundi and Media ..... Normal

Fields ..... Wide

Remarks:

| | | |
|---|---|---|
| *Initials of M.O.* E.L. | *Initials of M.O.* | *Initials of M.O.* |
| *Date* 5/7/40 | *Date* | *Date* |

## EXAMINATION OF EAR, NOSE AND THROAT

History ..... Tonsillectomy in 1938 .....

| | | | |
|---|---|---|---|
| Hearing | R. Ear | W.V. 20 ft. | |
| | L. Ear | W.V. 20 ft. | |
| External Ear, Meatus Membranes | R. Ear | Clear & Healthy | |
| | L. Ear | Clear & Healthy | |
| Middle Ear, Eustachian Tubes | R. Ear | Patent | |
| | L. Ear | Patent | |
| Cochlear Apparatus | R. Ear | Normal | |
| | L. Ear | Normal | |
| Vestibular Apparatus | R. Ear | Normal | |
| | L. Ear | Normal | |
| Buccal Cavity | | Healthy | |
| Teeth | | Partial Plate 4 teeth 23 points | Good condition |
| Gums | | Healthy | |
| Pharynx | | Healthy Tonsils absent | |
| Nasopharynx | | Normal | |
| Nose | | Normal | |
| Larynx | | Normal | |

Remarks:

| | | |
|---|---|---|
| *Initials of M.O.* E.L. | *Initials of M.O.* | *Initials of M.O.* |
| *Date* 5/7/40 | *Date* | *Date* |

## HISTORY OF PRESENT CONDITION

Date.....5...-...7...-...40.....

I General appearance. Candidate presents a good appearance, he responds readily to questioning, is alert and quite eager.

II Personal history.

a/ Candidate had his tonsils removed in 1938. We observed that right tonsil is incompletly removed but he had no sore throat since.

b/ Candidate has colds in head ( 4 or 5 ~~days~~ years) average duration is one week not severe.

III Family history is negative.

IV Candidate is a student, his principal hobby is telegraphy. He was in the 59th., Heavy Battery R.C.A. N.P.A.M. from 1938 to 1940.
We noted the habits are good; candidate does not smoke nor drink.

V Physical findings indicate a well cared for flying.
His general responses to examination is good.

VI Eye, ears, nose & throat examination is satisfactory.

CATEGORY A 3 B. APPROVED
DATE. July 31 ..... 19. 41
Lawson Lt. M.O.
No. 5
B. and G. School

## OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 5 - 7 - 40

In the opinion of this Board, the candidate is regarded as fit for flying duties.

He is assessed A 3 B

8-8-40: Re-checked and found fit for Cat A 3 B.
G.T.

Guy Talbot
Lieut. R.C.A.M.C.

Lorenzo Martel
Capt Deane.