

DeGEER
CARL GERRARD LUDVIG
V33089

22886
St. John, N.B.

June, 4th, 1942

65, Portland St.

Chief Treasury
National Defence
Naval Service

NATIONAL DEFENCE

JUN 15 1942

13-D-1068

Dear Sir, - Ottawa,

My husband is Ord/S.

V-33089. G. G. Le. De Geer.

From notices published
in the local press.

I understand that the
Naval wives & children
were to receive the same
allowances as soldiers
& air-force dependents.

And this was to date
back to April 1st, 1942.

Please let me know why
check did not include
this increase. And very
much obliged.

Yours Truly
Marie De Geer.

MAIN FILE

CHARGED TO

SINCE

REC'D CENTRAL REGISTRY

JUN 6 1942

REFERRED TO

TFH:FMB

REGISTERED
AIR MAIL

FILE: NS.113-D-1068 (Pers.N.)

22

27th September, 1943

Dear Mrs. DeGeer:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your husband, Carl Gerhard Ludvig DeGeer, Able Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-33089, is missing on war service.

According to the report received, your husband is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

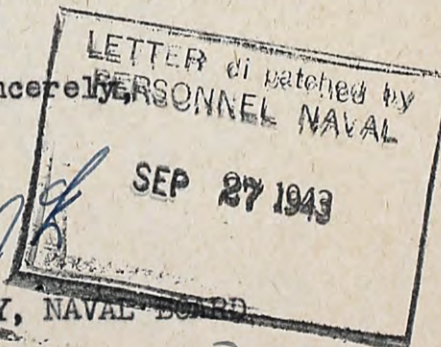
It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

While your husband is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

J.M.M.
SECRETARY, NAVAL BOARD



65 Mrs. Marie E. DeGeer,
56 Portland Street,
ST. JOHN, N.B.

J.M.Money
NAVAL PERSONNEL RECORDS

ms
+

LA/CM

30



113-D-1068.

14 October, 1943.

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

DE GEER **Carl Gerhard Ludvig**

Name
(Surname) (Christian Names)
Able Seaman

Rank/Rating **V-33089. Royal Canadian Naval Volunteer Reserve**

Official No.
Nature of Casualty **"Missing" on war service after sinking of HMCS "ST. CROIX". Official presumption of death with date will in all probability be made 3 months from date of sinking of this ship.**
Date of Casualty **7017 Champagneur Street**

Address at time of Enlistment
MONTREAL, Quebec

Marital Status at time of Enlistment
Route Salesman

Occupation
Wife: Mrs. Marie E. DeGeer,

Name & Address of Next of Kin
56 Portland Street, ST. JOHN, N.B.

Yours truly,

for
SECRETARY, NAVAL BOARD.

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

LA/C

N.S. 113-D-1068, F.D. 4694
PERS. (N)

9 February, 1944.

THIS IS TO CERTIFY that according to official information Carl Gerhard Ludvig DeGeer, Able Seaman, Official Number V-33089, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 20th of September, 1943. He was serving in H.M.C.S. "St. Croix" which was sunk by enemy action whilst on Convoy duty in the Atlantic.


Deputy SECRETARY, NAVAL BOARD.

H. H. Money
PAY LIST
B. H. MONTER
NAVAL PERSONNEL RECORDS
R.C.N.R.

ID

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

Deceased member's

NAME **Carl Gerhard Ludwig DeGEER**
(CHRISTIAN NAMES) (SURNAME)
Payee: **Mrs. Marie E. DeGEER**
ADDRESS **65 Portland St.,
St. John, N.B.**

REGISTER NO. **903**
FILE NO. **NAV-33089**
DATE **28 Feb/45**
SERVICE NO. **V-33089**
FINAL RANK OR RATING **A.B.**
DATE OF DISCHARGE **20 Sep/43**

DATE OF TERMINATION OF OVERSEAS SERVICE **20 Sep/43**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **768** EQUAL TO **25** COMPLETE PERIODS AT \$7.50

\$ **187.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **538** LESS **18** INELIGIBLE DAYS, EQUAL TO **538** DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ **134.50**

SUB TOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **1.85**
SUSTINENCE OR LODGING AND PROVISION ALLOWANCE \$ **1.45**
ADDITIONAL PAY **H.L.M.** \$ **.25**
DEPENDENTS' ALLOWANCE 1/30 OF \$ **1.95**
TOTAL \$ **5.50** X7 = \$ **38.50**
NO. OF DAYS **538** X \$ **38.50**
183

\$ **113.19**

D. WAR SERVICE GRATUITY

\$ **435.19**

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$ **NIL**

F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

\$ **435.19**

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ X30 \$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	435.19								
CHEQUE No.	111802								
DATE	10/3-45								
INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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 **SJD** CHECKED BY **[Signature]** TREASURY CHECKED BY **[Signature]** DATE **4/3/45**
for Dir. Naval Pay. Accting. SERVICE REPRESENTATIVE



65. Portland St.
Saint John N.B.
May 19th 1944.

Administrators of Estates
308 Spark Street.
Ottawa. Ont.

Dear Sir:-

We Guey, Carl, G. L. A. B. (deceased)
No. V-33089. R.C.N.V.R.

In reply to your letter
of May 4th regarding the
insurance on the life
of my late husband.
May I say he had
a policy of \$1,000 with
the Metropolitan Life
insurance Co.

After the deduction of
a loan with interest
the total amount I

11
received was only
\$849.05.

This was the only policy
he carried.

I trust this is the
information you
require.

Yours truly
V Marie De Lee.

Bank of Montreal,
Saint John N.B. Canada,
 MAIN OFFICE—2 KING STREET

Twenty-first
 April
 1944

File H.Q. 113-D-1068 FD 294.

Lt. Col. L. M. Firth,
 Administrator of Estates,
 Department of National Defence,
 Naval Services,
 Estates Branch,
 Ottawa, Ont.



Dear Sir:

Mrs. Mary E. DeGeer has referred your letter of April 3rd to us and requested us to communicate with you regarding the Dominion of Canada Victory Loan Bond we hold at this office.

The bond is being held by us in safe-keeping in the joint names of Mary E. DeGeer and/or Carl G.L. DeGeer, Deceased, and according to the form we hold signed by them, the bond can be released to the survivor after the necessary Succession Duty papers have been obtained.

As you have been handling the Estate will you please advise us if it will be necessary for us to obtain the Succession Duty Releases or as Administrator, can you issue the Waiver for this bond. The Bond is a \$100. Dominion of Canada 3% 1957 No. A 21301.

Yours faithfully,

Chas. Smith
 pro Manager
 Chas. Smith.

65 Portland St.
Saint John, N.B.
Mar. 20th, 1944.

15-2-44
To Mr. Furb LT-Col.

113-W.1068

Administrator of Estates.

Dear Sir,

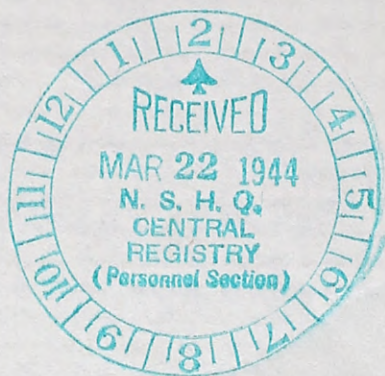
029090

Have received a cheque for the sum of \$78.89; which is the total amount, to the credit of my husband's estate. (service).

Inquiring at the Bank of Montreal, King St. Branch was informed there were no other personal effects, except a balance of \$27.20 bank account.

Possessing a duplicate form of my husband's Victory Bond of \$100.00. Bought last July 1943.

The Bank advised me to
communicate with you in regard



to information necessary for
the bond being transferred to
my name.

Would deeply appreciate
any attention you give this
matter.

Thanking you in advance

Respectfully
Marie De Geer.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.N.V.R.

Name: DE GEER Surname Carl G. L. Christian Names No.: V.33089

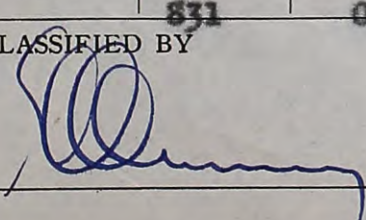
Rank A.B. Unit H.M.C.S. "STE CROIX" Date of Death 20-9-43.

AMOUNT

Date: February 10, 1944

L.P.C.....\$ **51.78**
 Other Credits..... **27.20**
 Total..... **78.98**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	Widow	<p>99845</p> <p>Mrs. Marie E. DE Geer, 65 Portland St., St. John, N.B.</p> <p>(1/3 as next of kin) (2/3 for benefit of 2 minors)</p>	78.98

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	78.98
CLASSIFIED BY 			EXAMINED BY		
			ORIGINAL SIGNED BY		
			E. G. COLLYER		
			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

ORIGINAL SIGNED BY
E. G. COLLYER

.....
 For Chief Treasury Officer

MEMORANDUM FOR

P. 64

Mrs. Marie E. DeGeer
 65 Portland Street
 St. John, N.B.

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.N.S. 113-D-1068 FD. 294

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.



January 7,

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

DEGEER, Carl Gerhard L., A.B.

No. V. 33089, R.C.N.V.R.

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

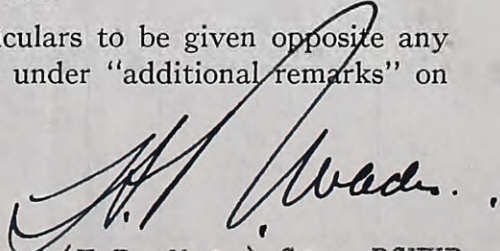
A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the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

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

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

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

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


 (H.R. Wade) Cdr. RCNVR,
 for (L.M. Firth) Lt.-Col.
 Administrator of Estates.

HRW/JN

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	Marie E De Geer	25	65 Portland St St John, N.B.	
2	Children of the Deceased and dates of their Births.....	Sheila Marie De Geer	6	65 Portland St	
		Gerhard Ludwig De Geer	4	St John N.B.	
3	Father of the Deceased.....	Deceased	62	Died in St John General Hospital in 1929 (Nov)	
4	Mother of the Deceased.....	May De Geer	57	69 City Line West St John N.B.	
5	Brothers of the Deceased	Full Blood	Nil		
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Edith K Atkinson Katherine Hefferhan Margareta Degeer	35 39 24	Torryburn N.B. Guilford St St John N.B. 69 City Line West St John N.B.
		Half Blood	Nil		
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		
	Nil	Nil			

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	<i>Carl Gerhard Ludvig DeGeer</i>
9	Date of his birth	<i>Sept 9th., 1917</i>
10	Place and date of his marriage.	<i>St John, NB - Dec 25th., 1936</i>
11	Place and date of his parents' marriage.	<i>St John, NB - Date ?</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Bothurst, NB</i>
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) <i>Quebec, 3 Yrs</i> (b) (c) <i>Canada, Whole Life</i> (d)
14	Nature of employment before enlistment.	<i>Salesman (7Up Beverage Co)</i>
15	State whether he owned the premises in which he lived and, if so, where situated.	<i>No</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>Montreal</i>

PARTICULARS OF ESTATE

17	Did he leave a Will?	<i>No</i>
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	<i>No</i>
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	<i>Yes: Bank of Montreal, King St. St John, NB.</i>
20	Amount of War Savings Certificates held by deceased.	<i>Nil</i>
21	Amount of Victory Loan Bonds held by deceased.	<i>Yes</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	<i>Yes:</i>
23	Is application for Probate or Letters of Administration necessary (see page 1)?	<i>No</i>

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	<i>No</i>
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	<i>No</i>

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

DECLARATION

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

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

* Widow of the deceased.

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

Mrs. Marie E. De Geer {Signature of Informant
65. Portland St. St. John N.B. Address

CERTIFICATE

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

See above. De Geer { Name of Informant } is the widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at St. John this tenth day of January 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Albert J. Loftus, Esq. Qualification Catholic Priest
Address St. Peter's Rectory, Clarendon St., St. John, N.B.

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

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

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



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-D-1068...
PERS. (N)

DEC 29 1943

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
DEGEER, Carl Gerhard Ludvig Able Seaman, O.N. V-33089. R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943, He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Wife: Mrs. Marie E. DeGeer, 65 Portland Street, ST. JOHN, N.B.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>		<u>INITIALS</u>	<u>AMOUNT</u>
Mrs Marie Elva De Geer, 65 Portland St., St. John, N.B.	(Wife)	D.A. 59.00 A.P. 41.00 B. 2.60	<i>Handwritten initials</i>

WILL: No Record

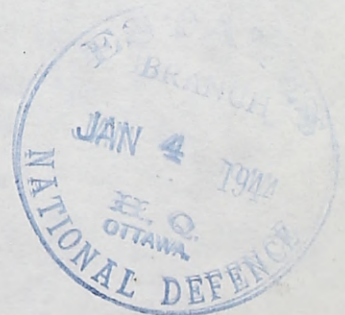
Yours truly,

Handwritten signature: H. B. Money

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

Allotment Stop paid 30st Sept. 1943.



V/R



CANADA

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME DE GEER OFFICIAL NO. V-33089
CHRISTIAN NAMES C. G. Lindvig MARRIED, SINGLE OR WIDOWER MARRIED.

PERMANENT ADDRESS 7017 CHAMPAGNEUR STREET MONTREAL. QUE. RELIGION ANGLICAN.

DATE OF BIRTH 9th Sept. 1917 *PLACE OF BIRTH Town Bathurst NAME AND ADDRESS OF NEXT OF KIN WIFE: Mrs. M.E. De Geer St. John New Brunswick
County Province New Brunswick.
*Original Nationality of: Father Swedish Mother Canadian

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>42</u>	<u>Dark Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>NIL</u>
Inches <u>9 1/2</u>	Deflated <u>40</u>				
<u>187</u>	Mean <u>41</u>				

EDUCATIONAL STANDING 2 Years High School Completed. TRADE OR CALLING AND IN WHOSE EMPLOY Route Salesman Seven Up Bottling Co. MONTREAL

DATE OF ENROLMENT 28th July 1941 RATING FOR WHICH ENROLLED Ord. Sqn. R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED MONTREAL.

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>NIL</u>			

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the.....**MONTREAL**.....Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 28th. day of JULY 1941

Signature of applicant.....*Ludvig De Geer*.....

(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 28th. day of JULY 1941.

Reginald S. Jones
Signature of and rank of Attesting Officer.

SUB/LIEUTENANT R.C.N.V.R.

(D) **OATH OF ALLEGIANCE**

I, Ludvig DE GEER do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant.....*Ludvig De Geer*.....

Witness.....*Reginald S. Jones*.....

Date 28th July 1941 Rank SUB/LIEUTENANT R.C.N.V.R.

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) **CERTIFICATE OF ATTESTING OFFICER**

Ludvig DE GEER having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the MONTREAL Division of the R.C.N.V.R. or in the appropriate official documents.

Reginald S. Jones
SUB/LIEUTENANT R.C.N.V.R. Attesting Officer.

28th July 1941 R.C.N.V.R. Division Montreal.
(or other establishment)

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

33

CERTIFICATE of the SERVICE of

C.G.L. DE GEER

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters R.C.N.B. HALIFAX.	R.C.N.V.R. Division MONTREAL.	Official Number V-33089
		"
		"

Date of Birth **9th Sept. 1917.**

Place of Birth **Bathurst - New Brunswick.**

Place of Residence **7017 CHAMPAGNEUR ST MTL**

Trade brought up to **Route Salesman - '7'UP Bottling Co.**

Religion **Anglican.**

Name and Address of Nearest Relative or Friend (in pencil)
**WIFE
MRS M.E. DE GEER
56 Portland St.
St John N.B.**

Can Swim:—P.P.T. Date 19..... Signature Rank

P.S.T. Date 19..... Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
		Duration of 28 July '41	hostilities. Ord. Sqn.			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	9½	41	187	Brown	Blue	Medium	NIL
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

V33089

OFFICIAL NUMBER

FILE NUMBER 113-D-1068

OFFICIAL NUMBER V33089

NAME DE GEER

(Surname)

C. G. Ludvig

(Given Names)

DATE OF BIRTH 9th Sept. 1917

PLACE OF BIRTH Bathurst, New Brunswick.

OCCUPATION Route Salesman

RELIGION Anglican

EDUCATION 2 years High School Completed.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 7017 Champagneur Street

Town Montreal

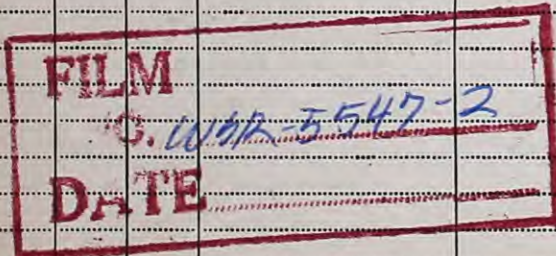
Province, etc Que.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
28	7	41	H.O.	5'9 1/2"	Dark Brown	Blue	Medium					

NEXT OF KIN RELATIONSHIP (in pencil) *Wife*NAME (in pencil) *Mrs Marie C. De Geer*ADDRESS (in pencil): Street and No. *56 Portland St.*Town *St. John*Province, etc *New Brunswick*

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				13	7	42	Marked "Tr." <i>289/H-22377</i>				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		



Date (in figures)			DAYS FORFEITED					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

SECOND CLASS FOR CONDUCT

From

To



V33089

OFFICIAL NUMBER

NAME DE GEER
(Surname)

Call ahead
C. G. Ludvig
(Given Name)

OFFICIAL NUMBER V33089

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Mont. Div. Str.	Ord. Snn.	28	7	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqs.	" "	14	8	41		V.G.		20	9	43							
Stadacona	" "	9	12	41		V.G.	Sat.	31	12	42							
St. Croix	" "	14	3	42													
"	Able Seaman	14	8	42	Rated (249A #22377)												
DISCHARGED	"	20	9	43	Missing On Active Service Per Casualty List												

GENERAL REMARKS

X-Ray Approved 86158
 R.C.N. Hospital - Common Cold - 13-12-41 -
 --- 20-12-41
 hosp. 2-1-42 cold - PM 21/1/42.
 Awarded Canadian Memorial Cross to:
 Wife: Mrs. Marie E. Degeer,
 65 Portland St.,
 SAINT JOHN, N.B.
 CANADIAN MEMORIAL CROSS awarded to:
 Mother: Mrs. Kate May De Geer,
 69 City Line,
 West, Saint John, N.B.
 to date 15-1-44.

DATE OF BIRTH		PLACE		CIVIL		OCCU		RELIES		PERM. RESIDENCE		PREV. ENL.		RANK OR RATE ON ENLISTMENT	
BY	MO	YR	BIRTH	MAIN	SUB	SIGN	P	CTV	TOWNSHIP	SERIAL	DIV.	A	BB	RANK	
09	17	15	660	0	30	3	2	03	02	0	09	0	08	95	
ENLIST. DATE		ACT. SERV. DATE		STR.		ACT. SERV. DATE		SHIP OR ESTAB.		RANK OR RATE		A		BB	
BY	MO	YR	BY	MO	YR	CAT.	BY	MO	YR	ESTAB.	A	BB	RANK		
28	07	41	14	08	41					0380	0	08	94		
SENIORITY		STR.		NON-SUB		M		CODED		CHECKED					
BY	MO	YR	CAT.	A	B	ST.									
14	08	42	09	00	00	20	20-09-43	HR							

D OF D 20-9-43

AWARDS NAVY

D.D.

DE GEER	Carl Gerhard Ludwig	V-33089	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	40 - 5/10/49
Atlantic Star	
Africa Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO	Mrs. Marie E. De Geer - Widow
ADDRESS:	65 Portland St., ST. JOHN, N.B.
(2) <u>MEMORIAL CROSS</u> WIDOW	Mrs. Marie E. deGeer
ADDRESS:	65 Portland St., Saint John, N.B.
(3) <u>MEMORIAL CROSS</u> MOTHER	Mrs. K.M. De Geer
ADDRESS:	69 City Lane Saint John, N.B.

MEMORIAL BAR

① DATE DESP.....

REGN. NO 574

(2) 4-1-44

(3) 15-1-44 (A)

DEPARTMENT OF NATIONAL DEFENCE

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY (REGULAR FORCE)

Please read the following notes and study the form before it is filled:

- (i) To be completed in applicant's own handwriting and forwarded to the nearest recruiting centre listed in the recruiting pamphlet.
- (ii) All questions must be answered. It is not sufficient to leave a space for reply, blank. Write "NA" if not applicable.
- (iii) Incorrect answers may prejudice an applicant's entry.
- (iv) Completion of this form does not bind the applicant to enter the Navy nor does it bind the Navy to accept the applicant for entry.
- (v) The following documents must accompany this form:—
 - (1) Proof of age. ✓
 - (2) Proof of education. ✓
 - (3) If employed, details and certificate from employer, trade credentials, etc.
 - (4) Two references of character, one of which should preferably be signed by a magistrate or Chief of Police in the applicant's community.
 - (5) If the applicant has been a member of the Armed Forces (Active or Reserve), Discharge Certificate.
- (vi) After they have been sighted all credentials will be returned to the applicant by registered mail.

PLACE Chatham NB DATE 4 May 1957

A. BRANCH APPLYING FOR—

I hereby make formal application for entry in the Royal Canadian Navy, under a five year's continuous service engagement as Ordinary Seaman Cook Standard

B. PERSONAL HISTORY—

Telephone { Business 3-1261
Home

1. SURNAME DE GEER FULL CHRISTIAN NAMES GERHARD CARL
2. ADDRESS 375 HAMILTON CRESCENT CITY OR TOWN CHATHAM - N.B.
COUNTY NORTHUMBERLAND PROVINCE NEW BRUNSWICK
3. DATE OF BIRTH 12 AUG 1939 PLACE OF BIRTH SAINT JOHN - N.B.
4. NATIONALITY CANADIAN Are you British by Birth? YES or by Naturalization? NIL
5. Has there ever been any change in your Christian names or surname? NIL If so, give particulars
6. Birthplace of (a) Father SAINT JOHN N.B. (b) Mother SAINT JOHN N.B.
7. What is your Mother Tongue? ENGLISH
What other language do you speak and write well? NONE
8. Are you (a) Single YES (b) Married (c) Widower (d) No. of children
9. Have you ever been convicted of a criminal offence? NO If so, give particulars NIL
10. What is your Religion (State denomination e.g., C. of E., R.C., U.C., etc.) RC
11. What is your Weight? 5' 9" Height 155 Chest Measurement (Not inflated)
12. Have you ever had Fits? NO Do you suffer from any (a) Deformity NO (b) Disease NO
13. Have you suffered the loss of any Fingers, Toes, etc.? NO
14. Do you wear Glasses? NO
15. Have you any Physical Defects (especially eyesight) which might cause your rejection? NO
16. If so, give details
17. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate Authorities? YES
18. Can you swim? YES

C. EDUCATION—

19. INSTITUTION	Date of Entry	Date of Leaving	PLACE	Degree Diploma or Grade Completed	POST GRADUATE COURSE
Primary School	1945 Sept 4.	June 4 1956	RCAF Station Chatham N.B.	eight	
High School					
Business College					16
Technical School					Age on finally leaving school or university—
Night School					years.....19.56
Private School					If trained in Stenography, Words per minute in—
University					(Typing.....)
Special Studies					(Shorthand.....)

D. OCCUPATION—

20. What is your Profession, Trade or Occupation in Civil Life? BAKER (APPRENTICE)

21. Particulars of employment since leaving School or University:

Name and Address of Employer	Capacity in which employed	From	To	Reason for leaving
<u>GENERAL BAKERIES</u>	<u>BAKER</u>	<u>JUNE-56</u>	<u>PRESENT</u>	<u>ENLIST - RCN.</u>

22. If employed, what is your present salary? 28.80 PER WEEK

E. OTHER QUALIFICATIONS—

23. No. and Class of any Mercantile Marine certificates, Stationary Engineer's certificates or other certificates of competency..... NIL

24. Have you ever served in any of Her Majesty's Forces? If so (a) Which..... (b) How long.....
(c) How old were you on enlistment..... (d) Decorations, if any.....
(e) Give your official or regimental number.....

25. Cadet Training SEPT 4 1953 - OCT 4, 1955
Rodney Sea Cadet Corps Saint John N.B.

26. Organizations and Clubs of which you are a member.....

27. Sports and Hobbies PLASTIC MODELS OF SHIPS

F. DECLARATION TO BE MADE BY APPLICANT—

28. I, Gerhard Carl De Geer, do sincerely and solemnly declare that to the best of my knowledge and belief, the answers given above by me to the questions asked are true.

Signed at Chatham N.B. this 30 day of May 1957

[Signature]
Signature of Witness

Gerhard Carl De Geer
Signature of Applicant

[Signature]
Address of Witness

CHAPELLE NOÛRE-DAME DE FATIMA
Corps d'Aviation Royal Canadien
CHATHAM, N.B.

G. APPLICANTS UNDER 18—

(Parents' consent is required in all cases where the candidate is under the age of 18 years)

*Strike out "Son" or "Ward" as the case may be

I hereby certify that my ~~ward~~ ^{son *} GERHARD has my full consent (being himself willing) to enter the Naval Service of Canada for a period of five years' continuous and general service, subject to Service Regulations. He has not been in a Reformatory, nor has he ever been sentenced to imprisonment. I declare that he has never had fits.

†No alteration or erasure is to be made in the date of birth given

The date of the applicant's birth is ^{12-AUG 1939} His religious persuasion is ^{RC}

Witness my hand at ^{CHATHAM, N.B.} on the ^{3 RD} day of ^{MAY} 19 ⁵⁷

Mrs Marie E Galbraith (mother)
†† Parent's, Guardian's Signature in full

††Strike out "Parent's" or "Guardian's" as the case may be

375 HAMILTON CRESCENT - CHATHAM, N.B.
Parent's, Guardian's Address

‡Must be signed by the father if alive, or satisfactory explanation made

I, the above named Gerhard Carl De Geer do consent to enter the Naval Service of Canada.

Gerhard Carl De Geer
§Applicant's Signature in full

§The applicant and Parent or Guardian must sign in the presence of the witness to their signatures

Signed by the said {Here write Applicant's name} Gerhard Carl De Geer

And {Here write Parent's or Guardian's name} Mrs Marie E Galbraith

In the presence of {Name of Witness} F. C. Dupuis, Jr.

{Address of Witness} CHAPELLE NOTRE-DAME DE FATIMA
Corps d'Aviation Royal Canadien
CHATHAM, N.B.

CERTIFICATE

§Strike out "Parent" or "Guardian" as the case may be

I certify that I am personally acquainted with this applicant's ^{Parent} ~~Guardian~~ and am † aware ^{he} ~~she~~ has consented to the applicant's entry as above, and I believe the particulars stated in part G. of this form to be true.

**Strike out "he" or "she" according to sex of Parent or Guardian

†The assertion of the applicant himself should not be taken as sufficient warrant for this statement

F. C. Dupuis, Jr.
Signature of Clergyman of the Parish

CHAPELLE NOTRE-DAME DE FATIMA
Corps d'Aviation Royal Canadien
CHATHAM, N.B.
Signature of Resident Householder

Mrs Sterling Galbraith
Occupation

House-wife
Address

375 Hamilton Cres
Chatham N.B
Date May 6th 1957

Do NOT WRITE BELOW THIS LINE—FOR USE BY NAVAL AUTHORITIES ONLY

From: The Commanding Officer, H.M.C.S.

Date: 19.....

File.....

To: The Naval Secretary,
Department of National Defence,
Naval Service Headquarters,
Ottawa, Ontario.

APPLICATION FOR ENTRY IN THE R.C.N.

Submitted for the consideration of the Department is this gentleman's application for entry in the Royal Canadian Navy.

2. He ^{is} considered suitable for the rating of.....
_{is not}

.....
and his immediate entry is recommended.
the placing of his name on the waiting list is not

3. This applicant has ^{been} interviewed, ^{medically} examined and ^{given} a Recruiting Test "G".
_{not been} _{or}

4. The following Documents are enclosed:

- Biographical Form
- Proof of Age
- Proof of Education
- Letters of Reference ()
- Letter from Police Authorities
- Form B-207 (Medical Examination)
- X Ray Report
- Serological Report
-
-

The information on this application has been carefully checked and to the best of my knowledge the enclosed documents are true certificates.

R.C.N. RECRUITING TEST "G"

Date

2 May 57

Score

370

H.M.C.S.

Brumricher

.....
Officer's Signature and Rank

MRV 6A

ROYAL CANADIAN MOUNTED POLICE
"J" Division.

IN REPLY PLEASE QUOTE

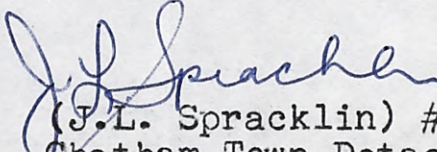
Moncton Sub-Division.
Chatham Town Detachment.
May 4th., 1957.

DIV. FILE No. _____

H. Q. FILE No. _____

TO WHOM IT MAY CONCERN:

This is to certify that Gerhard Carl DE GEER, of
375 Hamilton Crescent, Chatham, N.B. has no criminal
record at this Detachment, prior to 4 May 57.


2/Cst.
(J.L. Spracklin) #18823.
Chatham Town Detachment.

1. Surname DE GEER		First Name Gerhard		Other Initials G.		Age Now 17		Date of Birth 12-8-1939	
2. Single <input checked="" type="checkbox"/>		Married		Widower		Divorced		Separated	
Number of Children		Children's Ages		3. Both parents living ... Father only ... Mother only <input checked="" type="checkbox"/> Parents separated ...		Number of Brothers / Sisters 1 1-half		Financial assistance required at home Yes	
4. Last School Grade Completed 8		Province N.B.		Centre Chatham		Year 1956			
5. Type of School		Elementary (to Grade 8) <input checked="" type="checkbox"/>		Matriculation (High School)		Technical		Commercial	
University		6. Apprenticeship Training N11		In what occupation		How long served		Completed YES / NO	
7. Languages (other than English) spoken, written, and read well None		Other languages understood None		8. Cross out terms not considered applicable The applicant has - GOOD - ADEQUATE - LIMITED - NO - knowledge of <u>written and spoken English.</u>		9. The applicant has had job experience in: (Check as applicable and add any others not listed)AGRICULTUREAIRCRAFT TRADES OR AVIATIONAUTOMOTIVE TRADESBUILDING AND CONSTRUCTION TRADESCLERICAL WORKCOMMUNICATIONSDOMESTIC AND PERSONAL SERVICEELECTRICAL AND RADIO TRADESFISHING (COMMERCIAL) <input checked="" type="checkbox"/>FOOD PREPARATIONFOOD PROCESSINGFORESTRYGOVERNMENT SERVICEHEALTH AND MEDICAL WORKMERCHANDISINGMETAL AND MACHINE TRADESMILITARY SERVICEMININGMUSICSOCIAL SERVICETRANSPORTATION Bakers' Helper		10. Hobbies actively pursued at present or in recent years include: plastic ship models	
11. Describe the precise nature of skills acquired in training, employment, or hobbies which may have application to the Service and Branch. This young man has worked as a bakers' helper in St. John, NB which should aide him as a cook.		12. Sports actively engaged in during the last year or two include: football, baseball, hockey		13. List, by numbering 1, 2, 3, in order of applicant's preference, the Branches of the Service in which he wishes to or would serve:BANDCOMMUNICATIONSELECTRICALENGINE ROOMMEDICALNAVAL AVIATION 2SEAMAN SUPPLY AND SECRETARIATSTORESWRITER 1COOKSTEWARD OSOKS		14. Entry of this applicant as is (check appropriate statement below) (insert rating) X 1Recommended with reservations, but may develop satisfactorily 2Endorsed as an average applicant 3Endorsed with confidence 4Endorsed with enthusiasm as an above average applicant for this Branch		15. If entry of the applicant is recommended for a Branch which does not appear to follow his expressed preference, previous training, or experience, check the appropriate statement(s) 1.....He does not meet the medical requirements of the Branch for which he appears best suited. 2.....He does not meet the minimum educational standard required for the Branch of his preference. 3.....His mental ability as determined by the Recruiting Test does not indicate a sufficiently high standard to compete with the training requirements in the Branch of his preference. 4.....The applicant does not wish to continue in the type of work previously performed or in which he received training, and expresses an earnest desire to enter this new field for which he appears to have suitable qualifications to meet training requirements.	
16. Recruiting Test Score(s) 37 0 (1) (2)		H.N.C.S. BRUNSWICKER		Date: 2 May 57		Very neat, polite young man. Does not fail to answer any questions you may ask. Has a bright and friendly personality. Should turn out to be an above average applicant in the branch of his choice.		M. Lamontagne (Interviewer's Signature)	

ROYAL CANADIAN NAVY
ENROLMENT FORM

SECTION "A"

Official Number

42827-H

1. Name (Last) DeGeer (First) Gerhard (Middle) Carl			2. Component in which Enrolled RCN Regular Force		3. Date of Birth 12-8-39													
4. Place of Birth Saint John (Town or City) Saint John (County) N.B. (Province)			5. Citizenship Canadian		6. Religion R.C.													
7. Marital Status Single		8. Number of Dependents None	9. Permanent Address on Entry 375 Hamilton Cres. Chatham Northumberland (Number and Street) (Town or City) (County) (Province) N.B.			10. Personnel Test Score 37-0												
11. EDUCATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Grade S.</td> <td>High S.</td> <td>Voc. S.</td> <td>Other S.</td> <td>College</td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Grade S.	High S.	Voc. S.	Other S.	College	8					12. Educational, Trade and Other Certificates, Degrees, etc. Nil.		13. Nationality of Father Canadian		14. Nationality of Mother Canadian	
Grade S.	High S.	Voc. S.	Other S.	College														
8																		
16. Civilian Occupations Bakers Helper			15. Languages Spoken Fluently English (Mother Tongue)				17. Employed by General Bakeries Ltd. Saint John N.B.											

18. NEXT OF KIN
Mother Marie Galbraith 375 Hamilton Crescent Chatham N.B.
 (Relation) (Name) (Number and Street) (Town or City) (Province)

19. PERSONAL DESCRIPTION AT DATE OF THIS DOCUMENT

Male Sex	5'9" Height	155 Weight	Blue Eyes	Lt. Brn. Hair	Fair Complexion
--------------------	-----------------------	----------------------	---------------------	-------------------------	---------------------------

20. Marks and Scars
Small scar on Scar.

FORMER SERVICE IN NAVAL, MILITARY, OR AIR FORCES INCLUDING RESERVES

21. Name of Force R.C.S.C.C. Rodney		22. Service FROM 4-9-53 TO 4-10-55		23. Highest Rank Held Able Seaman		24. Type of Discharge Hon.	
---	--	---	--	---	--	--------------------------------------	--

DETAILS OF ENROLMENT

25. Enrolled as (Rank) OSCKS		26. Enrolled in H.M.C.S. "BRUNSWICKER"		27. First Day of Enrolment 17 May 1957		28. Last Day of Enrolment 16 May 1962	
29. If Enrolled in U.N.T.D. (R.C.N.(R.)) State Name of University N/A		30. Expected Year of Graduation		31. Unemployment Insurance Card YES <input type="checkbox"/> NO <input type="checkbox"/>		Unemployment Insurance Card Number	

32. Date 17 May 1957		33. Authority BRCN 502 (51) ART. 7.02 table 40	
--------------------------------	--	--	--

34. DETAILS OF PROMOTION—WHERE APPLICABLE

SECTION "B"

I HEREBY AGREE

I To enter the Royal Canadian Navy ~~regular force~~ ~~reserve force~~ ~~active service force~~ } (Strike out those which do not apply)

in the initial rank of **Ordinary Seaman Cook Standard**

For a Period of FIVE YEARS

- II To serve..... unless sooner released under conditions provided by the orders, regulations and laws of the Royal Canadian Navy.
- III To serve on active service when so required by competent authority.
- IV To report to such ship or establishment as I may be ordered to join and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the service requirements and lawful commands and orders of the officers and men who may be placed over me.
- V To comply with and be subject to such orders, regulations, laws and other articles for the government of the Royal Canadian Navy as are or shall be established by competent authority.
- VI To comply with the usages and customs of the Royal Canadian Navy.
- VII To submit to inoculation, re-inoculation, vaccination, re-vaccination, other immunization procedures, immunity tests, blood examination or treatment against any infectious disease and other medical treatment as may be determined by competent authority.
- VIII (a) To maintain in good repair and condition all articles of compulsory kit and loaned clothing, and
(b) To return all articles of loaned clothing and/or articles of compulsory kit to the nearest naval establishment when released as ordered to do so by competent authority, and
(c) To pay compensation as determined by competent authority for any loss or damage thereto caused other than by reasonable wear and tear.
- IX To provide myself with the necessary uniforms and articles of kit as directed by competent authority, if enrolled in or promoted to officer status.

A/S 24860A 22-5-57

SECTION "C"

I UNDERSTAND THAT

I UPON ENROLMENT IN OR TRANSFER TO THE REGULAR FORCE, OR UPON BEING ENROLLED OR PLACED IN THE ACTIVE SERVICE FORCE

(1) I obligate myself to serve full time under the conditions set forth in SECTION B above.

II WHILE SERVING IN THE ACTIVE LIST OF THE RESERVES

I obligate myself:

- (1) to undergo periodic drills and naval training as required by competent authority;
- (2) to perform any naval duty other than training at such times and in such manner as the Governor in Council prescribes;
- (3) not to wear any articles of kit, uniform or loaned service clothing unless I am performing drills, training or service authorized by competent authority.

III WHILE SERVING IN THE RETIRED LIST OR EMERGENCY LIST

I obligate myself:

- (1) not to wear any articles of kit, uniform or loaned service clothing unless authorized to do so by competent authority,
- (2) to report all changes of address to Naval Headquarters and to the naval establishment to which I may be attached.

SECTION "D"

I HEREBY CERTIFY THAT

- I I am not a deserter or absentee from any of Her Majesty's Forces.
- II I have not withheld any information which would be liable to affect my engagement.
- III I have had the terms and conditions of this engagement fully explained to me and that I understand them.
- IV No promise of any kind has been made to me concerning assignments to duties, transfers, promotions, demotions or pay during my term of service.
- V All the information appearing on this document is correct and true to the best of my knowledge and belief.

Signature *Gerhard Carl De Geer*

SECTION "E"

* OATH OF ALLEGIANCE OR SOLEMN AFFIRMATION

"I, **GERHARD CARL DeGEER**, do swear or solemnly affirm that I will

be faithful and bear true allegiance to Her Majesty **QUEEN ELIZABETH II**, Her heirs and successors according to law.** So help me God."

Signature *Gerhard Carl De Geer*

ATTESTED BEFORE ME:

Signature *Stedek. G. Laphan Lieut. RCN*

Date **17 May 1957.**

* (When the applicant is a citizen of a foreign country, i.e., is neither a Canadian citizen nor a British subject, the form of oath or solemn affirmation prescribed in QRCN Article 6.04(2) may be used in the circumstances prescribed therein. If this oath or solemn affirmation is used, it should be inserted below, with signatures of applicant and attesting officer and date of attestation).

** The words "swear" and "So help me God" shall be deleted if a solemn affirmation is taken. See ORCN Article 6.04(1).

REPORT OF PHYSICAL EXAMINATION

42827-H

FOR Enrolment AS OS/CIC-5 IN RCN
(Enrolment, Re-engagement, transfer, etc.) (Rank and Trade) (Component of service)

I. Examining Unit Royal Canadian Navy Date 14 May, 1957
 SURNAME DE GEER Christian Names Gerhard Carl
 Permanent Address 375 Hamilton Crescent, Batham, N. B.
 Date of Birth 12 Aug., 1939 Previous Service Nil
 Previous Occupation(s) Bakers' Helper

II. PREVIOUS HISTORY:

Are you suffering from, or under treatment for, any disease or disability now? No
 Have you suffered from any of the following:

	YES	NO		YES	NO
Nervous trouble or breakdown		<input checked="" type="checkbox"/>	Heart trouble, shortness of		
Head injury or concussion		<input checked="" type="checkbox"/>	breath		<input checked="" type="checkbox"/>
Dizzy or fainting spells		<input checked="" type="checkbox"/>	Rheumatism or Rheumatic fever		<input checked="" type="checkbox"/>
Convulsions or fits		<input checked="" type="checkbox"/>	Stomach, bowel or rectal trouble		<input checked="" type="checkbox"/>
Bed Wetting (after Age 12)		<input checked="" type="checkbox"/>	Rupture		<input checked="" type="checkbox"/>
Frequent headaches		<input checked="" type="checkbox"/>	Low back pain		<input checked="" type="checkbox"/>
Nose, throat trouble		<input checked="" type="checkbox"/>	Kidney or bladder trouble		<input checked="" type="checkbox"/>
Ear trouble or deafness		<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>
Eye trouble		<input checked="" type="checkbox"/>	Venereal disease or stricture		<input checked="" type="checkbox"/>
Lung disease or chronic cough		<input checked="" type="checkbox"/>	Varicose Veins		<input checked="" type="checkbox"/>
Skin conditions		<input checked="" type="checkbox"/>	Foot trouble		<input checked="" type="checkbox"/>
Hives, Hay Fever or Asthma		<input checked="" type="checkbox"/>	Broken bones		<input checked="" type="checkbox"/>
Motion and Travel Sickness		<input checked="" type="checkbox"/>	Tropical diseases		<input checked="" type="checkbox"/>

Have you had any operations? YES..... NO

Have you suffered from any illnesses or injuries not mentioned above? YES..... NO

Have you been rejected or released from any of the forces? YES..... NO

Are you now, or have you in the past, received a pension or compensation for any medical disability?
 YES..... NO

Has any member of your family suffered from any of the following conditions: Tuberculosis? YES.....
 NO Diabetes? YES..... NO Fits? YES..... NO Nervous or Mental Trouble?
 YES..... NO

III. DETAILS OF POSITIVE FINDINGS IN HISTORY:

IV. I HEREBY DECLARE that I have carefully considered the statements made in Parts II and III, 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 accepted for service or, if accepted, of forfeiting any claim to a pension or other benefit in respect of any disease or disability not disclosed in this statement. I am/am not willing to undergo after entry, such dental treatment, vaccination, or inoculation as may be authorized.

DATE 14-5-57 SIGNATURE OF Gerhard De Geer WITNESS R. Payne
 APPLICANT (TUMBLE)

V. PHYSICAL FINDINGS:

Identification Marks: *Small scar on chin*
 Complexion: *fair* Hair: *light brown* Eye Colour: *blue*
 Physique: *Good* Height: *5'* Feet: *9"* Inches. Weight: *155* lbs.

VI. EXAMINATION	NEG	POSITIVE FINDINGS AND REMARKS
Vision: s Glasses R: 6/6 L: 6/6 Both eyes together 6/6 c Glasses R: 6/6 L: 6/6 c 2.50 R: 6/6 L: 6/6		
Colour Vision: Plates : Lantern	✓	
Hearing: WV-R CV-R	✓ ✓	
Ears: Drum or Tympanic Membranes R L	✓ ✓	
Nose Mouth and teeth Throat	✓ ✓ ✓	<i>4 teeth missing</i>
Head and neck Spine Extremities: Upper Lower	✓ ✓ ✓ ✓	
Hernia Genitalia Anus and Haemorrhoids Varicosities Abdomen Joints	✓ ✓ ✓ ✓ ✓ ✓	
Chest: Min: <i>26</i> Max: <i>37 1/2</i> Lungs Heart Blood pressure: S: <i>122</i> D: <i>72</i> Pulse rate: <i>76</i> Lymphatic and ductless glands	✓ ✓ ✓ ✓ ✓ ✓	
Skin Tremors Pupils: L and A Reflexes CNS including emotional status	✓ ✓ ✓ ✓ ✓	

VII. Chest X-ray Report: *#1138* *neg.* Date: *14-5-57*
 Serological Test: Type Report Date
 Urinalysis: Sugar: *neg.* Albumin: *neg.* Microscopic

VIII. ASSESSMENT:
 NAVY

FIT: */*
 UNFIT:

ARMY

YOB	P	U	L	H	E	M	S

R.C.A.F.

Vision	Colour Vision	Hearing	Hands	Arms	Legs	Other Factors Present

Category:

Medical Officer's opinion of Candidate: If unfit state cause(s) for rejection.

Date: _____ Place: _____
W. D. [Signature]
 Signature of Examining M. O.

APPROVED: Date: _____ Place: _____
 Signature of Approving Authority

IX. RECHECK: _____
 Date: _____ Place: _____
 Signature of Medical Officer.