

V22924  
ALDRED  
LESLIE

D of D 6-2-43

NAVY

D.D.

DEPARTMENT OF VETERANS AFFAIRS

# AWARDS

WAR SERVICE RECORDS

ALDRED

Leslie (17)

V-22924

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

### WAR SERVICE

#### BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

#### CAMPAIGN MEDALS

#### REGISTRATION NUMBER AN DATE DESPATCHED

1939-45 Star

Atlantic Star

Africa Star & Clasp

C.V.S.M. & Clasp

War Medal

~~157-3-10-49~~

~~MEDALS RET'D UNDELIVERED  
AND RET'D TO STOCK~~

02-53072 M



P

(THE REVERSE TO

RCNVR Aug. 43 "LOUISBURG"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mr. Joseph Speers, (Uncle)  
~~Mrs. Sarah Aldred~~ - Mother (Deceased)

(1)

ADDRESS:

~~157 Pickering Street,~~ 115 Belhaven Road,  
Toronto, Ont. <sup>8,</sup> No Later Adl.

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Sarah Aldred

(3)

19-3-43

ADDRESS:

157 Pickering St.,  
Toronto, Ontario.

P 19352



DEPT. NATIONAL DEFENCE

N. V. 5

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

FEB 14 1941

N.S. 113-A-45-6

CANADA

*ms-42542*

**ATTESTATION FORM**  
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ALDRED OFFICIAL NO. V 22924  
CHRISTIAN NAMES LESLIE MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS		RELIGION
157 Pickering St., Toronto, Ont.		Anglican.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
12 Nov. '12	Town Toronto, County York, Province Ontario.	Mother: Mrs. Sarah Aldred, As above.
*Original Nationality of: Father <u>British</u> Mother <u>British</u>		

\*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 <u>5</u>	Inflated <u>33 1/2</u>	Brown	Brown	Med.	None
Inches <u>5 3/4</u>	Deflated <u>31</u>				
	Mean <u>32 1/4</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
28 Jan. '41	Ord. Sea. Toronto, Ont.	Able Seaman: Canada Steamship Lines, Queens Quay, Toronto, Ont.			
R.C.N.V.R. Division (or other establishment) at which enrolled.....					

**(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
-----	-----	-----	-----

Personnel Records Division.

1. Noted in Records.....  
2. Index Card.....  
3. Service Card.....  
4. Statistical Card.....  
5. Record Strip.....  
6. Pension Card.....  
7. ....  
8. ....  
DATE 24-2-41

(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.

*Wed 29/41*

(3) On being enrolled as a member of the Toronto, Ont. 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 Jan. '41

Signature of applicant *X Leslie Aldred*

(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 Jan. '41

*[Signature]*  
Signature of and rank of Attesting Officer.  
LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, LESLIE ALDRED 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 *X Leslie Aldred*

Witness *[Signature]*

Date 28 Jan. '41 Rank 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

LESLIE ALDRED 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 Toronto, Ont. Division of the R.C.N.V.R. or in the appropriate official documents.

*[Signature]*  
Attesting Officer.  
LIEUTENANT R. C. N. V. R.

28 Jan. '41 194 R.C.N.V.R. Division Toronto, Ont. (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.



P 19353

DEPT. NATIONAL DEFENCE - Can. B. 207  
100 M-11-40 (7881)  
N.S. 815-2-207  
FEB 14 1941  
N.S. 113 a 456  
CANADA 2

# 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 L. Aldred  
‡ candidate for entry as Ord sea VR  
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 revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
28 - 2	124 3/4 lbs.	5 - 5 3/4 ft. ins.	Good	inches (a) maximum 33 1/2 (b) minimum 31 (c) mean 32 1/4	right eye 20/20 left eye 20/15 *colour vision NORMAL	None	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	2 Deficient 1 Defective	NORMAL

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

X-ray  Not taken.  
 Approved.  
 Refuse.  
 Unsuccessful.

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.

L. Aldred

† 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.....

\* {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

TORONTO, ONT.

Dated at..... the..... of..... JAN 27 1941..... 19.....

R. G. Mackinnon  
Examining Medical Officer

(Rank)..... SURGEON LIEUT. R. C. N. V. R.

Six copies to be rendered to Naval Service Headquarters

113-A-456  
#657

# REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

94120

H.M.C.S. "NIOBE" (LOUISBURG) at .....

Name **ALDRED, Leslie**  
(Christian names in full)

Rank of Rating **Able Seaman** Official No. **V-22924**  
(If unknown, date of first entry)

Place of Birth **Toronto, Ontario.** Date of Birth **12th November, 1912**

Occupation in Civil Life **Able Seaman** Religion **Anglican**

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) **Two Years**

Date of Death **6th February, 1943** Place of Death **At Sea**

Cause of Death **Loss of ship due to enemy action.**  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Sarah ALDRED** Relationship **Mother**  
Address **157 Pickering Street,**  
**Toronto, Ontario.**

Date on which the above was informed by Ship **Informed by N.S.H.Q.**

Date on which death was registered with local Officials.....

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 invalided.....

*H. Rugeley* **Commander, R.C.N.**  
*Commanding Officer,*

**10th March, 1943.**

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 *Duplicates on file.*  
15M-7-40 (5849) *M.F.A. (ed)*  
N.S. 815-9-1121  
*12/5. NPR 15*

SERVICE

NAME: ALDRED, Leslie

O.N. V22924

PRESENT RANK/RATING: Able Smn.

DATE TAKEN ON ACTIVE SERVICE: 29-1-41

38

SERVICE

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>To</u>
Duty Div. Hdqtrs. (Toronto)	29-1-41	
Stadacona	22-4-41	
Prince David	11-6-41	
Trinidad	6-8-41	
Stadacona	30-8-41	
Hochelaga (M'ng Pool)	10-9-41	
Louisburg	1-10-41	

*Canada + High Seas  
13-2-43*

WILL: Yes.

NAME & ADDRESS OF Mother: Mrs Sarah Aldred  
NEXT OF KIN: 157 Pickering St.,  
Toronto, Ont.

~~DISCHARGED PREVIOUSLY?~~~~REASON:~~~~DATE:~~

Initialed by: LS

Date: 13-2-43

Section: R.C.N.V.R.

Naval Personnel Records.

(TO BE COMPLETED IN INK.)



113 A-456

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING 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 ALDRED LESLIE (b) Reg'l. No. 113-B-456 V-22924
2. (a) Arm of service navy (b) Unit RCNVR (c) Rank O.D.
3. (a) Date of birth 12 Nov 12 (b) Have you any dependents? no (c) Place of residence at time of enlistment Toronto
4. (a) Place of enlistment Toronto (b) Date of enlistment 24 June 41

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 12 (b) Were you attending school or college up to the time of enlistment? no
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.) 4th grade (England)
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? yes (b) If so, for what occupation? electrical welding (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 3 yrs
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## 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) unemployed (b) At time of enlistment of what trade union or professional society were you a member? no

## 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? yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked sailing (b) State how long you had worked at this trade or occupation 7 yrs
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 December 40
15. Give details of last employer, if any: Name Canada Steamship Lines Address Montreal Que
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) shipping
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? no (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? none (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 Continue in navy



DATE 14 April 1941 SIGNATURE L Aldred

V22924

OFFICIAL NUMBER

FILE NUMBER

113-A-456

OFFICIAL NUMBER

V22924

NAME ALDRED (Surname) Leslie (Given Names) DATE OF BIRTH 12 November 1912

PLACE OF BIRTH Toronto Ontario OCCUPATION Able Seaman Canadian Steamship Lines

RELIGION Anglican EDUCATION \_\_\_\_\_

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 157 Pickering St. Town Toronto Province, etc. Ont.

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	1	41	H.O.	5'5 <sup>3</sup> / <sub>4</sub> "	Brown	Brown	Med.	Nil				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Sarah Aldred

ADDRESS (in pencil): Street and No. 157 Pickering St. Town Toronto Province, etc. Ont.

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	
				8	1	42	"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		

FILM  
 NOW SR-5475-1  
 DATE

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

O.H.F. Received  
 Last Will & Test. 11-2-41

SECOND CLASS FOR CONDUCT  
 From \_\_\_\_\_ To \_\_\_\_\_



V22924

OFFICIAL NUMBER

NAME ALDRED  
(Surname)

Leslie  
(Given Names)

OFFICIAL NUMBER V22924

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
Div. S. Toronto	Ord. Smn.	28	1	41													
Duty Div. Hdqtrs.	" "	29	1	41		V.G.	Sat.	31	12	42							
Stadacona	" "	22	4	41		V.G.	Sat.	6	2	43							
Prince David	" "	11	6	41													
Trinidad	" "	6	8	41													
Stadacona	" "	30	8	41													
Hochelaga	" "	10	9	41	Manning Pool												
Louisburg	" "	1	10	41													
"	Able Smn.	24	11	41	Rated. (249A/21682)												
<b>DISCHARGED</b>	" "	6	2	43	<b>Missing, presumed killed in action per Casualty List.</b>												

GENERAL REMARKS

Awarded Canadian Memorial Cross to:-  
 Mother:-Mrs. Sarah Aldred,  
 157 Pickering St.,  
 Toronto, Ont.  
 March 19, 1943.

*LC 9.8 (7/1/41) 8-7-42 516 (217472)*

DATE OF BIRTH		PLACE		CIVIL OCCU.		RELI-ED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GIOM	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK	
12	X	12	11	540	0	30	X	1	56	14	0	23	0	08 73	
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		
28	01	41	29	01	41					2160	0	08	74		
SENIORITY STR.		NON-SUB		M.		CODED		CHECKED							
DY.	MO.	YR.	CAT.	A	B	ST.									
24	11	41	09				20	06-02-43		mm					