

V2822
SAVOY
ALFRED

THEOD

OCCUPATIONAL HISTORY FORM

NATIONAL DEFENCE

104742

AUG -8 1941

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full..... (b) Reg'l. No. V2822
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment?.....
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).....
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... (b) What languages do you read well?.....

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

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

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

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

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

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

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....



DATE 11 July 1941 SIGNATURE [Signature]

Copy To
IWD
EB

AUG 18 1941

Mrs. Amanda LOZIER
49 North Street
SAINT JOHN, N.B.

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

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

and the following number quoted:—

H.Q. NS V-2822 FD 1040

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

26th February 1945

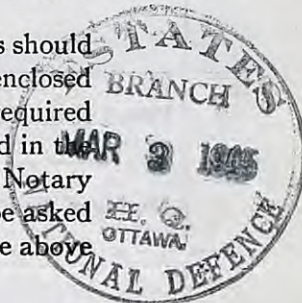
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

SAVOY, Alfred Theodore Able Seaman

V-2822 R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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.



HRW/MJ

H. W. Wadsworth
Commander
for Director of Estates.

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..... <i>None</i>			
2	Children of the Deceased and dates of their Births..... <i>None</i>			
3	Father of the Deceased..... <i>Dead</i>	<i>Octave Savoy</i>	<i>32</i>	<i>Sept. 1929</i>
4	Mother of the Deceased.....	<i>Mrs. Amanda Logier</i>	<i>43</i>	<i>49 North St. Saint John D.B.</i>
5	Brothers of the Deceased	Full Blood	<i>Howard Savoy (deceased)</i>	<i>9 mos. Nov. 1924</i>
		Half Blood	<i>Alexander Logier Edward Logier Francis Logier</i>	<i>11 8 6 49 North St. Saint John " " " "</i>
6	Sisters of the Deceased	Full Blood	<i>Edith Emily Dorion (married) Rita Margaret Savoy Estelle Savoy (deceased)</i>	<i>21 120 St. Patrick St. Saint John D.B. 18 49 North St. 2 days deceased Dec. 1928</i>
		Half Blood	<i>Alice Marie Logier Ida Jeanette Logier Eileen Logier</i>	<i>10 49 North St. Saint John D.B. 9 " " " 7 " " "</i>
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	
	<i>See above</i>			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Alfred Theodore Savoy
9	Date of his birth.	Jan. 23, 1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Lower Niagara N.B. Sept 21, 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Chatham, N.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Chatham, N.B. 3 years (b) Niagara, N.B. 9 years (c) Saint John, N.B. 7 years (d)
14	Nature of employment before enlistment.	Saint John Iron Works
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Saint John, N.B.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
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. Do you wish it administered with the pay account?	Not that is known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Not that is known
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Supposed to have had a \$5 Victory Loan Bond for his mother. He never received it.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	No
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.	No

(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.)

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Amanda Logie

{Signature of Informant

49 North St Saint John N.B. Address

CERTIFICATE

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

Mrs. Amanda

*See above.

Logie { Name of informant } is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at

Saint John N.B.

this

12th

day of

March

19

45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

J. Arthur Burns

Qualification

Priest

Address

91 Waterloo St, Saint 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

(3) On being enrolled as a member of the Saint John 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 17th day of July, 1941

Signature of applicant Alfred T. Savoy

(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 17th day of July, 1941

R. D. Munro, Lieut. (Temp.)
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Alfred Theodore Savoy 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 Alfred T. Savoy

Witness Ralph D. Munro

Date 17-7-41 Rank Lieut. R.C.N.V.R. (Temp.)

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

(E) CERTIFICATE OF ATTESTING OFFICER

Alfred T. Savoy 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 Saint John Division of the R.C.N.V.R. or in the appropriate official documents.

R. D. Munro, Lieut. (Temp.)
Attesting Officer.

17-7-41 194 R.C.N.V.R. Division
(or other establishment) Saint John

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.



28
N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....SAVOY.....OFFICIAL NO. V-2822
CHRISTIAN NAMES.....Alfred Theodore.....MARRIED, SINGLE OR WIDOWER.....Single

PERMANENT ADDRESS		RELIGION
49 North Street, Saint John, N. B.		Roman Catholic
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Jan. 28, 1922	Town Chatham	Mother- Mr. Amanda Lozier 49 North Street Saint John, N. B.
*Original Nationality of:	County	
Father French	Province N. B.	
Mother French		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet.....5	Inflated.....34	Dark Brown	Brown	Fair	Scar under left eye
Inches.....6.25	Deflated.....31				
	Mean.....32				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
17-7-41	Ord. Seaman	Labouring			
R.C.N.V.R. Division (or other establishment) at which enrolled.....Saint John					

(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

(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.



Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined SAVOY, Alfred Theodore
‡ candidate for entry as O. D. V-2822
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. } He has signed
the Certificate given below in my presence.
‡ Strike out if inapplicable. * Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
19.6.	114.0	5. 6.25	only fair	inches (a) maximum 34 (b) minimum 31 (c) mean 32	right eye 6/45 left eye 6/45 *colour vision N.	1928 I mark upper left	Normal	Normal	Normal	Normal	Normal	Normal	Healthy 28 teeth 4 coreous Normal	Normal

*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

X-ray { Not taken.
Approved.
Positive.
Doubtful.

App.

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Alfred Savoy

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡ Strike out if inapplicable.

Signature of Candidate

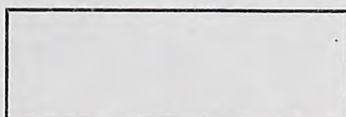
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of Undernourished

* which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters



AUG 8 1941

No. 10 ST. JOHN N.B.
Saint John

the 16th of July 1941

John R. Nugent

Examining Medical Officer

(Rank) Surgeon Civilian

NOV 15 1941

No. 10 ST. JOHN N.B.

R 4/6
L 4/6
C.V.N

BP-106
60

Medical Recruiting
DEPARTMENT
NOV 19 1941
R.C.N. BARRACKS
HALIFAX, N. S.

[Signature]
SURGEON LIEUT.

Discharging left ear,
29 1/2 x 3/4 inch - treating
L 7-10.
same way

HOWARD SMITH
PROGRESS BOND
MADE IN CANADA

D OF D 24-11-44

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

WAR SERVICE RECORDS

H

SAVOY

Alfred Theodore

V-2822

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

Atlantic Star

C.V.S.M. & Clasp

War Medal

2562

16/1/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Oct. 45 "SHAWINIGAN"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Amanda Lozier - Mother

ADDRESS: 49 North Street,
Saint John, N.B.

(1)

English

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Amanda Lozier

ADDRESS: 49 North St., Saint John, N.B.
(Issued 6-4-45)

MEMORIAL BAR

DATE DESP

(3)

REGN. NO

531

V2822

OFFICIAL NUMBER

NAME

SAVOY

(Surname)

Alfred Theodore

(Given Names)

P.I.B.

V2822

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Q 1			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
St John Div. Str.	Ord. Smn.	17	7	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqtrs.	" "	7	8	41		V.G.	Sat.	31	12	42							
Stadacona	" "	19	11	41		V.G.	Sat.	31	12	43							
Nootka	" "	12	4	42		V.G.	Supr.	24	11	44							
Stadacona	" "	13	2	43	DRD H-676												
"	Able Smn.	7	8	42	249A #28804												
Shawinigan	" "	17	2	43	DRD H-706												
DISCHARGED	" "	24	11	44	"Missing" per Casualty List.												

Presumed Dead per Casualty List page #-130.

GENERAL REMARKS

Howe lake Mil. Hosp. 24-9-42 to 7-10-42.

Canadian Memorial Cross:
MOTHER: Mrs. Amanda LOZIER,
49 North St.,
Saint John, N.B.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.	REL. ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY	MO	YR	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
28	1	22	15	900	0	10	05	11	01	0	02	0	08 95
ENLIST DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE		
DY	MO	YR	DY	MO	YR	CAT.	DY	MO	YR	ESTAB.	A	BR	RANK
17	09	41	07	08	41					2550	0	08	94
SENIORITY			STR.	NON-SUB		M.				CODED	CHECKED		
DY	MO	YR	CAT.	A	B	ST.	EPD				J. W. R. L.		
07	08	42	13	00	00					AR	Emw		

E.P.D.

W.P.

V2822

OFFICIAL NUMBER

FILE NUMBER

113-S-1710

OFFICIAL NUMBER

V2822

NAME

SAVOY

Alfred Theodore

DATE OF BIRTH

28th January, 1922.

PLACE OF BIRTH

Chatham. N.B.

OCCUPATION

Laborer.

RELIGION

Roman Catholic.

EDUCATION

Grade 7.

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

49 North St.

Town

St John

Province, etc.

N.B.

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
17	7	41	H.O.	5' 6 1/2	D.Brn.	Brown	Fair	Scar under left eye				

NEXT OF KIN RELATIONSHIP (in pencil)

Mother 3/43

NAME (in pencil)

Mrs. Agnes L. Lyster

ADDRESS (in pencil): Street and No.

49 North St.

Town

St John

Province, etc.

N.B.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
24	2	44	C.V.S.M. (R&C) 1939-43 Star. (A10267)	31	1	42	Marked "Tr".

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		
7	8	44	1st. GCB (A9662)	Granted.							

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

SECOND CLASS FOR CONDUCT

From

To

H.Q. 35-30M-4-42 (4200)

N.S. 815-7-35

W.S.G.
APPLICATION
8333
RECEIVED

TRUE COPY

OF THE

CERTIFICATE of the SERVICE of

Alfred Theodore SAVOY

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax, N.S.</i>	<i>Saint John, N.B.</i>	<i>V-2822</i>
		"
		"

Date of Birth	<i>28 January, 1922</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Chatham, N.B.</i>	<i>Mother</i>
Place of Residence	<i>49 North St., Saint John, N.B.</i>	<i>Amanda Rozier</i>
Trade brought up to	<i>Laborer</i>	<i>(Same address)</i>
Religion	<i>Roman Catholic</i>	

Can Swim:—P.P.T. () Date.....19..... Signature.....

P.S.T. () Date.....19..... Signature.....

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	
<i>12 July 41</i>	<i>17 July 41</i>	<i>Hostilities</i>	<i>Ord. Comm.</i>		<i>24 Feb 44</i>	<i>Canadian Volunteer Service Medal</i>
						<i>6 May 1939-43 Star (Prov. Award)</i>

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry	<i>5</i>	<i>6 1/4</i>	<i>32</i>	<i>114</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Fair</i>
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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Saint John Division		Ord Seaman	17 July 41	6 Aug 41	
	On Active Service			7 Aug 41		
	Saint John Division		Ord Seaman	7 Aug 41	24 Nov 41	
	Stadacona		— " —	25 Nov 41	10 Apr 42	
	Venture (Nootka)		— " —	11 Apr 42	30 Apr 42	
	Stadacona (—"—)		— " —	1 May 42	6 Aug 42	
	—"— (—"—)		A B	7 Aug 42	12 Feb 43	
	Stadacona		—"—	13 Feb 43	16 Feb 43	
	—"— (Shawinigan)		—"—	17 Feb 43	24 Nov 44	D D

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Alfred Theodore SAVOY

Conduct

[illegible]

VERIFICATION FORM

NAME IN FULL

RANK/RATING **AB**

[illegible]

VERIFIED BY

Never Forget.

VERIFIED BY

RATING AB OFF. NO. U2822 ADDRESS

[illegible]



104741

N. V. 5

25M-9-40 (6793)
N.S. 815-11-5

NATIONAL DEFENCE

AUG -8 1941

N.S. 1135-1710
CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME *Savoy* OFFICIAL NO. *V 2822*CHRISTIAN NAMES *Alfred Theodore* MARRIED, SINGLE OR WIDOWER *Single*

PERMANENT ADDRESS	RELIGION
<i>49 North Street Saint John N.B.</i>	<i>Roman Catholic</i>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<i>Jan 28 /22</i>	Town <i>Chatham</i> County <i>Northumberland</i> Province <i>N.B.</i>	<i>Mr. Amanda Loyier Moeke</i> <i>49 North Street</i> <i>Saint John N.B.</i>

*Original Nationality of:
Father *French*
Mother *French*

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <i>5</i>	Inflated <i>34</i>	<i>Dark</i>			
Inches <i>6.25</i>	Deflated <i>31</i>	<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>Scar under left eye</i>
	Mean <i>32</i>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<i>17 /7 /41</i>	<i>Ord. Seaman</i>	<i>Labouring</i>

R.C.N.V.R. Division (or other establishment) at which enrolled *Saint John*

(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
<div>ENTERED IN PAY LEDGERS H. M. C. S. "BYTOWN"</div>		

FAIR

ROUGH

1. Noted in Records *SL*
2. Index Card *SL*
3. Non-Sub. Card *SL*
4. Statistical Card *SL*
5. Boneo Strip *SL*
6. Pension Card *SL*
7. *SL*

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness
DATE *16/8/41*

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

(3) On being enrolled as a member of the Saint John 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 17th day of July 1941

Signature of applicant Alfred T Savoy

(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 17th day of July 1941

R D Munro Lieut.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Alfred Theodore Savoy, 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 Alfred T Savoy

Witness R D Munro

Date 17/7/41 Rank Lieut RCNVR Temp

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

(E) CERTIFICATE OF ATTESTING OFFICER

Alfred T Savoy 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 Saint John Division of the R.C.N.V.R. or in the appropriate official documents.

R D Munro Lieut.
Attesting Officer

17/7/41 194 R.C.N.V.R. Division (or other establishment) Saint John

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.

CONDUCT SHEET

NAME _____

Alfred SAVOY

RATING

AB.

PORT DIVISION AND
OFFICIAL NUMBER...

U2822

Date of Offence	OFFENCE	PUNISHMENT AWARDED	By whom awarded, Ship and date	REMARKS
11 th Apr 43	Did remain absent over leave 1 hour 31 minutes, namely from 2359 on 11 April, 1943, to 0130 on 12 April, 1943, Thereby missing ship on sailing.	1 days pay forfeited 15 days leave stopped.	Co. "Shawmigan" 4 May, 1943	28 days leave 25 Nov. 43 S.G.T.
1 Sep 44	Did remain absent over long leave 3 hours 10 minutes, namely from 0700 until 1010 on 1st Sep, 1944	2 days leave stopped 2 days pay forfeited.	C.O. "Shawmigan" of 4th Sep. 44	

CERTIFICATE of the SERVICE of

Alfred Theodore SAVOY

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax, N.S.	Saint John, N.B.	V-2822

Date of Birth 28th Jan. 1922

Place of Birth Chatham, N.B.

Place of Residence

Trade brought up to Laborer

Religion Roman Catholic

Name and Address of Nearest
Relative or Friend
(in pencil)

Mother - 27.11.43
Amende Lajcs
same address

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	
12-7-41	17-7-41	Hostilities	Ord. Smn.		24 Feb '44	Canadian Volunteer Service Medal & clasp. 1939-1943 Star, Brw. Award.

PERSONAL DESCRIPTION							
Identification Card #	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
892	5	6 1/2	32	114	Dark Brown	Brown	Fair
On Entry							Scar under left eye
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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	Saint John Division.	12822		Ord. Smn.	17-7-41 7-8-41	6-8-41	to active service
1941	Saint John Division	12822		Ord. Smn.	7-8-41	24 Nov 41	
1941	Stadacona			Ord. Smn.	25 Nov 41	10 Apr 42	
	Venture (Nootka)			— " —	11 Apr 42	230 Apr 42	
	Stadacona (— " —)			— " —	1 May 42	7 Oct 42	(28801)
	Stadacona (Nootka)			— " —	8 Oct 42	12 Feb 43	
	Stadacona			— " —	13 Feb 43	16 Feb 43	
	Stadacona (Shawinigan)			— " —	17 Feb 43	24 Mar 43	
	Stadacona (— " —)				25 Mar 43	24 Nov 44	D.D.

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature
28 Mar 48	Granted Act W 17038.	REV 1769 of 28 Mar 48
31 July 42	Issued S.C.T.W. NO. B. 36164 (original)	3155
11 Sept '42	" S.C.T.W. #B-36032	3293
25 Nov 43	S.C.T.W. B-97188	

27

vice

448

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name..... **SAVOY** **Alfred T.** No..... **V2822**
Surname Christian Names

Rank..... **A B** Unit..... **RCNVR OS** Date of Death..... **2411- 44**

AMOUNT **W.S.G.** **668.75**
L.P.C.....\$ **65.72**

Date..... **15-11-45**

Other Credits.....

Total..... **734.47**
Prev.dist. **65.72**
This dist. **668.75**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	mother	<p>Mrs. Amanda Lozier, 49 North Street, St. John, N.B.</p> <p>(As next of kin entitled)</p> <p>P4. TO TREAS.</p> <p>NOV 23 1945</p>	668.75
			WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$668.75
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

426132

33

Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "SHAWINIGAN" at Sea

Name SAVOY, Alfred Theodore
(Christian names in full)Rank of Rating Able Seaman Official No. V2822 RCNVR.
(If unknown, date of first entry)

Place of Birth Chatham, N. B. Date of Birth 28th January, 1922

Occupation in Civil Life Labourer Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 7th August, 1941 - 24th November, 1944

Date of Death 24th November, 1944 Place of Death At Sea

Cause of Death Enemy action - lost at sea
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Mrs. Amanda Lozier Relationship Mother
Address 49 North St., Saint John, N.B.

Date on which the above was informed by Ship Not known

Date on which death was registered with local Officials Not known

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalidated

Commanding Officer,

11/4 1945

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121
2M-5-40 (4893)
N.S. 815-9-1121Noted Dm Pa
M. M. O.
16/4/45

ESTATES BRANCH

HQ. NS. V-2822 FD. 1040

October 31st, 1945.

Mrs. Amanda Lozier,
49 North Street,
St. John, N.B.

SAVOY, Alfred Theodore, A/B (Deceased)
No. V-2822, R.C.N.V.R.

Dear Mrs. Lozier:

Distribution can now be made of the amount of money here at credit of your late son.

The total amount available to this Branch for distribution is the sum of \$65.72, made up as follows:

Balance of Pay and Allowances	\$ 54.74
Credit for Kit Upkeep Allowance,	
Hard Lying Money and Grog Money	2.58
Refund of payment made on 7th Victory Loan	
Bond ..	8.40
TOTAL -	\$ 65.72

Your son died without having made a Will and his Service estate is, therefore, paid to you as next of kin entitled in accordance with the Intestacy Laws of his province of domicile.

Treasury has been requested to forward to you a cheque in the amount of \$65.72 and on receipt of same, kindly sign and return the enclosed form to the Director of Estates, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

(L.M.Firth) Colonel,
Director of Estates.

HRW/PM
Encl. 1

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's NameAlfred Theodore SAVOY
(Christian Names) (Surname)

Payee

Director of Estate

for Service Estate

Address

308 Sparks Street,
Ottawa, OntAlfred J. Savoy
n.s. V2822

Register No. 8333

File No. V2822

Date 2-10-45

Service No. V2822

Final Rank or Rating A-13

Date of termination of overseas service 24 Nov. 44

Date of Discharge 24 Nov. 44

A. TOTAL QUALIFYING SERVICE

No. of days 1206 equal to 40 complete periods at \$7.50
30

\$ 300.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 955 less 6 ineligible days equal to 949 days @ 25¢ per day

\$ 237.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$ 1.85
Subsistence or Lodging	\$ 1.45
and Provision Allowance	
Additional Pay H.L.M.	\$.25
G.C.B.	\$.05

Dependents' Allowance 1/30 of \$

Total 3.60 x 7 = \$ 25.20

No. of days 955
183 x \$ 25.20

\$ 131.50

D. WAR SERVICE GRATUITY

\$ 668.75

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 668.75

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ 668.75
Total Dependents' Allowance in issue \$

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1	W	6
2	W	7
3	W	8
4	W	9
5	W	10

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name.....SAVOY.....Surname.....Alfred T.....Christian Names.....No.....V.2822.....

Rank.....A/B.....Unit.....R.C.N.V.R.O/S.....Date of Death.....24-11-44.....

AMOUNT

L.P.C.....\$ 65.72

Date.....20-10-45.....

Other Credits.....

Total.....65.72

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Amanda Lozier, 49 North St., ST. JOHN, N.B. (As next of kin entitled)	\$65.72

P4. TO TREAS. 31-10-45, QW.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$65.72
CLASSIFIED BY			EXAMINED BY		
<i>[Signature]</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

MS

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

NAVY

DECEASED
MEMBER'S
NAMEAlfred Theodore
(CHRISTIAN NAMES)SAVOY
(SURNAME)

REGISTER NO.

8333

FILE NO.

NSV-2822

DATE

6 Oct. 45

PAYEE

ADDRESS

Director of Estates,) for Service Estate of
308 Sparks St.,) Alfred T. SAVOY
Ottawa, Ont.) N.S.V-2822

SERVICE NO.

V-2822

FINAL RANK OR RATING

AB

DATE OF TERMINATION OF OVERSEAS SERVICE

24 Nov. 44

DATE OF DISCHARGE

24 Nov. 44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1206 EQUAL TO 40 COMPLETE PERIODS AT \$7.50

\$ 300.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 955 LESS 6 INELIGIBLE DAYS, EQUAL TO 949 DAYS @ 25C. PER DAY

\$ 237.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE

\$ 1.85

\$ 1.45

ADDITIONAL PAY

HLM

\$.25

GCB

\$.05

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

\$

TOTAL \$ 3.60 X 7 = \$ 25.20

NO. OF DAYS 955 X \$ 25.20

183

\$ 131.50

D. WAR SERVICE GRATUITY

\$ 668.75

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ Nil

F. TOTAL AMOUNT PAYABLE

\$ 668.75

G. YOUR PORTION OF GRATUITY IS—

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

\$ 668.75

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

CHECKED BY

TREASURY

CHECKED BY

DATE

AT

W

for Dir. Naval Pay Accting.

SERVICE REPRESENTATIVE



nPA 160
OCT 31 1945

FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG.
No.

1. PLACE OF DEATH { Sub-Health District AT SEA Area (City, Town or Civil Parish) _____
If in City, Town or Village _____ Street _____ House No. _____
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Civil Parish where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED SAVOY, Alfred Theodore
(Surname) (Given name or names)

RESIDENCE No. 49 Street North City, Town, Village or Civil Parish ST. JOHN Province N.B.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin French 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE Chatham, New Brunswick
(Province or Country)

9. DATE OF BIRTH January 28 1922
(Month) (Day) (Year)

10. AGE in { Years 22 Months 10 Days _____ If less than one day old _____
hrs. or min.

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

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

13. Date deceased last worked at this occupation _____ 14. Total yrs. spent in this occupation _____

15. If married give name of wife or husband of deceased _____

16. NAME _____

17. BIRTHPLACE _____
(Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE N.B. Moncton
(Province or Country)

20. Name of informant Paym. Cndr. R.C.N.R., Naval Service Headquarters,
Address Director Personnel Records, OTTAWA, Ont.
Relationship to deceased _____

21. Place of Burial, Cremation or Removal No Burial
Date of burial or removal _____

22. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH November 24 1944
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from: _____
_____ 19 to _____ 19
and last saw h. _____ alive on _____ 19

CAUSE OF DEATH

I
Immediate cause (a) Missing, presumed dead when
Give disease, injury or complica- H.M.C.S. "SHAWINIGAN" was
tion which caused death, not the lost while on operational
mode of dying, such as heart failure, duty at sea.
asphyxia, asthenia, etc. due to _____
Morbid conditions, if any, giving rise to (b) _____
immediate cause (stated in order due to _____
proceeding backwards from im- (c) _____
mediate cause).
II
Other morbid conditions (if important) _____
contributing to death but not _____
causally related to immediate cause.

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

26. Was there a surgical operation? _____ Date of operation _____ 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? _____ Date of injury _____ 19
(State which)
Manner of injury _____ (How sustained)
Nature of injury _____
Specify whether injury occurred in industry, in home, or in public place _____

Signed by _____ M.D.

Address _____ Date _____ 19

28. S.D.R. No. _____

29. Filed _____ 19 _____
(Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210,
MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL
THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE
THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.
(See reverse side for instructions.)

ABL/CAM

R E E I S

N.S. V-2822, PERS.(N) "N"/5.

28 August, 1945.

Dear Mrs. Lozier:

Further to my letter of the 15th of February, 1945, the Department is now able to release additional information regarding the loss of your son's ship and I am accordingly passing on the following particulars which will, no doubt, be of interest to you.

H.M.C.S. "SHAWINIGAN" sailed from Sydney, N.S., on the 24th of November, 1944, to escort a merchant ship to Port Aux Basques, Newfoundland, and arrived off Port Aux Basques that night. In accordance with orders she was then to carry out a patrol in the area for the duration of the night, after which she was to meet the same merchant ship the next morning and return with her to Sydney.

The merchant ship arrived in Sydney unescorted on the night of the 25th of November and after it was ascertained that "Shawinigan" had not appeared at the designated rendezvous to provide escort as instructed, searches were instituted and "Shawinigan" was discovered to be missing.

It was the opinion of the Department at the time that the ship had been torpedoed by an enemy submarine during the night of the 24th/25th of November, 1944, as submarines were known to be operating in that area; and this has since been confirmed from German evidence. Although no survivors were found, a few bodies were recovered by later searches, due to tidal movements, some distance from the area in which "Shawinigan" was known to be operating. As a result, the position of the sinking can not be exactly ascertained, although from German evidence and the Department's computation, it is estimated to be in the vicinity of the three mile limit off Channel Head, near Port Aux Basques, Newfoundland.

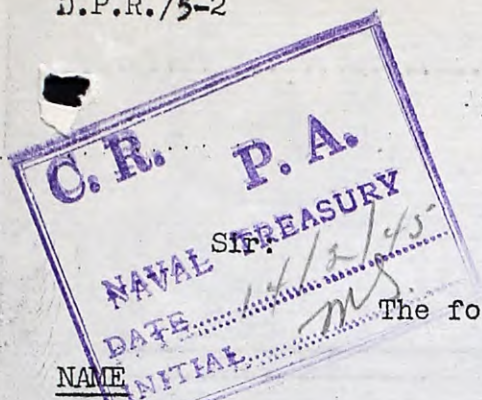
Despatched by Yours sincerely,
Sec. N. B.

Wm
Date 29.8.45
Time 1200

SECRETARY, NAVAL BOARD. *gmc*

Mrs. Amanda Lozier,
49 North Street,
SAINT JOHN, N.B.

(Approval on NS 0-3690, F.D.76
(See also NSS 1156-331/93)



DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -
OTTAWA, Canada.

FEB 15 1945

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
SAVOY, Alfred Theodore	Able Seaman	V-2822, R.C.N.V.R.

DATE OF ENLISTMENT - 17th July, 1941 Active Service: 7th August, 1941

DATE OF DISCHARGE - 24th November, 1944

HOSPITAL -

(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - Canada & High Seas

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere)

Reason for discharge and - MISSING, PRESUMED DEAD when the ship in which he was
when and where any disability serving, H.M.C.S. "SHAWINIGAN", was lost while on
was incurred, or where death operational duty at sea.
occurred.

(Show clearly whether death or disability due to enemy action,
accident or disease, and whether it occurred in Canada, or on the high seas or
elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP MOTHER

NAME - Mrs. Amanda Lozier,

ADDRESS - 49 North Street, SAINT JOHN, N. B.

NOTE: If records indicate that rating was separated from his wife, legally
or otherwise, details to be furnished and copy of any Court Order,
the separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE
ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

P.A.'S CHECK

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Amanda Lozier.	Mother.		

	<u>D. A.</u>	<u>A.P.</u>	<u>TOTAL</u>
Monthly rate:	Nil.	20.00	20.00
TO Whom Paid:	Mrs. Amanda Lozier,	Address	49 North St., St John, N.B.
Date of Enlistment:	See other side.		
Date of Discharge:	See other side.		
Inclusive date to which D.A. and/or A.P. was Paid:			30th November, 1944.
The final deduction of Assigned Pay for	20.00		has been made for the
period from 1st to	30th	of	November, 1944.
Remarks:	Allottee not in receipt of Dependents' Allowance.		

Computed by L. V. Henderson
Checked by S. H.

for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

Chas. L. Boswell

LA/YB

REGISTERED

AIR MAIL

N.S. V-2822, PERS.(N)

24

15 February, 1945.

Dear Mrs. Lozier:

Further to my letter of the 7th of December, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Alfred Theodore Savoy, Able Seaman, Official Number V-2822, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "SHAWINIGAN", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 24th of November, 1944.

Please allow me to express sincere sympathy with you in your bereavement 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 son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

CAM.


FEB 20 1945

Despatched by
Sec. N. B.

Mrs. Amanda Lozier,
49 North Street,
SAINT JOHN, N. B.

15-2-45
Time 1745

SERVICE

NAME  SAVOY, Alfred Theodore.

O.N. *V-3888*

PRESENT RANK/RATING: Able Seaman.

DATE TAKEN ON ACTIVE SERVICE: 7.8.41.

SERVICE

SHIP OR ESTABLISHMENT

St John Div. Hqtrs.
Duty Div. Hqtrs.
Stadacona
Nootka
Stadacona
Shawinigan

FROM

17.7.41.
7.8.41
19.11.41
12.4.42
13.2.43
17.2.43

TO

18.11.41.
11.4.42
12.2.43
16.2.43

IMPORTANT

(WILL): No.

NAME & ADDRESS
OF NEXT OF KIN:

MOTHER: Mrs Amanda LOZIER,
49 North St.,
St John, N.B.

HAS DISCHARGE FOR ~~ANY REASON~~
BEEN PREVIOUSLY APPROVED? No.

REASON:

DATE:

INITIALLED *fas-*

DATE 6.12.44

SECTION: 3/V.R.

(TO BE COMPLETED IN INK)

FEB 15 1945

20

Sir:

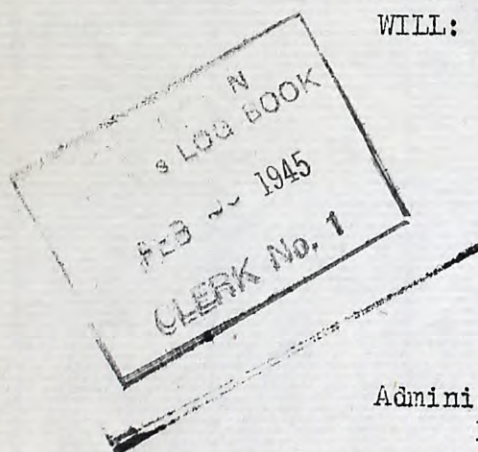
In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
SAVOY, Alfred Theodore Able Seaman, V-2822, R.C.N.V.R.	Missing, presumed dead when H.M.C.S. "SHAWINIGAN" was lost while on operational duty at sea on 24 November, 1944.	Mother: Mrs. Amanda Lozier, 49 North Street, SAINT JOHN, N. B.

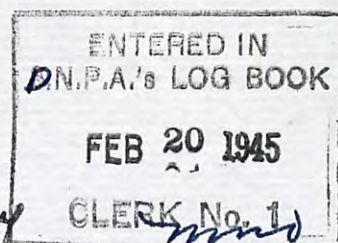
<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
1. Mrs. Amanda Lozier (Mother) 49 North Street, Saint John, N.B.		\$20.00	<i>JCB</i>
2. Rec. Gen. of Canada, 7th Victory Loan, Ottawa, Ontario.		\$ 8.40	

These allotments have been stopped with last payment November 30th, 1944.

WILL: No Record.



Yours truly,



for

SECRETARY, NAVAL BOARD. *emc*

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

LA/CM

R E G I S T E R E D

AIR MAIL

N.S. ~~XXXXXX~~ PERS.(N)
V-2822.

7 December, 1944.

Dear Mrs. Lozier:

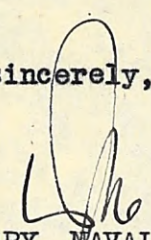
Further to my letter of the 29th of November, 1944, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "SHAWINIGAN", a Royal Canadian Navy corvette, was lost while on operational duty at sea. Seven officers, including her Captain, Lieutenant W.J. Jones, R.C.N.R., and seventy-eight ratings are missing. The bodies of five other ratings have been recovered and identified. There are no known survivors.

It is requested that you will regard this information as confidential until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Amanda Lozier,
49 North Street,
SAINT JOHN, N.B.

15
OTTAWA, Ont., 2nd December, 4

N.S. V-2822 PERS(N)

Dear Sir:

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

SAVOY Alfred Theodore
Name.....
(Surname) (Christian Names)
Able Seaman
Rank/Rating
V-2822, R.C.N.V.R.
Official No.....
"Missing" at sea since 24 November, 1944
Nature of Casualty
Will be reported later
Date of Casualty
49 North Street
Address at time of Enlistment
SAINT JOHN, N.B.
.....
Single
Marital Status at time of Enlistment.....
Labourer
Occupation.....
Mother: Mrs. Amanda Lozier
Name & Address of Next of Kin
49 North St., SAINT JOHN, N.B.
.....

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD. c

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

B.D. 2/11/45
D.P.R. 1/5 c

TFH/IF

REGISTER

File: V.2822

- NAVAL SERVICE -

29 November, 1944.

Dear Mrs. Lozier:

It is with deepest regret that I must confirm the telegram of the 29th November, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Alfred Theodore Savoy, Able Seaman, Official Number V.2822, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son is missing at sea when the ship in which he was serving was lost. Please be assured, however, that as soon as further particulars can be released, you will be informed.

It is regretted that slight hope is held for your son's survival. When it is considered, beyond all reasonable doubt, that no further hope exists and should no information be received to the contrary, an official presumption of death will be made by the Canadian Naval Authorities.

It is requested that, for security reasons, you regard the name of the ship in which your son was serving, as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Amanda Lozier,
49 North Street,
ST. JOHN, New Brunswick.