A6120
DELUTIS
FRANK

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

Received 23 Mar 40 Checked UH Card ✓ Observations ✓

ORIGINAL
DUPLICATE DUPLICATE
TRIPLICATE

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

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

Unit ROYAL CANADIAN REGIMENT. Regimental Number A. 6120

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

OL
PTE

1. Surname DeLUTIS.
2. Christian Names FRANK.
3. Present address 805 Ottawa Street. Montreal, Que. Canada
4. Date of birth 7th September, 1913.
5. Place of birth Canada. (Country) Quebec. (County or Province) Montreal. (Town or Township)
6. Religion (state denomination) Roman Catholic.
7. Trade or Calling Labourer.
8. Married, Widower or Single Single.
9. Name of next of kin Mrs. ~~M~~ ANNA DeLutis.
10. Relationship Mother.
11. Address of next of kin 805 Ottawa Street. Montreal, Que. Canada
12. Have you served in any Naval, Military or Air Force? No.
13. If previous war service, state arm, force and regimental particulars No.
14. Do you now belong to or have you served in the Active Militia of Canada? No.

(Give unit and date of attestation)

OCCUPATIONAL HISTORY FORM COMPLETED

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Frank DeLutis. do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 15th September, 1939. Frank DeLutis (Signature of recruit)

A. Thomson Sgt. Witness.

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Frank DeLutis. do sincerely promise and swear ~~(or solemnly declare~~) that I will be faithful and bear true allegiance to His Majesty.

Frank DeLutis (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at St Johns, Que. this 15th day of September, 1939. 19

[illegible] (Signature of Magistrate, Justice or Attesting Officer.)

O. C. St. Johns Station, R. C. R. (Office or Rank and Unit or appointment)

M. F. M. 2 (X) RECEIVED FEB 16 1940

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

FINGERPRINTED P

Record of Service of DeLUTIS. (Surname) FRANK. (Christian Names) Regimental Number A. 6120

Qualifications

Military: Nil.

Business or Professional: ---

Trade or Civil: ---

Technical: ---

Languages: English.

Educational Qualifications

High School or Collegiate: --- (years completed)

Graduation or Matriculation: -- (specify)

*College: ---

*University: ---

---

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
16-9-39.	RCR.	Joined on appointment "D" COMPANY. RCR. C.A.S.F.	Pte.	15-9-39.	RCR.	St Johns.	D.O.13.	16-9-39
32.40	Adj Unit	Granted leave of absence	"	6.1.40 10.1.40	"	Aldershot Eng	Part V D.O #34	32.40
	5383 -	Embarked at Plymouth England	Pte	13 June 40	RCR	Field	#11	19/7/40
		Debarked " Brest France		14 do				
		Re-embarked " Brest "		15 do				
		Debarked " Plymouth England		17 do				
26-7-40		Granted leave	"	28-6-40 1-7-40	RCR	"	Do 12	26-7-40
6-9-40		Granted leave	"	25-8-40 29-8-40	RCR	"	19	6-9-40
13-9-40	1	A wt 14 days C.B. 7 days 3 days pay F.R.d.D.1-A		3-9-40	RCR	"	20	13-9-40
		SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON		18 Dec 39	RCR	Field	Do 4	11 Jan 41
		TOS CASF (OVERSEAS) ON TRANSFER ON 19 Dec 39 AND DISEMBARKED AT GOUROCK ON		30 Dec 39				
		Leave Prn 7 days	"	17/24 Mar 41	RCR	"	23	25 Mar 41
		P/Leave 7 days no warrant	Pte	12/19 Sept 41	RCR	UK	61	26 Sept 41

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

Are you receiving or have you in the past received, disability pension or compensation? If so give details N.O.T.D.

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Frank DeLutis Date 15-9-39.

Part 1. Information obtained from the recruit.

1. Age 26 2. Have you ever suffered from any of the following diseases?

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

Frank DeLutis
(Signature of Recruit)

Examiner's remarks re above

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

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

None

2. Height 5 feet 8½ inches. 3. Weight 127 pounds.

4. Complexion Medium Eyes Blue Hair Black. 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 3½ inches.

7. Vision, right 6/6 left 6/6 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth Good.

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

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

Special remarks when category lower than A

H C Johnston Lt Col RCAMC (President) — N A Perrier Maj (Member) — R G H Watson MD (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	Reexamined Normal		
11/7/39	Eus. Reflexes Cat. A. H C Johnston Lieut RCAMC		
25-10-39	Mine Normal 129 lbs	22.2.41	TAB ½ cc
4-11-39	TAB-2 H C Johnston Lieut. RCAMC	7.2.42	TAB T ½ cc
17-11-39	Inoculation Complete T.A.B.	22.2.42	2nd TET.
	J H Bell Lt RCAMC.		
20/11/39	X Ray chest N.E.G. } J H Bell		
21/11/39	Dental } RCAMC.		
30/11/39	Vaccination M.R. } JHB		
6/12/39	Tetanus 1cc J H Bell Lt		
6.9.40	T T 1cc		
28.8.42	VACC		

Are you receiving or have you in the past received, disability pension or compensation? If so give details N.A.

Statement of the Service of No. A6120 Rank Pte Sheet No. II Dupl.

Name DeLutis Frank

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Admitted 9 Fd. Amb.	Pte	5 6 Feb 42	RCR	U.K.	50	20 Feb 42
		P/leave P3. W.W.	Pte	18 25 Feb 42	RCR	UK	25	15 April 42
		P/leave	Pte	19 26 June 42	RCR	UK	51	24 July 42
		Prio Leave to 26 aug 42	Pte	9 aug 42	RCR	UK	69	9 Oct 42
		Prio Leave	Pte	17 19 Nov 42	RCR	UK	81	4 Dec 42
		P/Leave (Money Allice)	Pte	5 14 Mar 43	R.C.R.	U.K.	23	25 Mar 43.
		Inc rate regt. Pay 1.50 per diem	Pte	1 Jan 43	RCR	UK	25	30 Mar 43.
		Awd One Good Conduct Badge	Pte	25 Mar 43	R.C.R	UK	28	17 Mar 43
		Embarked 4 SOS Cdn Army (UK)	Pte	13 June 43	RCR	NA	53	27 July 43.
		TOS Cdn Army (M)	Pte	14 June 41				
		Disembarked	Pte	10 July 41				
Rank Noted		Appt. A/L/Cpl.	A/L/Cpl	8. Aug 43.	R.C.R.	N.A.	59.	26. Aug. 43.
		Adm. 4 Can Fd Amb trans out	Pte.	23 Aug 43	x list RCR	NA.	33A	29 Sep 43
S.O.S		S.O.S to RCR x3 List adm to Hosp	Pte.	23 Aug 43	RCR	NA.	64	13 Sep 43
T.O.S		T.O.S RCR x3 List adm to Hosp from RCR on	Pte.	24 Aug 43	X LIST RCR	NA.	26A	13 Sep 43
		Adm 94 Gen Hosp	Pte	9 Sep 43	x list RCR	NA	33A	29 Sep 43
		adm 5 Fd Amb.	Pte	23 Aug 43	x list RCR	NA	34A	30 Sep 43
		Trans out 5 Gen Hosp.	Pte	4 Sep 43	x list RCR	NA.	34A	30 Sep 43
(C2)		adm. 5 Gen Hosp.	Pte.	26 Aug 43	x list RCR	NA.	37A.	12 Oct 43

Statement of the Service of No. A 6120. Rank ..... Sheet No. .....

Name DELUTIS F.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
(C2)		Trans. Out. 97 Gen Hosp.	Pte.	16 Sep 43	x List RCR	NA	34A	12 Oct 43
(C2)		Adm. 9 Conv. Depot.	Pte.	16 Sep 43	x List RCR	NA.	34A.	12 Oct 43
(C2)		Posted to R.C.R. x.4 List B.D. from x.3 List Disch. Hosp	Pte.	11 Nov 43	x List RCR	NA.	52A.	20 Nov 43
(C2)		Disch. 9 Conv. Depot	Pte.	6 Nov 43	x List RCR	NA	61A.	16 Dec 43
(C2) S.O.S		S.O.S to H.P.E.R. from RCR Bn. x4 List	Pte.	29 Nov 43	x List RCR	NA.	66A.	26 Dec 43
	T.O.S	T.O.S from R.C.R. x4 List	Pte	30 Nov 43	HPER	NA	63	17 Dec 43
Sup. Comp'd		S.O.S. Killed C.M.F.	Pte	23 Dec 43	HPER	CMF	(DO CLA 375 2/3 Jan 44	6 Jan 44

Regimental No. A 6120 Rank Pte Sheet No. 11

MFM 1 & 2a
40/P & S/119 (3913)

Name De Lutis Frank

		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
SOS		SOS CA (UK) on Embarkation	—	13 June 43	—	—	—	—
	TOS	TOS CA (M)	Pte	14 June 43	R C R	NA	53	27 July 43
		Disembarked		10 July 43	—	—	—	—
		Appointed A/L/Cpl	A/L/Cpl	8 Aug 43	R C R	NA	59	26 Aug 43
		Adm 4 Can Fld Amb Transf: out	Pte	23 Aug 43	RCR x List	NA	33A	29 Sept 43
SOS		SOS to RCR x 3 List adm to Hosp	Pte	23 Aug 43	RCR	NA	64	13 Sept 43
	TOS	TOS RCR x 3 List from RCR, on adm to hosp.	Pte	24 Aug 43	RCR x List	NA	26A	13 Sept 43
C16 31.1.44		Adm 97 Gen Hosp:	Pte	9 Sept 43	RCR x List	NA	33A	29 Sept 43
		Adm 5 Fld Amb:	Pte	23 Aug 43	RCR x List	NA	34A	30 Sept 43
		Transf: out of 5 Gen Hosp:	Pte	7 Sept 43	RCR x List	NA	34A	30 Sept 43
		Adm 5 Gen Hosp:	Pte	26 Aug 43	RCR x List	NA	37A	12 Oct 43
		Transf: out 97 Gen Hosp:	Pte	16 Sept 43	RCR x List	NA	37A	12 Oct 43
		Adm 9 Convalescent Depot	Pte	16 Sept 43	RCR x List	NA	37A	12 Oct 43
		Posted to RCR x 4 List (BD) from x 3 List: disch Hosp:	Pte	11 Nov 43	RCR x List	NA	52A	20 Nov 43
		Disch: 9 Convalescent Depot	Pte	6 Nov 43	RCR x List	NA	61A	16 Dec 43
SOS		SOS to H & PE Rgt from RCR x 4 List Bn	Pte	29 Nov 43	RCR x List	NA	66A	26 Dec 43
	TOS	TOS from R.C.R. x 4 List	Pte	30 Nov 43	H.P.E.R.	NA	63	17 Dec 43
C.16 1.2.44		Killed C M F.		23 Dec 43			CLA 3/45	3 Jan 44

SERVICE AND CASUALTY FORM

(PART II)

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

Regiment or Corps: R.C.R. Regimental Number: A 6120

Substantive Rank: Surname: De Lutis Christian Names: Frank

Acting Temporary or Local Rank:
(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
	OC	HPE	TOS from RCR 4 Bn	Field	30 Nov 43	Pte	63/43
	"	"	SOS - Killed in Action	"	23 Dec 43	"	2/44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit: Royal Canadian Regiment. Regimental Number: A. 6120

1. Surname: DeLUTIS
2. Christian Names: Frank
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank:
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal, Que. Canada.
5. Date of birth as declared on attestation: 7-9-1913.
   (A)
6. Date of enlistment: 15th. September, 1939.
7. Place of enlistment: St Johns, Que. Canada.
8. Residence at time of enlistment: 805 Ottawa St. Montreal, Que
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: R.C.
12. If married, state date:
13. Trade on enlistment: Labourer.
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: R.C.R.
Unit (Battn., etc): 1st.Bn.

(18) Medical

Category	Date	Authority
"A"	15-9-39.	

(19) Next of kin (entries to be made in pencil)
Mrs Anna DeLutis Mother
805 Ottawa St. Montreal

(20) E.
(21) E.
(22) E.

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
16.9.39			Dis Boy RCR (Cadet)	St Johns	15-9-39	Private	DO13 16.9.39
19.7.40	RCR		Embarked Plymouth	"	13.6.40	"	11/40
			Disembarked Brest		14.6.40		
			Re-embarked Brest		15.6.40		
			Disembarked Plymouth		17.6.40		
16.7.40	RCR		Privilege leave				12/40
13.9.40	RCR		Forfeits 3 days pay	Lwf E	3.9.40	Rte	20/40
	Records	RCR	SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON 18.12.39 TOS CASF (OVERSEAS) ON TRANSFER ON 19.12.39 AND DISEMBARKED AT GOUROCK				41/14.1.41 30.12.39
19.3.41	66	RCR	Rail leave - 7 days	Eng	17.3.41	Rte	23/25.3.41
17-9-41	"	"	Leave 7 days. No warrant	"	12-9-41	"	61/26-9-41
11.2.42	Gas	Report	admn 9 Fd amb.	"	5.2.42	"	10/20-2-42
	"	"	Disch. 9 Fd amb	"	6.2.42	"	
21.3.42	OC	RCR	Leave (P3) FTW 7 days	"	18.2.42	"	26/15-4-42
	"	"	Returned	"	25.2.42	"	
29-6-42	"	"	Leave 7 days (P4)	"	19-6-42	"	51/42
	"	"	Returned	"	26.6.42	"	51/42
29.8.42	"	"	Leave 7 days (F5) 26 aug 42 to	"	19-8-42	"	68/42
19 Nov 42	"	"	Leave 7 days F.T.W. 19 Nov 42 to	"	12 Nov 42	"	81/42
1 Mar 43	"	"	Leave 9 days allowance 14 Mar 43 to	"	5 Mar 43	"	23/43
			Crtd Daily Rates Pay of $1.50		1 Jan 43		25 1943
25 Mar 43	"	"	Good Conduct Badge	"	25 Mar 43	"	28/43
	SOS CA		ON EMBARKATION AT W/S ON 13 Jun 43				
TOS CA			ON TRANSFER ON 14 Jun 43 AND DISEMBARKED AT M.	ON 10 Jul 43			53/43
			SOS to X-3 list	M.	23 Aug 43	✓	64/43
			SOS X-3 from RCR	✓	24 Aug 43	✓	26A/43
			Adm 4 Fd Amb	✓	23 Aug 43	✓	33A/43
			Adm 97 Gen Hosp	✓	9 Sep 43		
			Adm 5 Can Fd Amb	✓	23 Aug 43	Rte	34A/43
			Trfd out of 5 Can Gen Hosp	✓	7 Sep 43		
			Adm 5 Can Gen Hosp	✓	26 Aug 43	✓	37A/43
			Trfd 97 Gen Hosp to 9 Can Depot	✓	16 Sep 43		
			Posted to Rcl X4 list (Bd) from X3 list, on discharge from hosp	"	11 Nov 43	"	52A/43
			posted to X4 (4 Bn) from X4 Bd.	"	13 Nov 43	"	52A/43
		X list	Disch out - 9 C C D	✓	6 Nov 43	"	58A/43
		X list	SOS to Host of Regt	"	29 Nov 43	"	66A/43

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 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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: De LUTIS Frank (b) Reg'l. No. A6126
2. (a) Arm of service: Army (b) Unit: R.C.R. (c) Rank: Pte
3. (a) Date of birth: 7 Sept/13 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Montreal Que
4. (a) Place of enlistment: St Johns Que (b) Date of enlistment: 15Sept/39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 9 (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.): 2 Grade
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? No (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? English (b) What languages do you read well? None

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): Working (b) At time of enlistment of what trade union or professional society were you a member? None

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: Shiners Tobacco Store Address: Montreal Que
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Tobacconist
20. (a) Your specific occupation: Clerk (b) Number of years' experience at this occupation with any employer: 6 Months
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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? Yes (b) Do you feel competent to operate a farm? Ltd (c) If so, in what kind of farming? Mixed
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? Ont

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
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: Farming

DATE: 3 June 1943 SIGNATURE: [illegible]
For Officer i/c Records, O.T.U.

M.F.M. 510
40/P & S/254 (1-43)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl. No. A.6120 Rank and Name DE LUTIS F. A/L/CPL

of (Unit)..... on.....

~~(Transfer or~~ Discharge) to..... on 23rd Dec 1943.

Reason Death Authority: CCL "A" 375 d/ 3rd Jan 44.

The following is a statement of the account of the above-named from 1st Dec to 31st Dec 1943. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	671	69
First Monthly Payment			Regimental Pay 31 days at $1.60	49	60
Casual Payments			Tradesmen's Pay ..... days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	23	00	Allowances (Give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Def Pay Interest	41	96
To Balance Cr. Free	223	25			
Deferred	517	00	By Balance Dr.		
	740	25			
Total	763	25	Total	763	25

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

Remarks:

1. Assnd Pay $23.00 (M) stopped eff Jan 44.
2. The above statement has been compiled from Treasury Records the latest paybook not being available.

May it be noted that no payments have been received by Treasury between 12 June and 10 Nov 43.

87.1

ESTATES BRANCH AUG 15 1944 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by L.G. Waldron.

Checked by [signature]

Date 15th July 1944.

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

☐ Navy
☒ Army
☐ Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

D 3010

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service DELUTIS (Print)

2. Christian Names FRANK (deceased) (Print)

3. Service No. A-6120 4. Paid rank or rating at date of termination of Service Pte

5. Address, in full, to which payments of gratuity are to be forwarded Mrs. Anna Delutis (Mother)
805 Ottawa St
Montreal (3) P.Q.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Army	A6120		11 Sept. 1939	23-12-43

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? no If so, state name of Force or Forces n/a

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? no If so, state the Force or Forces, with dates of commencement and termination of service. n/a

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Nov. 16. 1944
(Date)

Mrs. Anna Delutis
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

805 Ottawa St
Montreal (3) P.Q.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME FRANK (Christian Names) DELUTIS (Surname) — Register No. D-3010

File No. 405-D-13273

PAYEE'S NAME MRS ANNA (Christian Names) DE LUTIS (Surname) — Date 5-3-45

ADDRESS 805 OTTAWA ST — Service No. A: 6120

MONTREAL 3 — P.Q. — Final Rank L/Cpl

DATE OF TERMINATION OF OVERSEAS SERVICE 23-12-43 — Date of Discharge 23-12-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days $\frac{1558}{30}$ = 51 (28) Periods @ $7.50	382	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1463 less 28 Ineligible days, equal 1435 Days @ 25c per day	358	75
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.60 Subsistence Allowance $ 1.25 Additional Pay $ Dependents' Allowance 1/30 $ 25.00 $ .83 TOTAL $ 3.68 × 7 = $ 25.76 No. of Days $\frac{1463}{183}$ × $ 25.76	741	25
	205	94
D. WAR SERVICE GRATUITY	947	19
Computed By Manley		
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $		
Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 947.19 each)	947	19

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS Promoted to A/L/Cpl 8 August 1943 on Treas Ledger Sheet & L.P.C. Wild Pay
Corrected Manley

100M-11-44 (6087)
H.Q. 1764-81-3

1162

Form No. 1

Register No. D-3010 Nominal Roll No. D-61

H.Q. File No. 405-D-13273

TO: P.M.G.,

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
A 6120	Pte	DELUTIS	FRANK

Reason for Termination of Service:

1st Enlistment Killed in Action CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

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

1st Enlistment		2nd Enlistment		3rd Enlistment	
T.O.S. 15 Sep 39		T.O.S.		T.O.S.	
S.O.S. 23 Dec 43	MD O/S	S.O.S.	MD	S.O.S.	MD
Total Days 1561		Total Days		Total Days	

TOTAL SERVICE 1561 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	95	–	95
OVERSEAS SERVICE	1466	3	1463
Totals	1561	3	1558
Add Non-qualifying Service			3
TOTAL SERVICE			1561

95
1463
1558
3
1561

EMBARKATION DETAILS:

1. T.O.S. O/S 19 Dec 39
Date S.O.S. Overseas 23 Dec 43

2. Date S.O.S. Overseas –

REMARKS:

KILLED IN ACTION
23 Dec 43

Computer's Signature

Checker's Signature

Date Computed 4 Jan 45

Applicant has given 15 Sep 39 as date T.O.S. DATE AS ABOVE VERIFIED WITH DCS

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

W.B. Long, Capt.
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

OVERSEAS

T.O.S. 19 Dec 39 T.O.S. T.O.S.

S.O.S. 28 Dec 43 S.O.S. S.O.S.

Cancel	5 days		3 Sep 40		3
				TOTAL	3

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Frank (CHRISTIAN NAMES) DELUTIS (SURNAME)

REGISTER NO. D-3010
FILE NO. 405-D-13273
DATE 6-3-45
SERVICE NO. A-6120
FINAL RANK OR RATING L/Cpl.
DATE OF DISCHARGE 23-12-43

PAYEE Mrs. Anna DELUTIS,
ADDRESS 805 Ottawa St., Montreal (3) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 23-12-43

		$ ¢
A. TOTAL QUALIFYING SERVICE 1530 — NO. OF DAYS 1558 / 30 EQUAL TO 51 COMPLETE PERIODS AT $7.50		382.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 1463 LESS 28 INELIGIBLE DAYS, EQUAL TO 1435 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		358.75
		741.25
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE		
PAY	$ 1.60	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .83	
TOTAL	$ 3.68 X7 = $ 25.76	
NO. OF DAYS 1463 / 183	X$ 25.76	205.94
D. WAR SERVICE GRATUITY		947.19
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		947.19

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
MAR 10 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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

PREPARED BY	CHECKED BY

TREASURY	
CHECKED BY	DATE
R Thackeray	MAR 12 1945

SERVICE REPRESENTATIVE

M.F.M. 10
160 M—8-39 (1706)
H. Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person

I Frank DeLutis. (Name in full)

Number A. 6120. of the Canadian Active Service Force

ROYAL CANADIAN REGIMENT.
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of Pay, personal effects. insurance.

(Here describe fully personal estate)

unto Mrs. N.DeLutis. (Mother.)
805 Ottawa St. Montreal, Que.

Name and Address of person or persons to whom it is to go and **relationship.**

absolutely, and the residue of my personal estate and everything that I can give or dispose of

(Here describe remaining assets)

unto

Nil.

Name and Address of person or persons to whom it is to go and **relationship.**

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc., in fact everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

Eighteenth day of September A.D. 1939

Frank De Lutis
(*Signature of Soldier*)

Signed and acknowledged by the Testator, in the presence of us, present at the same time, who, in his presence, at his request, and in the presence of each other, have hereunto subscribed our names as Witnesses.

1st witness to sign here — O. C. St. Johns Station, R. C. R.

Address in full — DEPARTMENT OF NATIONAL DEFENCE.

2nd witness to sign here — D. C. Spry Lieut. R.C.R.

Address in full — DEPARTMENT OF NATIONAL DEFENCE.

For Completion and Return by

Form P. 64

Mrs. Anna Delutis,
805 Ottawa St.
Montreal, Que.

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

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

and the following number quoted:—

H.Q. 405-D-13,273-FD.328

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

March 16, 1944

ESTATES BRANCH APR 3 1944 OTTAWA DEPARTMENT OF NATIONAL DEFENCE

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

DELUTIS, Frank, Pte.

A.6120 C. A.

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.

(P.S.Deis)Capt.
for (L.M.Firth)Lt.Col.

PSD/CF

Administrator of Estates.

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree 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		not married	—	—
2	Children of the Deceased and dates of their Births		not applicable	—	—
3	Father of the Deceased		Nicholas de Lutes	—	Deceased 11 Jan 1938
4	Mother of the Deceased		Annie de Lutes nee Olsen	50	805 Ottawa St Montreal. P.Q
5	Brothers of the Deceased	Full Blood	Thomas de Lutes	33	Toronto. Ont.
			Fred. de Lutes	28	Overseas - wife resides in ~~Toronto~~ Montreal
			Albert de Lutes	23	18 McGill St Toronto. Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Lillian de Lutes	20	805 Ottawa St Montreal. P.Q
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	Douglas		died when he was a little over one year	n/a	
	Laurence		died when he was 9 months	n/a	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Deluteri. Frank.
9	Date of his birth.	September. 7th 1918
10	Place and date of his marriage.	~~Montreal~~. not applicable
11	Place and date of his parents' marriage.	Montreal. 10th Dec - 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Prov. of Quebec (b) — (c) — (d) —
14	Nature of employment before enlistment.	Odd jobs as labourer.
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.	Montreal.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	none to my knowledge
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?	not applicable
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 to my knowledge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	unable to state
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	unable to state.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none to my knowledge
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none to my knowledge except balance of Pay.

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.	none to my knowledge
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.	not applicable my son died overseas.

(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 Alma Delutes — Signature of Informant

805 Ottawa St. Montreal — Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Mrs Anna Delutes (Name of informant) is the* mother 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.

*See above.

Dated at Montreal this 29th day of March 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces: J M Nolin

Qualification: Commissioner for the taking of Oaths!

Address: 379 Common St. Montreal.

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

There might be a balance of pay, or possibly some War Savings Certificates or Victory Bonds.

J M Nolin
Commissioner for the Taking of Oaths.
Canadian Pension Commission
Montreal.

Alma Delutes

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER A6120 RANK Private SERVICE UNIT The Hastings and Prince Edward Regiment (C.A.)

NAME DELUTIS, Frank

DATE OF BIRTH
DAY 7th MONTH September YEAR 1913

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Anna Delutis

ADDRESS 805 Ottawa St., Montreal, Quebec ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4176 H.Q.405-D-13,273

CASUALTY DETAILS Killed in Action DATE 23-12-43

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 6-1-44

P.L.

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

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

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of THE FIELD (ITALY) Township of

If in City, Town or Village (Name) Street (If death occurred in a hospital or institution, give the name instead of street and number) House No.

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

3. PRINT FULL NAME OF DECEASED DeLUTIS (Family name) Frank (Given name or names in usual order)

RESIDENCE No. 805 Street Ottawa City, Town, Village or Township Montreal Province Que.

(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M			Single

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH September (Month) 7th (Day) 1913 (Year)

10. AGE in Years 30 Months Days If less than one day old hrs. or min.

OCCUPATION

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

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

13. Date deceased last worked at this occupation

14. Total years spent in this occupation

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

FATHER

16. NAME Deceased

17. BIRTHPLACE (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here C.S.

Address Director of Records,

Relationship to deceased Dept. of National Defence.

21. Place of Burial, Cremation or Removal Italy.

Date of burial or removal

22. Burial Permit was issued by

Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH December (Month) 23rd (Day) 43 (Year)

25. I HEREBY CERTIFY that I attended deceased from: 19 to 19

and last saw h. alive on 19

CAUSE OF DEATH

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

due to

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

due to

(c)

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

PHYSICIAN: Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days

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

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

State findings Was there an autopsy?

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

Accident, suicide or homicide? (State which) Date of injury 19

Manner of injury (How sustained)

Nature of injury

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

Signed by **M.D.**

Address **Date** 19

30. Division Registrar's Record No.

31. Filed 19 (Division Registrar)

OVERSEAS CASUALTY CANADIAN ARMY

NOV 10 1944

No A.6120 Rank Private Name DELUTIS, Frank.

Unit Hastings & P.E. Regt. Date of death 23rd December, 1943.

Died at Italy

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-D-13273 d 6-1-44.

N/K Mrs. Anna Delutis, Relationship Mother.

Address 805 Ottawa Street, Montreal, P.Q.

Remains buried in Cemetery

MR. 312150, Sheet 141/2. Standing on road reading left to right south east corner where track turns to coast, Ortona, Italy.

Grave location

CHK ✓

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. FEB 12 1945

RETURN TO BUR. OF STAT. NOV 10 1944

ROYAL MESSAGE DESP'D. FEB 2 1944

CAN. MESSAGE DESP'D. 12-1-44

H I & CR Form Despd. OCT 24 1946

Photographs Despatched MAY 30 1947

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 10, row G, plot 5.

(O.C.L.-420)

AWARDS—CANADIAN ARMY (ACTIVE)

M

M.J.A.

100M—10-41 (2195)
H.Q. 1772-45-8

(1540)

FILE NO. 405-D-13273

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
DELUTIS,	Frank	A.6120	Pte.	West.Ont.Regt.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	313- 3-11-49
Defence Medal	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

(1)

REGN. NO. ~~274~~ 2200

(1) MEDALS

PERSON ENTITLED TO Mrs. Anna DELUTIS (MOTHER)

ADDRESS: 805 Ottawa St.,
Montreal, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

DESP. FEB 25 1944
REGN. No.

(3) MEMORIAL CROSS

MOTHER Mrs. Anna Delutis,

ADDRESS: 805 Ottawa St., Montreal, P.Q.

(3)

DESP. FEB 18 1944
REGN No. 45559

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE ACTIVE SERVICE

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Soldier DeLUTIS. Frank.
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number A. 6120

(3) Unit ROYAL CANADIAN REGIMENT.

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife No.

(*b*) Present postal address of wife N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons N.A.

(7) Are you a widower? N.A.

(8) Have you any children? No.

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

Also their names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No.

If so, state her full name and Postal Address N.A.

(11) Is your father alive? No.

If so, state name and address N.A.

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

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

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

(14) Is your mother alive? Yes.

If so, state name and address Mrs. N.DeLutis. 805 Ottawa St. Montreal, Que.

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

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

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

(17) Are you insured? Yes.

If so, in what Company? Sun Life Assurance. Co.

Have you made arrangements for payment of your Insurance Premium? No.

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

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

Frank De Lutis
(Signature of officer or man)

Date 15th September, 1939.

H. Pennington
O. C. St. Johns Station, R. C. R.
Officer Commanding

Date 15th September, 1939.

Duplicate - Original lost in France

NAME DeLUTIS Frank ~~M~~ PER (FU)

REGIMENTAL NO. A 6120 RANK Pte

ENLISTED AT St Jean, P.Q. PROMOTIONS, ETC. AND DATE

DATE 15 Sep 39

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs. Anna DeLutis RELATIONSHIP Mother

ADDRESS OF 805 Ottawa St., Montreal, P.Q.

ASSIGNMENT OF PAY, $ 23.00 eff 1-2-43 ~~20.00 eff 1-3-42~~ C. to Mother

ADDRESS 805 Ottawa St., Montreal, P.Q.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT MFM 16A Submitted

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER Feb, 42

M. F. M. 14
40/P & S/67

IN WHOSE FAVOUR Mrs Anna DeLutis (Mother)

R.

CASUALTIES, ETC.

NATURE E. G. Absence, Promotion, Etc.	PART II, D.O.		REMARKS If In Hospital, Note Name, Etc.
	No	Date	
Adm 9 Fd Amb 5 Feb 42	10	20-2-42	Disch 6 Feb 42
P.L. (9 days)	23	25-3-43	5-14 Jan 43
1mc Reqt Pay to $1.50	25	30-3-43	Eff 1 Jan 43
Award, 1 Good Cond. Bdge.	28	17 Apr. 43	w.e.f. 25 Mar. 43.
Embarked f S.O.S. Cdn. Army (U.K.)	53	27 July 43	w.e.f. 13 June 43
T.O.S. Cdn. Army (M) 14 June 43	53	27 July 43	w.e.f. 14 June 43
Disembarked	53	27 July 43	w.e.f. 10 July 43.
S.O.S. R.C.R. evac. sick	AFW3011B	26 Aug. 43	w.e.f. 23 Aug. 43.
To be A/L/Cpl.	CR.	8 Aug. 43	w.e.f. 8 Aug. 43
S of S ~~A~~ x 4 hrs T (4 Bn)			eff-12/11/43

HQ 405-D-13,273 FD328

ESTATES BRANCH

OTTAWA, Ontario 12 Sep 4

Mrs. Anna Delutis,
805 Ottawa St.,
Montraal, Quebec.

DELUTIS, Frank, Pte. (Deceased)
No. A.6120 C.A.

Dear Mrs. Delutis:

Your son's personal effects have now arrived here from Overseas. They will be sent to you in a carton by express prepaid within the next few days. When received, would you please sign and return the enclosed receipt form.

A further letter will be written to you in the very near future concerning the pay account.

Yours faithfully,

CS/BGS

Director of Estates

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME: A-6120 Pte. Delutis, F. H & P E Regt (Dec'd)

RECEIVED FROM: Cdn. Sec. G.H.Q. 2nd Echelon

CHECKED BY: B-74031 Cpl. Milsom, K.
C-65216 Pte. Howe, R.C.

DATE: 16 Feb 44

1	Westclox Pocket Ben Watch		
1	Medallion		
1	RCR Badge		
	Snapshots		
	Oilskin pouch		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

H. E. Tulmer, Capt

for OC 1 Cdn KSD

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME A-6120 Pte. Delutis F. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon
C-96325 Pte. Desormeaux J.M.
CHECKED BY H-37449 Pte. Cathwart M.O. DATE 24. Mar. 44

1	Pr. Socks		
2	Sweaters		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

pte. M.O. Cathcart
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

ARMY

TL

Estates Form "P. 4"

Name: DELUTIS, Frank No.: A.6120
Surname Christian Names

Pte., C.A. O/S 23-12-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 740.25

Date: 14-10-44

Other Credits

Total 740.25

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Anna Delutis, 605 Ottawa St., MONTREAL, Quebec. (Sole beneficiary under will)	740.25
		TO BE FORWARDED BY REG. MAIL DIRECT.	
		P4. TO TREAS. 11-12-44	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	72	00	00	001	$740.25

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH
(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2