

Clay  
Laf. 4116 J

Wm Frank  
Hempst 7243

Edwood Brown  
Hempst 0779 J

Sam. Tallman  
883 N. 24th St.  
Philadelphia

Emil Noel  
Hemlock 0610 R.

Charlie Klucken  
Laf. ~~5553~~ R  
Carrick 1622.

James Nolan  
Res. Laf. 3677 R  
Hempst. 3668

M.F. Hawley  
200 R 23. Henslow  
James Bell.  
Hempst. 0552.

Edwood Brown  
Hempst. 7666

# McAVOY FUNERAL HOME

Volume 1  
Alphabetical Index of Deceased  
Records of Funerals  
1924 – 1928

Volume 2  
Alphabetical Index of Deceased  
Records of Funerals  
1928 – 1932

Volume 3  
Alphabetical Index of Deceased  
Records of Funerals  
1932 – 1936

Volume 4  
Alphabetical Index of Deceased  
Records of Funerals  
1936 – 1939

Volume 5  
Alphabetical Index of Deceased  
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1939 – 1942

Volume 6  
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Volume 7  
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Volume 14  
Alphabetical Index of Deceased  
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1971 – 1980

McAVOY FUNERAL HOME

PITTSBURGH  
ALLEGHENY COUNTY  
PENNSYLVANIA

RECORDS  
1924 - 1983

McAVOY FUNERAL HOME

VOLUME 1

ALPHABETICAL INDEX OF DECEASED  
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# RECORD OF FUNERAL

Total No. 1      Yearly No. 1      Date July 6, 1924  
 Name of Deceased Alexander Moore White      Penna  
Husband--      (What Race)      (Where Born)  
Wife--Widow      Married  
Son--Daughter of

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral July 9, 1924  
 Residence 1345 Watson St.  
 Place of Death "Epiphany R.C. Church"  
 Funeral Services at Epiphany R.C. Church  
 Time of Funeral Service 9 a.m.  
 Clergyman .....  
 Certifying Physician Dr. Howell  
 His Residence 1725 5th Ave  
 Number of Burial Certificate .....  
 Cause of Death Cerebral Hemorrhage  
(Primary)      (Secondary)  
 Date of Death July 6, 1924 11:00 AM  
 Occupation of the Deceased Roofer  
 Single or Married Married Religion Catholic  
 Date of Birth March 3, 1876  
 Age 48 Years 4 Months 3 Days  
 Name of Father Barnick Moore  
 His Birthplace Penna  
 Name of Mother Mary McKeever  
(Maiden Name)  
 Her Birthplace Penna  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin 1/3 Am. Spl.  
 Manufactured by American of Pgh.  
 Interment at St. Marys Cemetery

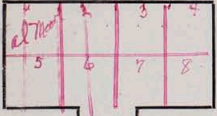


Diagram of Lot or Vault

Lot No. 130  
 Grave No. 1  
 Section No. D

Casket or Coffin <u>&amp; base</u>	\$	160	00
Metallic Lining			
Outside Box	(State Kind)		
Grave Vault	(State Kind)		
Burial Suit or Dress		27	00
Burial Slippers and Hose <u>sh. coll. ties</u>		4	00
Engraving Plate			
Embalming Body (with _____ Fluid)		15	00
Dressing Body, \$ _____ Shaving, \$ _____		5	00
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$ _____ Candles, \$ _____		3	50
<del>Down</del> Padges, \$ _____ Gloves, \$ _____		3	00
Hearse		14	00
Auto Limousines to Cemetery... @ \$ 10. <sup>50</sup>		12	00
Autos to R. R. Station	@ \$ _____		
Other Vehicle Service			
Aeroplane Service			
Death Notices in _____ Newspapers		8	00
<u>Post 2 Exch. Press 2 Tale 2</u> <small>(Names of Newspapers)</small>			
Flowers, \$ _____ Rental of Plants, \$ 15		15	00
Other Decorations <u>Wood. Badge</u>		10	00
Outlay for Lot			
Opening Grave or Vault		15	00
Lining Grave with Evergreen or Muslin			
Matting, \$ _____ Tent Rental, \$ _____			
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services		10	00
Singers			
Church Charges, \$ _____ Minister, \$ _____			
Telegrams and Telephone Charges			
Pall Bearer Service			
<u>Certified copy of death</u>			50
Total Footing of Bill	\$	332	00
By Amount Paid in Advance	\$		
Balance	\$		
Entered into Ledger, page _____ or below _____			

To Funeral Charges	Total, \$	July 9	By Cash	\$
<u>Harry Hartung Heaps</u>		July 23		200 00
" <u>Auto</u>				100 00
" <u>A. Miller</u>				
" <u>Wm. Groch</u>				
" <u>Jackman</u>				
<u>Paid in full</u> <u>E. J. McQuay</u>				

Names of Pall Bearers .....  
 Names of Lodges Roofers Union  
 Lodge Insurance, \$ ..... Other Insurance, \$ Confidential  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 2 Yearly No. 2 Date July 13, 1924

Name of Deceased Francis J. McDonald (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_

Husband \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Son \_\_\_\_\_  
 Daughter \_\_\_\_\_

Charge to Michael M. Donald  
 Address 718 Anderson St. Pottsville, Pa.  
 Order Given by Wm. M. Donald  
 How Secured \_\_\_\_\_  
 Date of Funeral July 18, 1924  
 Residence 74 Marion St.  
 Place of Death July 13, 1924  
 Funeral Services at Pottsville, Pa.  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. M. Greger, Coroner  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Acute alcoholism  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death July 13, 1924  
 Occupation of the Deceased Hospital Attended  
 Single or Married Single Religion Catholic  
 Date of Birth May 21, 1878  
 Age 46 Years 1 Months 24 Days  
 Name of Father Michael M. Donald  
 His Birthplace Penna.  
 Name of Mother Mary Cassidy  
 (Maiden Name) \_\_\_\_\_  
 Her Birthplace Penna.  
 Body to be Shipped to Pottsville, Pa.  
 Size and Style of Casket or Coffin 6/3 #5414  
 Manufactured by American Pgh.  
 Interment at Pottsville, Pa. Cemetery \_\_\_\_\_

Casket or Coffin	\$ 110	00
Metallic Lining		
Outside Box <u>shipping case</u>	30	00
Grave Vault		
Burial Suit or Dress	20	00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)	15	00
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse		
Auto Limousines to Cemetery, @ \$ _____		
Autos to R. R. Station, @ \$ _____	5	00
Other Vehicle Service		
Aeroplane Service		
Death Notices in _____ Newspapers		
(Names of Newspapers)		
Flowers, \$ _____ Rental of Plants, \$ _____		
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ _____ Tent Rental, \$ _____		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges	1	00
Pall Bearer Service		
Total Footing of Bill	187	00
By Amount Paid in Advance	60	00
Balance	121	00
Entered into Ledger, page _____ or below _____		

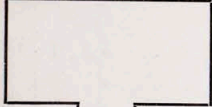


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

	By Cash	\$ 21	00
<p style="font-size: 2em; opacity: 0.5;">Paid in full                  J. J. [Signature]</p>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges F.O.E. #76  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 3 Yearly No. 3 Date July 16, 1924

Name of Deceased Christopher Downs  
Husband—Anna Downs (What Race) (Where Born)  
Wife—Anna Downs  
Son—Anna Downs Daughter of

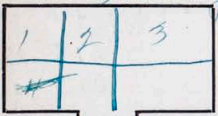
Charge to Mary Barrett  
Address 2012 Austin St.  
Order Given by "  
How Secured "  
Date of Funeral July 19, 1924  
Residence 2012 Austin St.  
Place of Death Maguire's Hosp.  
Funeral Services at St. Agnes P.C.C. Church  
Time of Funeral Service 9 A.M.  
Clergyman "  
Certifying Physician Maguire's Hosp.  
His Residence "

Casket or Coffin	<u>9 base</u>	\$	<u>1.60</u>	<u>00</u>
Metallie Lining	(State Kind)			
Outside Box	(State Kind)			
Grave Vault	(State Kind)			
Burial Suit or Dress			<u>27</u>	<u>00</u>
Burial Slippers and Hose	<u>7 undergarments</u>		<u>2</u>	<u>00</u>
Engraving Plate				
Embalming Body (with Fluid)			<u>15</u>	<u>00</u>
Dressing Body	Shaving		<u>5</u>	<u>00</u>
Hair Dressing				
Use of Folding Chairs				
" " Candelabrum	Candles		<u>2</u>	<u>00</u>
Door Badge	Gloves		<u>3</u>	<u>00</u>
Hearse			<u>14</u>	<u>00</u>
Auto Limousines to Cemetery	@ \$		<u>21</u>	<u>00</u>
Autos to R. R. Station	@ \$			
Other Vehicle Service	<u>to Maguire's</u>		<u>10</u>	<u>00</u>
Aeroplane Service				
Death Notices in Newspapers			<u>6</u>	<u>00</u>
(Names of Newspapers)				
Flowers	<u>Rental of Plants</u>		<u>15</u>	<u>00</u>
Other Decorations	<u>Door Badge</u>		<u>10</u>	<u>00</u>
Outlay for Lot				
Opening Grave or Vault			<u>15</u>	<u>00</u>
Lining Grave with Evergreen or Muslin				
Matting	Tent Rental			
Use of Lowering Device				
Rental of Vault				
Outlay for Shipping Charges				
Removal Charges				
Incineration				
Personal Services			<u>10</u>	<u>00</u>
Singers				
Church Charges	Minister			
Telegrams and Telephone Charges				
Pall Bearer Service				
Total Footing of Bill		\$	<u>315</u>	<u>00</u>
By Amount Paid in Advance		\$		
Balance		\$		
Entered into Ledger, page		or below		

Number of Burial Certificate "  
Cause of Death Cerebrospinal Lues  
(Primary) (Secondary)  
Date of Death July 16, 1924  
Occupation of the Deceased Ret.  
Single or Married Single Religion Catholic  
Date of Birth "  
Age 48 Years " Months " Days "  
Name of Father Owen Downs  
His Birthplace "  
Name of Mother Anna  
(Maiden Name)

Her Birthplace "  
Body to be Shipped to "  
Size and Style of Casket or Coffin 6/6 54 74

Manufactured by Am. Cos. N.Y. N.Y.  
Interment at Calvary Cem. Cemetery



Lot No. 388  
Grave No. 3  
Section No. N  
one half lot.

To Funeral Charges	Total	\$		By Cash	\$	
<u>Starting Charge</u>						
<u>11</u>						
<u>Frank</u>				<u>Paid in full</u>		
<u>Jacobus</u>				<u>E. M. Gray</u>		

Names of Pall Bearers "  
Names of Lodges "  
Lodge Insurance, \$ " Other Insurance, \$ Metropolitan  
Names of Near Relatives "

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# RECORD OF FUNERAL

Total No. 5 Yearly No. 5 Date July 28 1924

Name of Deceased Elizabeth J. Green (What Race) (Where Born)

Wife - Leo A. Green  
 Daughter - Leo A. Green

Charge to Leo A. Green Casket or Coffin \$ 25.00

Address 2432 Saranac St. Metallic Lining (State Kind)

Order Given by Leo A. Green Outside Box (State Kind)

How Secured July 31, 1924 Grave Vault (State Kind)

Date of Funeral July 31, 1924 Burial Suit or Dress

Residence 2432 Saranac St. Burial Slippers and Hose

Place of Death St. Ann's Church Engraving Plate

Funeral Services at St. Ann's Church Embalming Body (with Fluid) 15.00

Time of Funeral Service 9:30 Dressing Body, \$ Shaving, \$

Clergyman W. J. M. Grogan Hair Dressing

Certifying Physician W. J. M. Grogan Use of Folding Chairs

His Residence W. J. M. Grogan " " Candelabrum, \$ Candles, \$ 3.50

Number of Burial Certificate 1 Door Badge, \$ Gloves, \$ 4.00

Cause of Death Myocarditis, Diffuse Hearse 1.60

Date of Death July 28, 1924 Auto Limousines to Cemetery @ \$ 12.00 13.20

Occupation of the Deceased Housewife Autos to R. R. Station @ \$

Single or Married Married Religion Catholic Other Vehicle Service

Date of Birth Apr. 9, 1884 Aeroplane Service

Age 39 Years 10 Months 19 Days

Name of Father John Green Death Notices in 10 Newspapers 10.00

His Birthplace Ireland Other Decorations Keown Badge 15.00

Name of Mother Elizabeth Green Outlay for Lot 12.00

Her Birthplace Ireland Opening Grave or Vault 15.00

Body to be Shipped to Ireland Lining Grave with Evergreen or Muslin 8.00

Size and Style of Casket or Coffin 6/0 5474 Matting, \$ Tent Rental, \$ 5.00

Manufactured by Ann Casket Co. Use of Lowering Device 5.00

Interment at Calvary Cemetery Rental of Vault

Lot No. 46 Outlay for Shipping Charges

Grave No. 1 Removal Charges

Section No. 1 Incineration

Total Footing of Bill \$ 516.00

By Amount Paid in Advance \$

Balance Paid in full

Entered into Ledger, page or below

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Starting Hearse</u>	
<u>1 J. Auto</u>	
<u>H. Grogan</u>	
<u>1 Frank</u>	
<u>1 Prokapsal</u>	
<u>1 Miller</u>	
<u>1 Jackson</u>	
<u>2 Eke Palis</u>	

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives









# RECORD OF FUNERAL

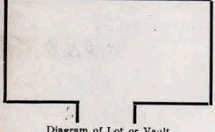
Total No. 10 Yearly No. 10 Date Sept 22 1924

Name of Deceased: Infant Caulfield (What Race) W (Where Born) Conn  
Husband---  
Wife---Widow of Hubert A. & Pearl Caulfield

Charge to Hubert A. Caulfield  
Address 202 - 3rd St. W. Donald Pk.  
Order Given by Same  
How Secured  
Date of Funeral Sept 25, 1924  
Residence  
Place of Death Mercy Hospital  
Funeral Services at  
Time of Funeral Service

Casket or Coffin		\$	
Metallic Lining	(State Kind)		
Outside Box	(State Kind)		
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with	Fluid)		
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse			
Auto Limousines to Cemetery, @ \$			7.00
Autos to R. R. Station, @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in	Newspapers		
	(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$		
Other Decorations			
Outlay for Lot			6.00
Opening Grave or Vault			
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill		\$	13.00
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page			or below

Clergyman  
Certifying Physician Dr. Wilson  
His Residence Mercy Hospital  
Number of Burial Certificate  
Cause of Death Stillborn matches the  
(Primary) (Secondary)  
Date of Death Sept 22, 1924  
Occupation of the Deceased  
Single or Married Religion Cath  
Date of Birth Sept 22, 1924  
Age Stillborn Months Days  
Name of Father Hubert A. Caulfield  
His Birthplace Va.  
Name of Mother Pearl Bucke  
(Maiden Name)  
Her Birthplace Conn.  
Body to be Shipped to  
Size and Style of Casket or Coffin  
Manufactured by  
Interment at Cemetery



Lot No.  
Grave No.  
Section No.

Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$

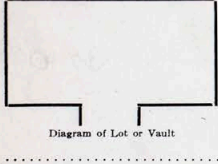
Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 11 Yearly No. 11 Date Sept. 23, 1924  
 Name of Deceased Joseph F. Curran w Mass.  
 Husband--- Wife---Widow (What Race) (Where Born)  
 Son---Daughter of

Charge to Mrs. Patrick Curran  
 Address 25 E. Adams St.  
 Order Given by Somerville, Mass.  
 How Secured Mrs. L. S. Curran  
 Date of Funeral  
 Residence  
 Place of Death Mercy Hospital  
 Funeral Services at Somerville, Mass.  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician W. J. M. Keegan, M.D.  
 His Residence Alleyway East Margus  
 Number of Burial Certificate  
 Cause of Death Rectal tumor, pus and wound of abdomen  
 Date of Death Sept. 23, 1924  
 Occupation of the Deceased Cook  
 Single or Married M Religion Cath  
 Date of Birth Aug. 11, 1888  
 Age 36 Years 1 Months 12 Days  
 Name of Father Patrick Curran  
 His Birthplace Ireland  
 Name of Mother Bridget Sarvey  
 Her Birthplace Ireland  
 Body to be Shipped to Boston, Mass.  
Frank Flaherty Undertaker  
 Size and Style of Casket or Coffin Union of Washington St.  
Somerville, Mass.  
 Manufactured by Nat. Casco  
 Interment at \_\_\_\_\_ Cemetery

Casket or Coffin	\$ 2.00 00
Metallic Lining	
Outside Box <u>Shipping Case</u>	35 00
Grave Vault	
Burial Suit or Dress	35 00
Burial Slippers and Hose <u>Undergarments</u>	3 50
Engraving Plate	2 00
Embalming Body (with _____ Fluid)	25 00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse	
Auto Limousines to Cemetery, @ \$ _____	
Autos to R. R. Station, @ \$ _____	1.00 00
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	
(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	27 34
Removal Charges	
Ineineration	
Personal Services	
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	66
Pall Bearer Service	
Total Footing of Bill	\$ 335 00
By Amount Paid in Advance <u>Oct 13</u>	\$ 1.00 00
Balance	\$ 2.35 00
Entered into Ledger, page _____ or below _____	



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$
		<u>Nov 24</u>	1.00 00
		<u>Jan 29</u>	50 00
		<u>June 24, 1926</u>	30 00
			30 00

Names of Pall Bearers  
 Names of Lodges Indemnity Ins Co of N Am Sally 17.60  
 Lodge Insurance, \$ Mrs Charles Other Insurance, \$ Mr Justice  
 Names of Near Relatives Mrs. J. J. Van Bunt

# RECORD OF FUNERAL

Total No. 12..... Yearly No. 12..... Date Sept. 24..... 1924

Name of Deceased Pearl Caulfield..... (What Race)..... (Where Born) Conn

Performance of Duties of Hubert A. Caulfield.....

Charge to Hubert A. Caulfield..... Casket or Coffin..... \$ 260 00

Address 202-3rd St. M. Donald St...... Metallic Lining.....

Order Given by Same..... Outside Box S. Case..... (State Kind) 30 00

How Secured..... Grave Vault..... (State Kind)

Date of Funeral..... Burial Suit or Dress..... Burial Slippers and Hose..... 6 00

Residence 202-3rd St. M. Donald St...... Engraving Plate.....

Place of Death Mercy Hospital..... Embalming Body (with..... Fluid) 15 00

Funeral Services at Hartford Conn...... Dressing Body, \$..... Shaving, \$.....

Time of Funeral Service..... Hair Dressing..... 5 00

Clergyman..... Use of Folding Chairs.....

Certifying Physician W.S. Wilson..... " " Candelabrum, \$..... Candles, \$.....

His Residence Mercy Hospital..... Door Badge, \$..... Gloves, \$.....

Number of Burial Certificate..... Hearse.....

Cause of Death Ac. Miliary Tuberculosis..... Auto Limousines to Cemetery...@ \$.....

Date of Death Sept. 24, 1924..... Autos to R. R. Station...@ \$..... 10 00

Occupation of the Deceased Housewife..... Other Vehicle Service.....

Single or Married M...... Religion Cath...... Death Notices in..... Newspapers.....

Date of Birth Nov. 2, 1880..... (Names of Newspapers).....

Age 23..... Years 10..... Months 22..... Days.....

Name of Father Joseph Duch..... Flowers, \$..... Rental of Plants, \$.....

His Birthplace Conn...... Other Decorations.....

Name of Mother Violetta Aldrich..... Outlay for Lot.....

Her Birthplace Conn...... Opening Grave or Vault.....

Body to be Shipped to Hartford Conn...... Lining Grave with Evergreen or Muslin.....

Size and Style of Casket or Coffin 60 # 3824..... Matting, \$..... Tent Rental, \$.....

Manufactured by Nateasco..... Use of Lowering Device.....

Interment at..... Cemetery..... Rental of Vault.....

..... Outlay for Shipping Charges.....

..... Removal Charges.....

..... Incineration.....

..... Personal Services..... 20 00

..... Singers.....

..... Church Charges, \$..... Minister, \$.....

..... Telegrams and Telephone Charges.....

..... Pall Bearer Service.....

..... Total Footing of Bill..... \$ 376 00

..... By Amount Paid in Advance..... \$

..... Balance..... Put in full

..... Entered into Ledger, page..... or below.....

..... To Funeral Charges..... Total, \$

..... By Cash..... \$

..... Names of Pall Bearers.....

..... Names of Lodges.....

Lodge Insurance, \$..... Other Insurance, \$.....

Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 13 Yearly No. 13 Date Oct 3 1924  
 Name of Deceased Samuel Egruff (What Race) W (Where Born) Penna  
 Husband--  
 Wife--Widow } Andrew & Cath's Egruff  
 Son--Daughter of }

Charge to Andrew Egruff  
 Address Cokeburg Pa.  
 Order Given by Mrs Andrew Egruff  
 How Secured .....  
 Date of Funeral Oct 5, 1924  
 Residence Cokeburg Pa.  
 Place of Death " "  
 Funeral Services at .....  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician Dr. Emerz  
 His Residence Mercy Hospital  
 Number of Burial Certificate .....  
 Cause of Death Masser's Pul. Ed. M.  
 (Primary) (Secondary)  
 Date of Death Oct 3, 1924  
 Occupation of the Deceased .....  
 Single or Married ..... Religion Cath  
 Date of Birth April 30, 1924  
 Age ..... Years 5 Months 3 Days  
 Name of Father Andrew Egruff  
 His Birthplace Russau  
 Name of Mother Cath Davis  
 (Maiden Name)  
 Her Birthplace Russau  
 Body to be Shipped to Cokeburg Pa.  
 Size and Style of Casket or Coffin 2/6  
 Manufactured by Murphy  
 Interment at ..... Cemetery

Casket or Coffin	\$ 25.00
Metallic Lining	
Outside Box	15.00
Grave Vault	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Preserv. Fluid</u> )	5.00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery.. @ \$	
Autos to R. R. Station. @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in	Newspapers
(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	5.00
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 50.00
By Amount Paid in Advance	10.00
Balance	40.00
Entered into Ledger, page	or below

Diagram of Lot or Vault

To Funeral Charges	Total, \$				By Cash			
					<u>Oct 14</u>			10.00
					<u>Nov 3</u>			10.00
					<u>Feb 20</u>			5.00

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 14 Yearly No. 14 Date Oct 11 1924

Name of Deceased Julia Greco (What Race) W (Where Born) W  
Husband---  
Wife---Widow  
Son---Daughter of Joseph Greco

Charge to Joseph Greco  
Address 1329 Bluff St.  
Order Given by Same  
How Secured  
Date of Funeral Oct 15 1924  
Residence 1329 Bluff St.  
Place of Death Mercy Hosp.  
Funeral Services at Epiphany  
Time of Funeral Service 10:00 P.M.  
Clergyman C. L. O'Connell  
Coffining Physician W. J. McGeehan M.D. Corcoran  
His Residence  
Number of Burial Certificate  
Cause of Death

Date of Death Oct 11 1924 (Primary) (Secondary)  
Occupation of the Deceased Housewife  
Single or Married Married Religion Cath.  
Date of Birth  
Age 51 Years Months Days  
Name of Father Jeremiah M. Carthy  
His Birthplace Wales  
Name of Mother Mary (Maiden Name)  
Her Birthplace Wales  
Body to be Shipped to

Size and Style of Casket or Coffin 6/0 Am. Rfr.  
Manufactured by  
Interment at Calvary Cemetery

Lot No.  
Grave No. 36  
Section No. 11  
Row 5

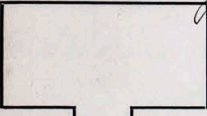


Diagram of Lot or Vault

Casket or Coffin	\$	160	00
Metallie Lining	(State Kind)		
Outside Box	(State Kind)	20	00
Grave Vault	(State Kind)		
Burial Suit or Dress		30	00
Burial Slippers and Hose		3	50
Engraving Plate			
Embalming Body (with Fluid)		20	00
Dressing Body, \$	Shaving, \$		
Hair Dressing		5	00
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	3	50
Door Badge, \$	Gloves, \$	12	00
Hearse		14	00
Auto Limousines to Cemetery @ \$	10.70	73	50
Autos to R. R. Station @ \$			
Other Vehicle Service			
Acroplane Service			
Death Notices in Newspapers			
<u>1 Post. 3 Days</u>	(Names of Newspapers)	4	00
Flowers, \$	Rental of Plants, \$	15	00
Other Decorations	<u>Bundles</u>	<del>3</del>	<del>50</del>
Outlay for Lot			
Opening Grave or Vault		15	00
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			
Singers			
Church Charges, \$	25.00 Minister, \$	25	00
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill	\$	400	50
By Amount Paid in Advance	\$		
Balance	\$		
Entered into Ledger, page			

To Funeral Charges	Total \$	By Cash	\$
<u>Hartung Hearse &amp; Co.</u>		<u>Nov 10</u>	
<u>Louise 3 Cars</u>		<u>To Cash on acct</u>	<u>218.50</u>
<u>Miles 1</u>		<u>July 31 1/2 Rec. of W. G. S. Bros. Co.</u>	<u>106.50</u>
<u>Pachamas 1</u>			
<u>Brasgo 1</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 15 Yearly No. 15 Date Oct 16 1924

Name of Deceased Joseph W. Paden  
 Husband of Mary Paden  
 (What Race) (Where Born)

Charge to Mary Paden  
 Address 5439 Potter St.  
 Order Given by same  
 How Secured

Date of Funeral Oct. 20, 1924  
 Residence 5439 Potter St.  
 Place of Death " " "  
 Funeral Services at " " "  
 Time of Funeral Service 2:30 P.M.

Clergyman  
 Certifying Physician Fred Walter  
 His Residence Fifth Ave.

Number of Burial Certificate  
 Cause of Death Atrophic Corrosion  
 (Primary) (Secondary)  
 Date of Death Oct 16, 1924

Occupation of the Deceased Painter  
 Single or Married Married Religion Pop.  
 Date of Birth June 13, 1858  
 Age 66 Years 4 Months 3 Days

Name of Father Jesse Paden  
 His Birthplace Perma  
 Name of Mother Harriett Garner  
 (Maiden Name)

Her Birthplace Perma  
 Body to be Shipped to

Size and Style of Casket or Coffin 5474 # 9 ind

Manufactured by Ann P. H.  
 Interment at Home Wood Cemetery

Lot No.  
 Grave No.  
 Section No.

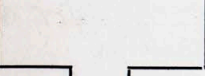


Diagram of Lot or Vault

Casket or Coffin	\$ 200 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	25 00
Burial Slippers and Hose	2 00
Engraving Plate	
Embalming Body (with Fluid)	15 00
Dressing Body \$	5 00
Shaving \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum \$	3 00
" " Candelabrum \$	12 00
Door Badge \$	14 00
Hearse	42 00
Auto Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	5 00
3 Boers of Tale (Names of Newspapers)	
Flowers \$	15 00
Rental of Plants \$	
Other Decorations	
Outlay for Lot	75 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	6 00
Matting \$	6 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	10 00
Singers	
Church Charges \$	
Minister \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 445 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	
or below	

*Paid in full*

To Funeral Charges	Total \$	By Cash	
Hunting Hearse		Nov. 5	300 00
" Car		Jan. 16	100 00
Wiley			20 00
Frank			
Jacobias			

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

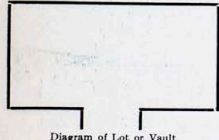


# RECORD OF FUNERAL

Total No. 17..... Yearly No. 17..... Date Nov. 7, 1924  
 Name of Deceased. Pietro Bragioni France  
(What Race) (Where Born)  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to.....  
 Address.....  
 Order Given by. L. Buchignani  
 How Secured.....  
 Date of Funeral. Nov. 10, 1924  
 Residence. 1502 Forbes St.  
 Place of Death. 2228 Forbes St.  
 Funeral Services at. Chapel  
 Time of Funeral Service. 2:30 P.M.  
 Clergyman. W. M. Gregor Canon  
 Certifying Physician.....  
 His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death. gun shot wound through brain  
stroke & hemorrhage (Primary, Prof. misdiagnosis)  
 Date of Death. Nov. 7, 1924  
 Occupation of the Deceased. Baker  
 Single or Married. Single Religion. Cath.  
 Date of Birth. not known  
Age 36 Years..... Months..... Days.....  
 Name of Father. not known  
 His Birthplace. France  
 Name of Mother. not known  
(Maiden Name)  
 Her Birthplace. Italy  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by. Case B. Co.  
 Interment at. Calvary Cem. Cemetery

Casket or Coffin.....	\$ 160.00
Metallic Lining.....	.....
(State Kind)	
Outside Box.....	15.00
(State Kind)	
Grave Vault.....	.....
(State Kind)	
Burial Suit or Dress.....	25.00
Burial Slippers and Hose.....	2.00
Undergarment.....	2.00
Engraving Plate.....	10.00
Embalming Body (with.....)	.....
(Fluid)	
Dressing Body, \$.....	.....
Shaving, \$.....	.....
Hair Dressing.....	.....
Use of Folding Chairs.....	.....
Candelabrum, \$.....	.....
Candles, \$.....	3.00
Door Badge, \$.....	3.00
Gloves, \$.....	.....
Hearse.....	14.00
Auto Limousines to Cemetery, @ \$.....	2.10
Autos to R. R. Station, @ \$.....	.....
Other Vehicle Service.....	.....
Aeroplane Service.....	.....
Death Notices in.....	2.00
Newspapers.....	
(Names of Newspapers)	
Flowers, \$.....	.....
Rental of Plants, \$.....	15.00
Other Decorations.....	.....
Outlay for Lot.....	50.00
Opening Grave or Vault.....	.....
Lining Grave with Evergreen or Muslin.....	.....
Matting, \$.....	.....
Tent Rental, \$.....	.....
Use of Lowering Device.....	.....
Rental of Vault.....	.....
Outlay for Shipping Charges.....	.....
Removal Charges.....	.....
Incineration.....	.....
Personal Services.....	.....
Singers.....	.....
Church Charges, \$.....	5.00
Minister, \$.....	
Telegrams and Telephone Charges.....	.....
Pall Bearer Service.....	.....
Jun 23, 1925 Total Footing of Bill <u>paid in full</u> \$ 325.00 By Amount Paid in Advance..... \$..... Balance..... \$..... Entered into Ledger, page..... or below.....	



Lot No. ....  
 Grave No. ....  
 Section No. ....

To Funeral Charges..... Total, \$	By Cash..... \$
Fourre Hearse.....	
1. Hartung.....	2. Buchignani.....
1. Miller.....	1. Pacific.....
1. Frank.....	
1. Jackson.....	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 18 Yearly No. 18 Date Nov. 11, 1924

Name of Deceased Elizabeth Hearst (Where Born) Penna.  
Husband-- James O. Hearst  
Wife--Widow  
Son--Daughter of

Charge to.....  
Address.....  
Order Given by Mrs. Weeden & Mrs. Jones  
How Secured.....  
Date of Funeral Nov. 14, 1924  
Residence 1806 Forbes St.  
Place of Death.....  
Funeral Services at Epiphany  
Time of Funeral 10:00 P.M.  
Clergyman Rev. A. O'Leary  
Certifying Physician W. J. Probst  
His Residence 5th Ave  
Number of Burial Certificate.....  
Cause of Death Acute Pneumonia  
(Primary) (Secondary)  
Date of Death Nov 11, 1924  
Occupation of the Deceased Ret.  
Single or Married Widow Religion Cath.  
Date of Birth not known  
Age 71 Years Months Days  
Name of Father Patrick Howe  
His Birthplace Ireland  
Name of Mother Julia McCormick  
(Maiden Name)  
Her Birthplace Ireland  
Body to be Shipped to.....

Casket or Coffin.....	\$	175 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		15 00
Dressing Body, \$..... Shaving, \$.....		5 00
Hair Dressing.....		
Use of Folding Chairs.....		
" " Candelabrum, \$..... Candles, \$.....		3 50
Door Badge, \$..... Gloves, \$.....		4 50
Hearse.....		14 00
Auto Limousines to Cemetery, @ \$.....		63 00
Autos to R. R. Station, @ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in <u>12</u> Newspapers <u>3 Post</u> <u>3 Reg. 2 Press 2 Tele 2 Sun</u> (Names of Newspapers)		12 00
Flowers, \$..... Rental of Plants, \$.....		15 00
Other Decorations..... <u>Door Badge</u>		15 00
Outlay for Lot.....		
Opening Grave or Vault.....		15 00
Lining Grave with Evergreen or Muslin.....		13 00
Matting, \$..... Tent Rental, \$ <u>Penn. Ave</u>		10 00
Use of Lowering Device.....		5 00
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....		10 00
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Diagram of Lot or Vault.....		
Lot No.....		
Grave No.....		
Section No.....		
Total Footing of Bill.....	\$	<del>500 00</del>
By Amount Paid in Advance <u>Nov 26, 1924</u>	\$	400 00
Balance.....	\$	
Entered into Ledger <u>paid in full</u> or below		

Size and Style of Casket or Coffin.....  
Manufactured by.....  
Interment at Calvary Cemetery

To Funeral Charges..... Total, \$									
<u>Hearst Hearst</u>									
" <u>O. Auto</u>									
<u>Mulley 1</u>									
<u>Brecht 1</u>									
<u>Jachimo 1</u>									
<u>Frank 1</u>									
<u>Broys 1</u>									
By Cash.....	\$								

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 19..... Yearly No. 19..... Date Nov 19..... 1924

Name of Deceased Baby Murasky (What Race) W. (Where Born) Poland  
~~Husband~~ ~~Wife~~ ~~Widow~~ ~~Son~~ ~~Daughter~~ of Joseph & Mary Murasky

Charge to Joseph Murasky  
Address Box 136 Marianna, Pa.

Order Given by Same  
How Secured Same  
Date of Funeral Nov 23, 1923

Residence Mercy Hospital  
Place of Death Mercy Hospital

Funeral Services at.....  
Time of Funeral Service.....  
Clergyman.....

Certifying Physician Paul G. W. Selvey  
His Residence Mercy Hosp.

Number of Burial Certificate.....  
Cause of Death Stillborn  
(Primary) (Secondary)

Date of Death Nov 19, 1924  
Occupation of the Deceased.....

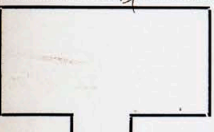
Single or Married — Religion Catholic  
Date of Birth Nov 19, 1924

Age Stillborn years Months Days  
Name of Father Joseph Murasky  
His Birthplace Poland

Name of Mother Mary Augencova  
(Maiden Name) Poland  
Her Birthplace.....  
Body to be Shipped to.....

Size and Style of Casket or Coffin.....  
Manufactured by.....

Interment at Minersville Cemetery



Lot No.....  
Grave No.....  
Section No.....

Casket or Coffin.....	\$ 8.00
Metallie Lining.....	
Outside Box.....	(State Kind)
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	
Dressing Body, \$.....	Shaving, \$.....
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$.....	Candles, \$.....
Door Badge, \$.....	Gloves, \$.....
Hearse.....	
Auto Limousines to Cemetery...@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in..... Newspapers.....	
(Names of Newspapers)	
Flowers, \$.....	Rental of Plants, \$.....
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	10.00
Lining Grave with Evergreen or Muslin.....	
Matting, \$.....	Tent Rental, \$.....
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	5.00
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$.....	Minister, \$.....
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	23.00
By Amount Paid by <u>Card in full</u> .....	
Balance.....	
Entered into Ledger, page.....	or below.....

.....	To Funeral Charges.....	Total, \$.....	.....	By Cash.....	\$.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 20 Yearly No. 20 Date Nov. 23, 1924

Name of Deceased Bernard Phillips W. (What Race) (Where Born)

Charge John Phillips

Address 1520 Maple St.

Order Given by Same

How Secured

Date of Funeral Nov. 26, 1924

Residence Chapel

Place of Death Waynes Hosp.

Funeral Services at St. Basil's Church

Time of Funeral Service

Clergyman

Certifying Physician

His Residence Waynes Hosp.

Number of Burial Certificate 485

Cause of Death St. Valentin's Heart Disease  
(Primary) (Secondary)

Date of Death Nov. 23, 1924

Occupation of the Deceased

Single or Married Single Religion Cath

Date of Birth Nov. 4, 1880 Years Months Days

Name of Father Frank Phillips

His Birthplace

Name of Mother (Maiden Name)

Her Birthplace

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at Calvary Cem. Cemetery

Lot No.

Grave No.

Section No.

Diagram of Lot or Vault

Casket or Coffin	\$ 80 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	20 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Dressing Body, Shaving, Hair Dressing	5 00
Use of Folding Chairs	
" " Candelabrum, Candles	
Door Badge, Gloves	3 00
Hearse	14 00
Auto Limousines to Cemetery @ \$	21 00
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, Rental of Plants	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, Tent Rental	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10 00
Incineration	
Personal Services	
Singers	
Church Charges, Minister	
Telegrams and Telephone Charges	
Pall Bearer Service	
<b>Total Footing of Bill</b>	<b>\$ 182 00</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page or below	

	To Funeral Charges	Total, \$		By Cash	Rem. To Bal.	
Name 03818	Hunting			40.50		50 00
	Mease			76		100 00
	Miller			5.00		5 00
	Auto			5.00		5 00

Names of Pall Bearers

Names of Lodges

Lodge Insurance, Other Insurance

Names of Near Relatives

# RECORD OF FUNERAL

Total No. 21 Yearly No. 21 Date Dec 1 19 24

Name of Deceased Infant Dove

(What Race) w. (Where Born) Pa.

Charge to John Dove

Address 231 Alder St

Order Given by East Pittsburgh Pa.

Date of Funeral Dec 5, 1924

Residence Mercy Hosp.

Place of Death Mercy Hosp.

Funeral Services at Mercy Hosp.

Clergyman H. L. Stollar

His Residence Mercy Hosp.

Cause of Death Stillborn

Date of Death Dec 1, 1924

Occupation of the Deceased

Single or Married Religion Prot.

Date of Birth Dec 1, 1924

Name of Father John Dove

His Birthplace Scotland

Name of Mother Angusta Miller

Her Birthplace Germany

Size and Style of Casket or Coffin

Manufactured by S. B. Am Pgh

Interment at Mount Carmel Cemetery

Diagram of Lot or Vault

Casket or Coffin	\$ <u>1.20</u>
Metallc Lining	
(State Kind)	
Outside Box	
(State Kind)	
Grave Vault	
(State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with..... Fluid)	
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing	
Use of Folding Chairs	
" Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse	
Auto Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Other Vehicle Service	
Acroplane Service	
Death Notices in..... Newspapers	
(Name of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations	
Outlay for Lot	<u>1.00</u>
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	<u>5.00</u>
Incineration	
Personal Services	
Singers	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	<u>Jan 17, 1925 \$ 37.00</u>
By Amount Paid in Advance <u>Paid in full</u>	
Balance	
Entered into Ledger, page..... or below	

To Funeral Charges..... Total, \$	\$
By Cash.....	\$

Names of Pall Bearers.....

Names of Lodges.....

Lodge Insurance, \$..... Other Insurance, \$.....

Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 22 ..... Yearly No. 22 ..... Date Dec 4 ..... 1924

Name of Deceased Mr. Harry Baer ..... (What Race) W ..... (Where Born) Pa.

Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Sadie H. Baer  
 Address 337 N. 11th St. Reading Pa.

Order Given by .....  
 How Secured .....  
 Date of Funeral .....

Residence 1325 Bluff St.  
 Place of Death Merced Hospital  
 Funeral Services at Reading Pa.  
 Time of Funeral Service .....

Clergyman .....  
 Certifying Physician W. M. Cregor Baron

His Residence .....  
 Number of Burial Certificate .....

Cause of Death Pneumonia  
 (Primary) (Secondary)

Date of Death Dec 4 1924  
 Occupation of the Deceased Physician

Single or Married Single Religion Prot.

Date of Birth .....  
 Age ..... Years ..... Months ..... Days

Name of Father .....  
 His Birthplace .....

Name of Mother .....  
 (Maiden Name)

Her Birthplace .....  
 Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by .....

Interment at ..... Cemetery

Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

Diagram of Lot or Vault

Casket or Coffin.....	\$	80	00
Metallic Lining.....			
Outside Box.....		30	00

Grave Vault.....			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with.....)		1.0	00

Dressing Body, \$.....	Shaving, \$.....		
Hair Dressing.....			
Use of Folding Chairs.....			
" " Candelabrum, \$.....	Candles, \$.....		
Door Badge, \$.....	Gloves, \$.....		
Hearse.....			
Auto Limousines to Cemetery, @ \$.....			
Autos to R. R. Station.....	@ \$.....		
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in.....	Newspapers.....		

Flowers, \$.....	Rental of Plants, \$.....		
Other Decorations.....			
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$.....	Tent Rental, \$.....		
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....		10	00
Incineration.....			
Personal Services.....		1.0	00
Singers.....			
Church Charges, \$.....	Minister, \$.....		
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			

Total Footing of Bill.....	\$	140	00
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page.....			

To Funeral Charges.....	Total, \$		
By Cash.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

Names of Pall Bearers.....			
Names of Lodges.....			
Lodge Insurance, \$.....	Other Insurance, \$.....		
Names of Near Relatives.....			

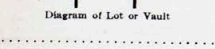
# RECORD OF FUNERAL

Total No. 23 Yearly No. 23 Date Dec 5 1924  
 Name of Deceased Catherine Boland W. Ireland  
~~Widow~~ } Thomas Boland (What Race) (Where Born)

Charge to 421 M'Kee Pl.  
 Address 421 M'Kee Pl.  
 Order Given by  
 How Secured  
 Date of Funeral Dec 9 1924  
 Residence 421 M'Kee Pl.  
 Place of Death " " "  
 Funeral Services at " " "  
 Time of Funeral Service 11:00 a.m.  
 Clergyman  
 Certifying Physician Geo. J. Schayer  
 His Residence Highland Bldg.  
 Number of Burial Certificate  
 Cause of Death  
 Date of Death Dec 5 1924 (Primary) (Secondary)  
 Occupation of the Deceased Ret.  
 Single or Married wid. Religion Cath.  
 Date of Birth not known  
 Age 62 Years Months Days  
 Name of Father William Rooney  
 His Birthplace Ireland  
 Name of Mother Ellen Doyle (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin E.B.C.  
 Manufactured by Spec.  
 Interment at St. Marys Cem. Cemetery

Casket or Coffin		\$ 150	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	15	00
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose		35	00
Engraving Plate			
Embalming Body (with Fluid)		15	00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	3	50
Door Badge, \$	Gloves, \$	4	00
Hearse		14	00
Auto Limousines to Cemetery 4 @ \$		42	00
Autos to R. R. Station @ \$			
Other Vehicle Service			
Acroplane Service			
Death Notices in <u>7</u> Newspapers			
<u>3 News 2 Post 2 Sun.</u>	(Names of Newspapers)	7	00
Flowers, \$	Rental of Plants, \$	15	00
Other Decorations <u>Rev. Badge</u>		12	00
Outlay for Lot			
Opening Grave or Vault		15	00
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing <u>Dec 20, 1924</u>		\$ 327	50
By Amount Paid in Advance			
By Cash <u>paid in full</u>			
Entered into Ledger, page <u>170</u> or below			

Lot No. 330  
 Grave No. 5  
 Section No. M



To Funeral Charges	Total, \$	By Cash	\$
<u>Hartung Heard</u>			
<u>Auto</u>			
<u>Miller</u>	"		
<u>Gambell</u>	"		
<u>Brecht</u>	"		

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$  
 Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 24 Yearly No. 24 Date Dec 7, 1924  
 Name of Deceased William Lynn, w. (What Race) md. (Where Born)

Husband--  
 Wife--Widow  
 Son--Daughter of }  
 Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order Given by R. B. Lynn  
 How Secured Salmer J. W. Da.  
 Date of Funeral Dec 9, 1924  
 Residence 2397 Mansion St.  
 Place of Death Simple  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service 2:00 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician Mercy Hosp  
 His Residence S. J. Dittler  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Lata Pneumonia (Primary) Exhaustion of body (Secondary)  
 Date of Death Dec 7, 1924  
 Occupation of the Deceased Railroader  
 Single or Married widowed Religion Prot.  
 Date of Birth \_\_\_\_\_  
 Age 57 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father James C. Lynn  
 His Birthplace md.  
 Name of Mother Marion Bruce (Maiden Name)  
 Her Birthplace md.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 6/6  
 Manufactured by Am. Pch.  
 Interment at Homeard Cemetery

Casket or Coffin	\$ 100 00
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	25 00
Dressing Body \$ _____ Shaving \$ _____	5 00
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ <u>4.00</u>	7 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$ _____	
Autos to R. R. Station, @ \$ _____	24 00
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	2 00
<u>1 Press, 1 Post</u> (Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	25 00
Other Decorations	
Outlay for Lot	75 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Mattng, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	50 00
Singers	
Church Charges, \$ _____ Minister, \$ _____	20 00
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Flowers</u>	10 00
Total Footing of Bill	\$ 344 00
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below _____	

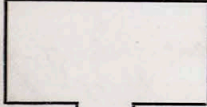


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$
<u>Hunting News</u>		<u>Jun 15</u>	<u>49 00</u>
<u>Miller Auto</u>		<u>Feb 7</u>	<u>Part in full</u>

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges Brotherhood of Railroad Trainmen Local 808  
 Lodge Insurance, \$ H. W. Rogers, Sec. 510 Miller St. Wash. D.C.  
 Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 25 Yearly No. 25 Date Dec. 12 1924  
 Name of Deceased Infant Atomic  
Husband--- (What Race) (Where Born)  
Wife---Widow  
Son---Daughter of

Charge to John Atomic  
 Address Ambbridge Pa.  
 Order Given by Same  
 How Secured Same  
 Date of Funeral Dec 16, 1924  
 Residence Ambbridge Pa.  
 Place of Death Mercy Hosp.  
 Funeral Services at Mercy Hosp.  
 Time of Funeral Service   
 Clergyman   
 Certifying Physician H. S. Staller  
 His Residence Mercy Hospital  
 Number of Burial Certificates 1  
 Cause of Death Stillborn  
(Primary) (Secondary)  
 Date of Death Dec 12, 1924  
 Occupation of the Deceased   
 Single or Married  Religion Cath  
 Date of Birth Stillborn  
 Age  Years  Months  Days   
 Name of Father John Atomic  
 His Birthplace Poland  
 Name of Mother Sophia Stomerowska  
(Maiden Name)  
 Her Birthplace Poland  
 Body to be Shipped to   
 Size and Style of Casket or Coffin 7/8 S.B.  
 Manufactured by Am. Pgh.  
 Interment at Baldwin Cemetery

Casket or Coffin	\$ 12.00
Metallic Lining	
(State Kind)	
Outside Box	
(State Kind)	
Grave Vault	
(State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with... Fluid)	
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery.. @ \$	
Autos to R. R. Station .. @ \$	
Other Vehicle Service	
Acroplane Service	
Death Notices in	Newspapers
<small>(Names of Newspapers)</small>	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	10.00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	5.00
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Dec 12, 1924</u>	
Total Footing of Bill	Paid E.J.M. \$ 27.00
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below

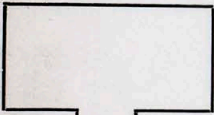


Diagram of Lot or Vault

Lot No.   
 Grave No.   
 Section No.

	To Funeral Charges	Total, \$				By Cash	\$

Names of Pall Bearers   
 Names of Lodges   
 Lodge Insurance, \$  Other Insurance, \$   
 Names of Near Relatives



# RECORD OF FUNERAL

Total No. 27..... Yearly No. 27..... Date Dec 29..... 1924

Name of Deceased William Meyers..... (What Race) W..... (Where Born) .....

Husband---  
Wife---Widow  
Son---Daughter of {

Charge to Young Men Plasterers Union  
Address Grand St 31

Order Given by C. M. Barth

How Secured .....

Date of Funeral Jan. 3, 1925

Residence Chapel

Place of Death "

Funeral Services at "

Time of Funeral Service 2 P.M.

Clergyman .....

Certifying Physician A. Sargani

His Residence Bgh. Hospital

Number of Burial Certificate .....

Cause of Death ac. Bronchopneumonia  
(Primary) (Secondary)

Date of Death Dec. 29, 1924

Occupation of the Deceased Plasterer

Single or Married Single Religion Prot.

Date of Birth Apr. 54..... Years..... Months..... Days

Name of Father John C. Meyers

His Birthplace Penna

Name of Mother Susan Howell  
(Maiden Name)

Her Birthplace Penna

Body to be Shipped to .....

Size and Style of Casket or Coffin \$ 63.75

Manufactured by Eric Casket Co.

Interment at Minersville..... Cemetery



Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Casket or Coffin.....	\$ 1.50	00
Metallie Lining.....		
(State Kind)		
Outside Box.....	1.50	00
(State Kind)		
Grave Vault.....		
(State Kind)		
Burial Suit or Dress.....	2.50	00
Burial Slippers and Hose <u>undy</u> .....	2	00
Engraving Plate.....		
Embalming Body (with..... Fluid)	2.00	00
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
"    "    Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....	3	00
Hearse.....	14	00
Auto Limousine to Cemetery..@ \$.....	21	00
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....	5	00
Death Notices in..... Newspapers.....		
1. Press, 1. Post, 1. Sun, 1. Eq. 1. Tele.		
(Name of Newspaper)		
Flowers, \$..... Rental of Plants, \$.....	1.50	00
Other Decorations.....		
Outlay for Lot.....	28	00
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....	10	00
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$ 3.08	00

Total Footing of Bill..... \$ 3.08 00

By Amount Paid in Advance paid in full \$.....

Balance W.M. \$.....

Entered into Ledger, page..... of below

To Funeral Charges..... Total, \$

Worthington Heagy  
Miller Auto

By Cash Jan 12..... \$ 200 00

Names of Pall Bearers.....

Names of Lodges..... Joseph Ross  
2008 1/2 Forbes St

Lodge Insurance, \$..... Other Insur.....

Names of Near Relatives.....

## MINERSVILLE CEMETERY

BELL PHONE, SCHENLEY 1227-R

Name of Deceased.....  
Large Single Grave, Sec 2 No. 922nd  
Small Single Grave, Sec..... No.....

G. H. WALZER

619 OSSIPEE STREET PITTSBURGH, PA.

# RECORD OF FUNERAL

Total No. 28..... Yearly No. 1..... Date Jan 3, 1925

Name of Deceased Anthony W. McGraw (What Race) Slv. (Where Born) Slv.

Husband---  
Wife---Widow } Lydiah McGraw  
Son---Daughter of

Charge to Mrs. Anthony McGraw  
Address 1041 Forbes St.

Order Given by Same  
How Secured Same

Date of Funeral Jan 6, 1925  
Residence 1041 Forbes St.

Place of Death " " "  
Funeral Services at " " "

Time of Funeral Service 2 P.M.  
Clergyman Probst

Certifying Physician Probst  
His Residence 2024 5th Ave.

Number of Burial Certificate 1  
Cause of Death La Boemie and acute Rheumatism  
(Primary) (Secondary)

Date of Death Jan 3, 1925  
Occupation of the Deceased Ret.

Single or Married Married Religion Prot.

Date of Birth Not Known  
Age 75 Years Months Days

Name of Father Nathan McGraw  
His Birthplace Slv.

Name of Mother Susan Collins  
(Maiden Name) Slv.

Her Birthplace Slv.  
Body to be Shipped to Slv.

Size and Style of Casket or Coffin 63 Slv.

Manufactured by Henry Casket Co.

Interment at Allegheny Cemetery

Lot No. G.A.R.

Grave No. "

Section No. "

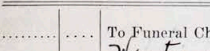


Diagram of Lot or Vault

Casket or Coffin	\$	2.00	00
Metallic Lining (State Kind)			
Outside Box (State Kind)		20	00
Grave Vault (State Kind)			
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)		20	00
Dressing Body, Shaving			
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, Candles			
Door Badge, Gloves		4	50
Hearse		17	00
Auto Limousines to Cemetery @ \$		3.1	50
Autos to R. R. Station @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in Newspapers			
3 Brass 2 Post (Names of Newspapers)		5	00
Flowers, Rental of Plants		15	00
Other Decorations Heart Badge		12	00
Outlay for Lot			
Opening Grave or Vault		5	00
Lining Grave with Evergreen or Muslin			
Matting, Tent Rental			
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services		10	00
Singers			
Church Charges, Minister			
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill		337	00
By Amount Paid in Advance			
Balance			
Entered into Ledger, page			

To Funeral Charges	Total	By Cash
Hunting Horse		
" " Auto		
Milker		
Jacharias		

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 29 Yearly No. 2 Date Jan 11 19 25

Name of Deceased Mary E. Hindley (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_  
Husband--  
Wife--Widow  
Son--Daughter of

Charge to Mrs Wm Dupree  
Address 801 Forbes St  
Order Given by Same  
How Secured \_\_\_\_\_  
Date of Funeral Jan 14, 1925  
Residence 801 Forbes St  
Place of Death "  
Funeral Services at " Epiphany "  
Time of Funeral Service \_\_\_\_\_  
Clergyman J. A. O'bannell  
Certifying Physician Stowell  
His Residence 5th Ave  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death Hypertensive Bronchitis  
(Primary) (Secondary)  
Date of Death Jan 11, 1924  
Occupation of the Deceased Stet  
Single or Married Widowed Religion Cath  
Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
Name of Father John M. Alice  
His Birthplace Ireland  
Name of Mother Mary Sciffington  
(Foreign Name)  
Her Birthplace Ireland  
Body to be Shipped to \_\_\_\_\_

Casket or Coffin		\$ 175 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Burial Suit or Dress		35 00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		20 00
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ _____ Candles, \$ _____		3 50
Door Badge, \$ _____ Gloves, \$ _____		14 00
Hearse		31 50
Auto Limousines to Cemetery, @ \$ 10 50		
Autos to R. R. Station @ \$ _____		
Other Vehicle Service		
Acroplane Service		
Death Notices in _____ Newspapers		6 00
<u>2 Press &amp; Post &amp; Sun</u> (Names of Newspapers)		
Flowers, \$ _____ Rental of Plants, \$ _____		15 00
Other Decorations <u>Leaver badge</u>		12 00
Outlay for Lot		
Opening Grave or Vault		15 00
Lining Grave with Evergreen or Muslin		5 00
Matting, \$ _____ Tent Rental, \$ _____		8 00
Use of Lowering Device		5 00
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		10 00
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ 379 50
By Amount Paid in Advance <u>Feb 17, 1925</u>		\$ _____
Balance <u>Paid in full</u>		
Entered into Ledger, page _____		

Size and Style of Casket or Coffin 5/9 1/4 drop  
Manufactured by Y. S.  
Interment at Calvary Cemetery

Lot No. 160  
Grave No. 5  
Section No. F

Diagram of lot or Vault  
Charlotte Jacoby (owner)

To Funeral Charges	Total, \$	By Cash	
<u>Autos to Bob Duncan</u>		<u>Jan 23</u>	\$ 100 00
<u>Hasting Nurse &amp; Car</u>		<u>Feb 11</u>	\$ 55 00
<u>Milled</u>	1		
<u>Frank</u>	1		
<u>Brecht</u>	1		
<u>Zacharows</u>	1		
		<u>Charge 1 auto to Bob Duncan</u>	
		<u>" " Mrs. Griffin</u>	

Names of Pall Bearers \_\_\_\_\_  
Names of Lodges \_\_\_\_\_  
Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 30 Yearly No. 3 Date Jan 11, 1925

Name of Deceased Mary Elaine Connelly (What Race) (Where Born)

Charge to Chas Connelly  
 Address 17 Mayle St  
 Order Given by same  
 How Secured same  
 Date of Funeral Jan 14, 1925  
 Residence 17 Mayle St  
 Place of Death U. S.  
 Funeral Services at Stapham  
 Time of Funeral Service  
 Clergyman L. A. O'bennell  
 Certifying Physician Jessie J. Amshel  
 His Residence Jenkins Ave.  
 Number of Burial Certificate  
 Cause of Death Brain hemorrhage  
not known  
 Date of Death Jan 11, 1925  
 Occupation of the Deceased  
 Single or Married Religion Cath  
 Date of Birth July 30, 1922  
 Age 2 Years 5 Months 11 Days  
 Name of Father Charles Connelly  
 His Birthplace Pa.  
 Name of Mother Cath. Duggert  
 Her Birthplace Pa.  
 Body to be Shipped to

Casket or Coffin	\$ 70.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	10.00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	3.50
Door Plate, \$ Gloves, \$	
Hearse	14.00
Auto Limousines to Cemetery, @ \$	52.50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in <u>2</u> Newspapers, <u>2</u> Post <u>2</u> Soci. (Names of Newspapers)	3.00
Flowers, \$ Rental of Plants, \$	15.00
Other Decorations <u>door badge</u>	8.00
Outlay for Lot	
Opening Grave or Vault	10.00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 201.00
By Amount Paid in Advance	\$
Entered into Ledger page or below	

Size and Style of Casket or Coffin 3/6 1/4 pr.  
 Manufactured by U.S.  
 Interment at Calvary Cemetery

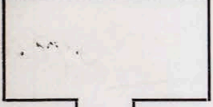


Diagram of Lot or Vault

Lot No.  
 Grave No.  
 Section No.

To Funeral Charges	Total \$	By Cash	\$
<u>Washing</u>		<u>Jan 15</u>	<u>40.00</u>
<u>Hearse</u>		<u>" " 22</u>	<u>80.00</u>
<u>" auto</u>		<u>" " 5</u>	<u>1.00</u>
<u>Stapham</u>		<u>" " Mar 3</u>	<u>1.00</u>
<u>alone 3.9</u>		<u>" " Apr 17</u>	<u>1.00</u>
		<u>" " April 16</u>	<u>15.00</u>
		<u>" " May 5</u>	<u>5.00</u>

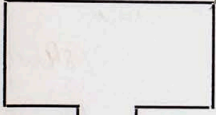
Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 31..... Yearly No. 4..... Date Jan 13, 1925  
 Name of Deceased Edith Paratore W. Penna.  
 Husband--- (What Race) (Where Born)  
 Wife---Widow  
 Son---Daughter of Joseph Paratore

Charge to Joseph Paratore  
 Address 846 Lilac St.  
 Order Given by  
 How Secured  
 Date of Funeral Jan 16, 1925  
 Residence 442 Howard Ave.  
 Place of Death  
 Funeral Services at 846 Lilac St.  
 Time of Funeral Service 2 PM  
 Clergyman  
 Certifying Physician Geo. Toth  
 His Residence Mercy Hosp.  
 Number of Burial Certificate  
 Cause of Death Peritonitis, App. abscess  
 (Primary) (Secondary)  
 Date of Death Jan 13, 1925  
 Occupation of the Deceased Housewife  
 Single or Married M Religion Prot.  
 Date of Birth May 30  
 Age 23 Years Months Days  
 Name of Father Fred Wadsworth  
 His Birthplace England  
 Name of Mother Sarah Walker  
 (Maiden Name)  
 Her Birthplace England  
 Body to be Shipped to St.

Casket or Coffin	\$	1.65	00
Metallic Lining			
Outside Box	(State Kind)	20	00
Grave Vault	(State Kind)		
Burial Suit or Dress	(State Kind)	30	00
Burial Slippers and Hose		3	50
Engraving Plate			
Embalming Body (with Fluid)		20	00
Dressing Body	Shaving \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum	Candles \$		
Door Badge	Gloves \$	4	50
Hearse		14	00
Auto Limousines to Cemetery	@ \$	42	00
Autos to R. R. Station	@ \$		
Other Vehicle Service			
Aeroplane Service			
Death Notices in	Newspapers		
	(Names of Newspapers)		
Flowers	Rental of Plants \$	15	00
Other Decorations	<u>Door Badge</u>	10	00
Outlay for Lot			
Opening Grave or Vault			
Lining Grave with Evergreen or Muslin			
Matting \$	Tent Rental \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services		20	00
Singers			
Church Charges \$	Minister \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill	\$	344	00
By Amount Paid in Advance	\$		
Balance	\$		
Entered into Ledger, page			



Lot No. ....  
 Grave No. ....  
 Section No. ....

To Funeral Charges	Total \$	By Cash	Jan 24	\$	30	00
<u>Starting Expense</u>		<u>Feb 14</u>			239	30
<u>auto</u>		<u>Jan 9</u>			5	00
<u>Zuchman</u>	"					
<u>Miller</u>	"					
<u>Campbell</u>	"					

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance \$ 28 Evenhally St. Other Insurance \$  
 Names of Near Relatives Salvator D.Y.

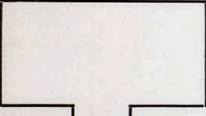
# RECORD OF FUNERAL

Total No. 33..... Yearly No. 5..... Date Jan. 19..... 1925

Name of Deceased Mary Catherine Grant Wilson  
Husband--- (What Race) (Where Born)  
Wife---Widow  
Son---Daughter of

Charge to Owen Grant  
 Address 543 Duane St.  
 Order Given by Same  
 How Secured  
 Date of Funeral Jan. 20, 1925  
 Residence 543 Duane St.  
 Place of Death Mercy Hospital  
 Funeral Services at 2  
 Time of Funeral Service 2 P.M.  
 Clergyman Beahley  
 Certifying Physician W. M. Egan  
 His Residence Albany  
 Number of Burial Certificate  
 Cause of Death Cardiac Failure Cong. Heart  
(Primary) (Secondary)  
 Date of Death Jan. 19, 1925  
 Occupation of the Deceased  
 Single or Married..... Religion Cath.  
 Date of Birth Nov. 27, 1923  
 Age 1 Years 1 Months 23 Days  
 Name of Father Owen Grant  
 His Birthplace Ireland  
 Name of Mother Ellie Mullarkey  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin 2/6 Crystal  
 Manufactured by U.S.  
 Interment at Calvary Cemetery

Casket or Coffin.....	\$ 70 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	10 00
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	2 00
Door Badge, \$..... Gloves, \$.....	10 00
Hearse.....	14 00
Auto Limousines to Cemetery @ \$.....	10 50
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers..... <small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	45 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	10 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 186 50
By Amount Paid in Advance.....	50 00
Balance <u>Jan 24</u> .....	136 50
Entered into Ledger, page..... or below.....	



Lot No. ....  
 Grave No. 40  
 Section No. 8  
Row 29

To Funeral Charges..... Total, \$ <u>Louise Nease</u> <u>1 Miller</u> <u>1 Grant</u>	By Cash..... <u>Auto Hugh Madison 10 00</u>
---	--

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 33..... Yearly No. 6..... Date Feb. 2..... 1927  
 Name of Deceased Christopher Walli..... (What Race) W...... (What Born) Italy  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to.....  
 Address.....  
 Order Given by Widowers Union  
 How Secured.....  
 Date of Funeral Feb. 12, 1927  
 Residence Bardonia, Pa.  
 Place of Death Widowers Hous.  
 Funeral Services at St. Peters Church  
 Time of Funeral Service 3:30 P.M.  
 Clergyman.....  
 Certifying Physician Waynes  
 His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death Paralysis of Neck  
 (Primary) (Secondary)  
 Date of Death Feb. 2, 1925  
 Occupation of the Deceased Widowers Union  
 Single or Married Widow Religion Cath.  
 Date of Birth Not known  
 Age 60 Years..... Months..... Days  
 Name of Father.....  
 His Birthplace.....  
 Name of Mother.....  
 (Maiden Name)  
 Her Birthplace.....  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin Ext. One  
 Manufactured by Am. Pat.  
 Interment at Casswood Cem. Cemetery

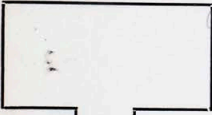


Diagram of Lot or Vault

Lot No.....  
 Grave No.....  
 Section No.....

Casket or Coffin.....	\$	<u>80</u>	<u>00</u>
Metallic Lining.....			
(State Kind)			
Outside Box.....		<u>20</u>	<u>00</u>
(State Kind)			
Grave Vault.....			
(State Kind)			
Burial Suit or Dress.....			
Burial Slippers and Hose.....		<u>Shirts &amp; Tie</u>	<u>4</u> <u>00</u>
Engraving Plate.....			
Embalming Body (with..... Fluid)			
Dressing Body, \$..... Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
" " Candelabrum, \$..... Candles, \$.....		<u>3</u>	<u>00</u>
Door Badge, \$..... Gloves, \$.....		<u>3</u>	<u>00</u>
Hearse.....		<u>1.4</u>	<u>00</u>
Auto Limousines to Cemetery @ \$.....		<u>3.1</u>	<u>50</u>
Autos to R. R. Station @ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers.....			
(Names of Newspapers)			
Flowers, \$..... Rental of Plants, \$.....		<u>1.6</u>	<u>00</u>
Other Decorations.....			
Outlay for Lot.....			
Opening Grave or Vault.....		<u>15</u>	<u>00</u>
Lining Grave with Evergreen or Muslin.....			
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges..... Anatomical B.		<u>66</u>	<u>00</u>
Incineration.....		<u>10</u>	<u>00</u>
Personal Services.....			
Singers.....			
Church Charges, \$..... Minister, \$.....		<u>5</u>	<u>00</u>
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....		<u>267</u>	<u>50</u>
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page..... or below.....			

To Funeral Charges..... Total, \$				
<u>Funeral Home</u>				
<u>" " auto</u>				
<u>" " "</u>				
<u>" " "</u>				
<u>" " "</u>				
By Cash <u>Feb 12</u>	\$	<u>100</u>	<u>00</u>	
<u>April 16, P.M.</u>	\$	<u>100</u>	<u>00</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 34..... Yearly No. 7..... Date Feb 15 1925  
 Name of Deceased Anna E. Melville (What Race) W. (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to Mrs. Lillian Carroll  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Feb. 15, 1925  
 Residence 1309 Center St. Wilkensburg  
 Place of Death 508 Wylie Ave.  
 Funeral Services at St. James P. C. Church  
 Time of Funeral Service 9:30 A.M.  
 Clergyman Rev. Walsh  
 Certifying Physician H. J. Baco  
 His Residence Parish & Wrightman St.  
 Number of Burial Certificate .....  
 Cause of Death Lobar Pneumonia  
 (Primary) (Secondary)  
 Date of Death Feb. 13, 1925  
 Occupation of the Deceased Housewife  
 Single or Married Single, Religion Cath.  
 Date of Birth Nov. 7, 1898  
 Age 26 Years 2 Months 8 Days  
 Name of Father John Melville  
 His Birthplace Pa.  
 Name of Mother Lillian Carney  
 (Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin 6/3 Sq #  
 Manufactured by Frank Pitts  
 Interment at Bahary Cemetery  
 Lot No. ....  
 Grave No. ....  
 Section No. ....  
 Diagram of Lot or Vault

Casket or Coffin.....	\$ 350 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	25 00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	
Burial Slippers and Hose. & Bands.....	8 00
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	<del>5 00</del>
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	6 00
Band Badge, \$..... Gloves, \$.....	4 50
Hearse.....	14 00
Auto Limousines to Cemetery, @ \$.....	31 50
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in <u>10</u> Newspapers, <u>2</u> Post <u>2</u> Pers. & <u>1</u> Reg. & <u>1</u> Tele. <u>2</u> Sur (Name of Newspapers)	10 00
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations..... <u>Band badge</u>	15 00
Outlay for Lot.....	50 00
Opening Grave or Vault.....	8 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	5 00
Use of Lowering Device.....	5 00
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	10 00
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 612 00
By Amount Paid in Advance.....	\$ <del>0 00</del>
Balance.....	\$
Entered into Ledger, page..... or below.....	

Paid in full  
EJM

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Jennie Hense</u>	
<u>Miller, Auto</u>	
<u>Mack, "</u>	
<u>Johnson, "</u>	
<u>Flowers 85<sup>00</sup></u>	

Names of Pall Bearers.....  
 Names of Lodges Franklin 9149  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. *35* Yearly No. *8* Date *Feb. 19, 1925*

Name of Deceased *Frank Sheehan* W. *not known*  
Husband-- (What Race) (Where Born)  
Wife--Widow  
Son--Daughter of

Charge to *Mary Sheehan*  
Address *St. Joseph's Protectors*  
Order Given by *Frankstown, Pa.*  
How Secured  
Date of Funeral  
Residence  
Place of Death *Mercy Hospital*  
Funeral Services at *West Chester, Pa.*  
Time of Funeral Service  
Clergyman  
Certifying Physician *D. B. Emery*  
His Residence *Mercy Hosp.*  
Number of Burial Certificate  
Cause of Death *Sabour Pneumonia*  
(Primary) (Secondary)  
Date of Death *Feb 19, 1925 5:45 PM*  
Occupation of the Deceased *Sabour*  
Single or Married *Widow* Religion *Cath.*  
Day of Birth *not known* Months Days  
*Oct. 6, 2*  
Name of Father  
His Birthplace *Not known*  
Name of Mother  
( Maiden Name)  
Her Birthplace  
Body to be Shipped to *West Chester, Pa.*  
*M. Dancka and 5th Market St.*  
Size and Style of Casket or Coffin *Philadelphia*  
*6/0 Naap*  
Manufactured by  
Interment at *West Chester, Pa. Cemetery*

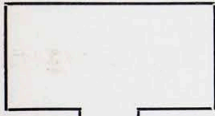


Diagram of Lot or Vault

Lot No.  
Grave No.  
Section No.

Casket or Coffin	\$ 60.00
Metallic Lining	
Outside Box	Shipping Case (State Kind) 30.00
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	3.00
Engraving Plate	
Embalming Body (with Fluid)	20.00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery..@ \$	
Autos to R. R. Station	@ \$
Other Vehicle Service	
Aeroplane Service	
Death Notices in	Newspapers
(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	27.16
Outlay for Shipping Charges	10.00
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
<i>Feb 21, 1925</i>	
Total Footing of Bill <i>Dist. in full</i>	\$ 150.16
By Amount Paid in Advance <i>not known</i>	\$
Balance	\$
Entered into Ledger, page	or below

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives





# RECORD OF FUNERAL

Total No. 38 Yearly No. 11 Date Mar 10, 1925

Name of Deceased Patrick J. Brennan (What Race) W (Where Born) Irish

Husband---  
 Wife---Widow  
 Son---Daughter of } Margaret Coyne Brennan 22<sup>50</sup>

Charge to Mrs James Brennan  
 Address 1916 Forbes St.

Order Given by Same  
 How Secured Mar. 14 1925

Date of Funeral Mar. 14 1925  
 Residence 1916 Forbes St.

Place of Death Hamburg, Pa.  
 Funeral Services at St. Agnes Church

Time of Funeral Service 9 A.M.  
 Clergyman Father Nearty

Certifying Physician Hamburg Pa.  
 His Residence Hamburg Pa.

Number of Burial Certificate 1  
 Cause of Death Tuberculosis  
(Primary) (Secondary)

Date of Death Mar. 10, 1925  
 Occupation of the Deceased None

Single or Married Married Religion Cath

Date of Birth Oct. 25 Years 35 Months 1 Days 10

Name of Father James Brennan  
 His Birthplace Ireland

Name of Mother Bridget Swift  
(Maiden Name)

Her Birthplace England  
 Body to be Shipped to Calvary

Size and Style of Casket or Coffin 6/3 1/4 10

Manufactured by Eric Casket Co.

Interment at Calvary Cemetery

Lot No. 343

Grave No. 3

Section No. # 1

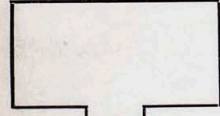


Diagram of Lot or Vault

Casket or Coffin	\$ 175 00
Metallic Lining	(State Kind)
Outside Box	20 00
Grave Vault	(State Kind)
Burial Suit or Dress	35 00
Burial Slippers and Hose	2 00
Engraving Plate	(State Kind)
Embalming Body (with Fluid)	(State Kind)
Dressing Body	Shaving \$
Hair Dressing	(State Kind)
Use of Folding Chairs	(State Kind)
" " Candelabrum	\$ Candles \$
" " " " "	6 00
Hearse	4 50
Auto Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Other Vehicle Service	(State Kind)
Aeroplane Service	(State Kind)
Death Notices in	Newspapers <u>2 Days</u>
Flowers	8 00
Rental of Plants	2 00
Other Decorations	<u>Door Badge</u>
Outlay for Lot	12 00
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	(State Kind)
Matting	Tent Rental \$
Use of Lowering Device	(State Kind)
Rental of Vault	(State Kind)
Outlay for Shipping Charges	<u>9 returned</u>
Removal Charges	53 00
Incineration	(State Kind)
Personal Services	25 00
Singers	(State Kind)
Church Charges	Minister \$
Telegrams and Telephone Charges	(State Kind)
Pall Bearer Service	(State Kind)
Basket Flowers	20 00
Total Footing of Bill	\$ 462 50
By Amount Paid in Advance	\$ 50 00
Balance	\$ 412 50
Entered into Ledger, page	<u>Paid in full</u>

To Funeral Charges	Total \$			
<u>Hunting Hears</u>			<u>April 6</u>	By Cash <u>F. Chick</u> \$ 250 00
<u>" " auto</u>				
<u>Journey 3</u>				
<u>Miller 1</u>				

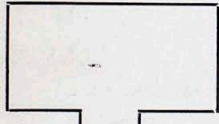
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 39 Yearly No. 12 Date Mar 13 1925  
 Name of Deceased Charles H. Schwabe (What Race) w (Where Born) Pa.

Husband--  
 Wife--Widow  
 Son--Daughter of }  
 Charge to mo  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral .....  
 Residence 1309 Forbes  
 Place of Death " "  
 Funeral Services at .....  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician W. J. McGeary  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death ac Alcoholism  
 (Primary) (Secondary)  
 Date of Death Mar 13, 1925  
 Occupation of the Deceased Lobster  
 Single or Married s Religion Prot.  
 Date of Birth Age 38 Years ..... Months ..... Days .....  
 Name of Father .....  
 His Birthplace .....  
 Name of Mother .....  
 (Maiden Name)  
 Her Birthplace .....  
 Body to be Shipped to Bethlehem Pa  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at ..... Cemetery

Casket or Coffin	.....	\$	60 00
Metallic Lining	.....		
Outside Box	<u>S. base</u> (State Kind)		30 00
Grave Vault	..... (State Kind)		
Burial Suit or Dress	.....		15 00
Burial Slippers and Hose	.....		
Engraving Plate	.....		
Embalming Body (with <u>Margue</u> Fluid)	.....		10 00
Dressing Body, \$	Shaving, \$		
Hair Dressing	.....		
Use of Folding Chairs	.....		
" " Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse	.....		
Auto Limousines to Cemetery..@ \$	.....		
Autos to R. R. Station	.....@ \$		
Other Vehicle Service	.....		
Acroplane Service	.....		
Death Notices in	Newspapers		
(Names of Newspapers)			
Flowers, \$	Rental of Plants, \$		
Other Decorations	.....		
Outlay for Lot	.....		
Opening Grave or Vault	.....		
Lining Grave with Evergreen or Muslin	.....		
Matting, \$	Tent Rental, \$		
Use of Lowering Device	.....		
Rental of Vault	.....		
Outlay for Shipping Charges	.....		25 00
Removal Charges	.....		
Incineration	.....		
Personal Services	.....		10 00
Singers	.....		
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges	.....		
Pall Bearer Service	.....		
Total Footing of Bill			
		\$	150 00
By Amount Paid in Advance	.....	\$	
Balance	<u>Paid in full</u>	\$	
Entered into Ledger, page	.....		
or before	.....		



Lot No. ....  
 Grave No. ....  
 Section No. ....

To Funeral Charges	Total, \$			By Cash	\$	150 00

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 40 Yearly No. 13 Date March 20, 1925

Name of Deceased John Henry Snyder w (What Race) w. Va (Where Born)

Charge to Mrs. Mary Dwyer

Address 1506 Forbes St.

Order Given by Same

How Secured

Date of Funeral March 23, 1925

Residence

Place of Death 1506 Forbes St.

Funeral Services at Canton, Ohio

Time of Funeral Service

Clergyman

Certifying Physician W. J. Prubst

His Residence 5th Ave.

Number of Burial Certificate

Cause of Death

Date of Death March 20, 1925

Occupation of the Deceased Musician

Single or Married W Religion Cath

Date of Birth March 13

Age 7.0 Years 0 Months 7 Days

Name of Father Henry Snyder

His Birthplace Germany

Name of Mother Esther Mary (Maiden Name) Berman

Her Birthplace

Body to be Shipped to Canton Ohio

Size and Style of Casket or Coffin 6/3 C.T.

Manufactured by Park Pittbas

Interment at \_\_\_\_\_ Cemetery

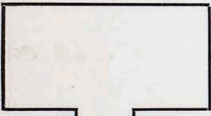


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_

Casket or Coffin.....		\$ 150	00
Metallic Lining.....			
Outside Box.....	<u>S. Carl</u>	(State Kind)	30 00
Grave Vault.....		(State Kind)	
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)			25 00
Dressing Body, \$.....	Shaving, \$.....		
Hair Dressing.....			
Use of Folding Chairs.....			
“ “ Candelabrum, \$.....	Candles, \$.....		2 00
Door Badge, \$.....	Gloves, \$.....		
Hearse.....			
Auto Limousines to Cemetery @ \$.....			10 00
Autos to R. R. Station @ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers.....			2 00
(Names of Newspapers)			
Flowers, \$.....	Rental of Plants, \$.....		
Other Decorations.....	<u>P. O. P. Dodge</u>		8 00
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$.....	Tent Rental, \$.....		
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			
Personal Services.....			10 00
Singers.....			
Church Charges, \$.....	Minister, \$.....		
Telegrams and Telephone Charges.....			1 50
Pall Bearer Service.....			
.....			
.....			
Total Footing of Bill.....		\$ 238	50
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....			or below.....

.....	To Funeral Charges.....	Total, \$.....	.....	.....	By Cash.....	\$.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....



# RECORD OF FUNERAL

Total No. 42 Yearly No. 14 Date March 23 1925

Name of Deceased Ellen Howe (What Race) W  
Husband--- Martin L. Howe (Where Born) Pa  
Wife---Widow  
Son---Daughter of

Charge to Martin L. Howe  
Address 1631 Blvd. of Allies  
Order Given by Same  
How Secured  
Date of Funeral March 26, 1925  
Residence 1631 Blvd. of Allies  
Place of Death Mercy Hosp.  
Funeral Services at Ephrathy  
Time of Funeral Service 10:00 A.M.  
Clergyman Rev. A. O'Connell  
Certifying Physician J. M. Casper  
His Residence Mercy Hospital

Casket or Coffin	\$ 250.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	25.00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25.00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	6.00
Door Badge, \$ Gloves, \$	4.50
Hearse	14.00
Auto Limousines to Cemetery, @ \$	10.50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in <u>13</u> Newspapers, <u>3</u> Pica <u>3</u> Cols. <u>3</u> Lin. <u>2</u> Post. <u>2</u> Day	13.00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15.00
Other Decorations, <u>Keorr. Badge</u>	1.50
Outlay for Lot	
Opening Grave or Vault	15.00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	13.00
Use of Lowering Device	5.00
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20.00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Ins. papers</u>	2.50
Total Footing of Bill	\$ 528.00
By Amount Paid in Advance	
Balance <u>Paid inf.</u>	
Entered into Ledger, page _____ or below _____	

Number of Burial Certificate  
Cause of Death Cardiac Insufficiency  
(Primary) (Secondary)  
Date of Death March 23, 1925  
Occupation of the Deceased Housewife  
Single or Married M. Religion Cath.  
Date of Birth not known  
Age 62 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
Name of Father Desmond O'Leary  
His Birthplace Ireland  
Name of Mother Hannah Nagel  
(Maiden Name)  
Her Birthplace Ireland  
Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin 6/3 int. F.  
Manufactured by Eric Casket Co.  
Interment at St. Mary's Cem. Cemetery  
Lot No. 195  
Grave No. \_\_\_\_\_  
Section M.

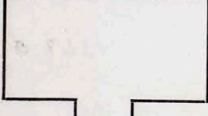


Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$
<u>Hartung Hearse</u>			
<u>" Auto</u>			
<u>Lanoue 4 Autos</u>			
<u>Miller 1 "</u>			
<u>Brecht 1 "</u>			
<u>Jachajiao 1 "</u>			
<u>Wack 1 "</u>			
<u>Daulis 1 "</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives



# RECORD OF FUNERAL

Total No. 44 Yearly No. 16 Date April 6, 1925  
 Name of Deceased Carrie Testa (What Race) W (Where Born) Berna

~~Household~~  
~~Widow~~  
~~Son~~ ~~Daughter~~ of Michael Testa

Charge to Wm Casagola  
 Address 4412 Sherman St.

Order Given by Samuel  
 How Secured \_\_\_\_\_  
 Date of Funeral April 8, 1925  
 Residence 6314 Omega St.  
 Place of Death Michael Hospital  
 Funeral Services at Helpf. Good Christian  
 Time of Funeral Service 9 A.M.

Clergyman \_\_\_\_\_  
 Certifying Physician Blase Aster  
 His Residence Spa Hospital  
 Number of Burial Certificate \_\_\_\_\_

Cause of Death cerebral Apoplexy  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death April 6, 1925  
 Occupation of the Deceased \_\_\_\_\_

Single or Married Widow Religion Cath  
 Date of Birth Jan 27, 1890  
 Age 35 Years 2 Months 9 Days

Name of Father Fred Vaccala  
 His Birthplace Italy  
 Name of Mother Mary Monrella  
 (Maiden Name) \_\_\_\_\_  
 Her Birthplace Italy  
 Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_  
 Interment at Allegheny Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Diagram of Lot or Vault

Casket or Coffin		\$ 150 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		20 00
Burial Slippers and Hose	<u>Undiepts</u>	3 00
Engraving Plate		
Embalming Body (with _____ Fluid)		15 00
Dressing Body, \$ _____	Shaving <u>Wash &amp; S.</u>	5 00
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ _____	Candles, \$ _____	3 00
Door Badge, \$ _____	Gloves, \$ _____	3 00
Hearse		14 00
Auto Limousines to Cemetery, @ \$ _____		63 00
Autos to R. R. Station, @ \$ _____		
Other Vehicle Service		
Aeroplane Service		
Death Notices in _____ Newspapers, <u>2</u> Pces.		2 00
(Names of Newspapers)		
Flowers, \$ _____	Rental of Plants, \$ _____	15 00
Other Decorations	<u>Rever. Lodge</u>	1 00
Outlay for Lot		
Opening Grave or Vault		15 00
Lining Grave with Evergreen or Muslin		
Matting, \$ _____	Tent Rental, \$ _____	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$ _____	Minister, \$ _____	50
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ 368 00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____		

To Funeral Charges	Total, \$	By Cash	\$
<u>Hartung Hearse</u>			
<u>Ants</u>			
<u>Milber</u>			
<u>Zacharias</u>			
<u>Frank</u>			
<u>Mack</u>			
<u>Brecht</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ Grand 22742295, Ind. Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 45 . . . . . Yearly No. 17 . . . . . Date April 10, . . . . . 1925

Name of Deceased Thomas O'Hara . . . . . (Where Born)  
 Husband---  
 Wife---Widow  
 Son---Daughter of } Josephine O'Hara . . . . . (What Race)

Charge to Josephine O'Hara  
 Address 202 Henning Pl.

Order Given by Same  
 How Secured

Date of Funeral April 15, 1925  
 Residence 202 Henning Pl.

Place of Death St. Marcellus Hosp. 15  
 Funeral Services at Epiphany

Time of Funeral Service 10 a.m.  
 Clergyman Rev. J. A. O'Connell

Certifying Physician C. H. Gardner  
 His Residence St. Marcellus Hosp.

Number of Burial Certificate  
 Cause of Death Ypsand. Ac. Pr. nephritis  
 (Primary) (Secondary)

Date of Death April 10, 1925  
 Occupation of the Deceased Builder

Single or Married m . . . . . Religion Cath.

Date of Birth  
 Oct. 54 Years Months Days

Name of Father Patrick O'Hara  
 His Birthplace Ireland

Name of Mother Mary Curran  
 (Maiden Name)  
 Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket or Coffin 6/0. 14 1/2

Manufactured by Frank Britto

Interment at Calvary . . . . . Cemetery  
 Lot No. Edwards

Grave No.  
 Section No.

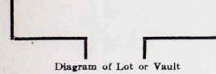


Diagram of Lot or Vault

Casket or Coffin . . . . .	\$ 200 00
Metallic Lining . . . . .	(State Kind)
Outside Box . . . . .	20 00
Grave Vault . . . . .	(State Kind)
Burial Suit or Dress . . . . .	
Burial Slippers and Hose . . . . .	
Engraving Plate . . . . .	
Embalming Body (with . . . . . Fluid)	25 00
Dressing Body, \$ . . . . . Shaving, \$ . . . . .	
Hair Dressing . . . . .	
Use of Folding Chairs . . . . .	
" " Candelabrum, \$ . . . . . Candles, \$ . . . . .	6 00
Door Badge, \$ . . . . . Gloves, \$ . . . . .	14 00
Hearse . . . . .	31 50
Auto Limousines to Cemetery, @ \$ . . . . .	
Autos to R. R. Station . . . . . @ \$ . . . . .	
Other Vehicle Service . . . . .	
Aeroplane Service . . . . .	
Death Notices in . . . . . Newspapers, <u>Ass.</u>	5 00
(Names of Newspapers)	
Flowers, \$ . . . . . Rental of Plants, \$ . . . . .	20 00
Other Decorations. <u>Door badge</u>	18 00
Outlay for Lot . . . . .	
Opening Grave or Vault . . . . .	15 00
Lining Grave with Evergreen or Muslin . . . . .	
Matting, \$ . . . . . Tent Rental, \$ . . . . .	5 00
Use of Lowering Device . . . . .	
Rental of Vault . . . . .	
Outlay for Shipping Charges . . . . .	
Removal Charges . . . . .	
Incineration . . . . .	25 00
Personal Services . . . . .	
Singers . . . . .	
Church Charges, \$ . . . . . Minister, \$ . . . . .	
Telegrams and Telephone Charges . . . . .	
Pall Bearer Service . . . . .	
Total Footing of Bill . . . . .	\$ 385.50
By Amount <u>Contributed</u> . . . . .	75 00
Balance <u>paid in full</u> . . . . .	310 50
Entered into Ledger, page . . . . . or below	

<p>To Funeral Charges . . . . . Total, \$</p> <p><u>Franking House</u></p> <p>" <u>Auto</u></p> <p><u>Muller Auto</u></p> <p><u>Jacobus</u></p> <p><u>Frank 2 "</u></p>	<p>By Cash . . . . . \$</p> <p><u>Charge to Harry O'Hara</u></p> <p><u>Religious Service</u> 25 00</p> <p><u>Exp. at Cemetery</u> 18 00</p> <p><u>2 Autos</u> 21 00</p> <p style="text-align: right;">64 00</p> <p><u>May 15 Mrs. O'Hara</u> 250 00</p>
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Names of Pall Bearers . . . . .  
 Names of Lodges . . . . .  
 Lodge Insurance, \$ . . . . . Other Insurance, \$ . . . . .  
 Names of Near Relatives . . . . .

# RECORD OF FUNERAL

Total No. 46 Yearly No. 18 Date April 10 19 19  
 Name of Deceased Geraldine M. Saven (What Race) M. (Where Born) Pa.  
~~Daughter of~~ Alexander & Cath M.

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral April 14, 1925  
 Residence 1325 Subban St.  
 Place of Death "  
 Funeral Services at "  
 Time of Funeral Service 2:30 P.M.  
 Clergyman J. A. O'Connell  
 Certifying Physician N. F. Stoller  
 His Residence Mercy Hosp.  
 Number of Burial Certificates .....  
 Cause of Death Lobar Pneumonia  
(Primary) (Secondary)  
 Date of Death April 10, 1925  
 Occupation of the Deceased .....  
 Single or Married Married Religion Cath.  
 Date of Birth Feb. 20, 1924  
 Age 1 Years 1 Months 20 Days  
 Name of Father Alex M. Saven  
 His Birthplace Pa.  
 Name of Mother Catherine Munnick  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin 2/6 N.L.  
 Manufactured by Hart Pitt  
 Interment at Calvary Cemetery

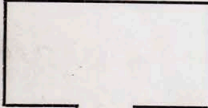
 Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

Casket or Coffin	\$ 50 00
Metallic Lining	(State Kind)
Outside Box	10 00
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery @ \$	31 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in	Newspapers
<small>(Names of Newspapers)</small>	
Flowers, \$	Rental of Plants, \$
Other Decorations	Par. Badge
Outlay for Lot	8 00
Opening Grave or Vault	20 00
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 153 00
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below

To Funeral Charges	Total, \$	By Cash	
<u>Miller Auto</u>		<u>July 12</u>	<u>4 00</u>
<u>Johnson</u>		<u>11 19</u>	<u>2 00</u>
<u>Frank</u>		<u>26</u>	<u>2 00</u>
		<u>June 10</u>	<u>2 00</u>

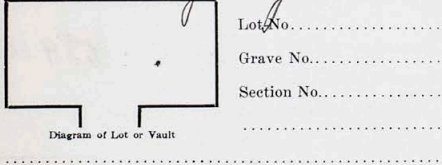
Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 47 Yearly No. 19 Date April 12 1925  
 Name of Deceased Nannah Barry (What Race) Blk. (Where Born) Pa.

~~Widow~~ Michael  
 Charge to R.D. Barry  
 Address 160. Arlington Ave. Niles, O.  
 Order Given by Same  
 How Secured \_\_\_\_\_  
 Date of Funeral April 14, 1925  
 Residence Calverton, Pa.  
 Place of Death Mercy Hospital  
 Funeral Services at Epiphany  
 Time of Funeral Service 7:30 P.M.  
 Clergyman Rev. U. O'Connell  
 Certifying Physician Geo. Gath  
 His Residence Mercy  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cardiac failure (Primary) Nephritis (Secondary)  
 Date of Death April 12, 1925  
 Occupation of the Deceased Ret.  
 Single or Married Wid. Religion Cath.  
 Date of Birth \_\_\_\_\_  
Apr. 80 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Cassett Mulchay  
 His Birthplace Ireland  
 Name of Mother not known (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to Bridgeway, Pa.  
 Size and Style of Casket or Coffin 6/2 C.O.  
 Manufactured by Frank Rott  
 Interment at Bridgeway Pa. Cemetery

Casket or Coffin	\$ 160 00
Metallic Lining	_____
Outside Box <u>S.C.</u> (State Kind)	30 00
Grave Vault (State Kind)	_____
Burial Suit or Dress	_____
Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	25 00
Dressing Body, \$ _____ Shaving, \$ _____	_____
Hair Dressing	_____
Use of Folding Chairs	_____
" " Candelabrum, \$ _____ Candles, \$ _____	2 00
Door Badge, \$ _____ Gloves, \$ _____	14 00
Hearse	21 00
Auto Limousines to Cemetery @ \$ _____	_____
Autos to R. R. Station @ \$ _____	_____
Other Vehicle Service	_____
Aeroplane Service	_____
Death Notices in _____ Newspapers	_____
(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	_____
Other Decorations	_____
Outlay for Lot	_____
Opening Grave or Vault	_____
Lining Grave with Evergreen or Muslin	_____
Matting, \$ _____ Tent Rental, \$ _____	_____
Use of Lowering Device	_____
Rental of Vault	_____
Outlay for Shipping Charges	_____
Removal Charges	_____
Incineration	_____
Personal Services	20 00
Singers	_____
Church Charges, \$ _____ Minister, \$ _____	10 00
Telegrams and Telephone Charges	_____
Pall Bearer Service	_____
Total Footing of Bill <u>April 14, 1925</u>	282 00
By Amount Paid in <u>Advance</u>	_____
Balance <u>paid in full</u>	_____
Entered into Ledger, page _____ or below _____	_____



To Funeral Charges Total, \$	By Cash \$
<u>Barry Home</u>	
<u>" Auto</u>	
<u>Miller</u>	

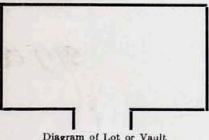
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 48 Yearly No. 20 Date April 15, 1925

Name of Deceased Eleventine Hughes (What Race) W. (Where Born) Pa.  
 Husband--  
 Wife--Widow  
 Son--Daughter of Harry Hughes

Charge to..... Order Given by..... How Secured..... Date of Funeral <u>April 19, 1925</u> Residence..... Place of Death <u>Mersey, Md.</u> Funeral Services at <u>Jackson Center, Pa.</u> Time of Funeral Service..... Clergyman..... Certifying Physician <u>Paul G. M. Helvey</u> His Residence <u>Mersey</u> Number of Burial Certificate..... Cause of Death <u>Bacterial Endocarditis</u> (Primary) (Secondary) Date of Death <u>April 15, 1925</u> Occupation of the Deceased <u>N.W.</u> Single or Married <u>M.</u> Religion <u>Prot.</u> Date of Birth <u>Oct. 17, 1895</u> Age <u>29</u> Years <u>5</u> Months <u>20</u> Days Name of Father <u>Edmund Kelsky</u> His Birthplace <u>England</u> Name of Mother <u>Esther Fisher</u> (Maiden Name) Her Birthplace <u>England</u> Body to be Shipped to <u>Jackson Center, Pa.</u> Size and Style of Casket or Coffin <u>6/3 Amco</u> Manufactured by <u>not</u> Interment at..... Cemetery	Basket or Coffin..... \$ <u>450 00</u> Metallic Lining..... (State Kind) Outside Box..... <u>S. Case</u> (State Kind) <u>35 00</u> Grave Vault..... (State Kind) Burial Suit or Dress..... <u>35 00</u> Burial Slippers and Hose <u>Und.</u> <u>4 50</u> Engraving Plate..... Embalming Body (with..... Fluid) <u>25 00</u> Dressing Body, \$..... Shaving, \$..... Hair Dressing..... Use of Folding Chairs..... " " Candelabrum, \$..... Candles, \$..... Door Badge, \$..... Gloves, \$..... Hearse..... Auto Limousines to Cemetery @ \$..... Autos to R. R. Station @ \$..... Other Vehicle Service..... Aeroplane Service..... Death Notices in..... Newspapers..... (Names of Newspapers) Flowers, \$..... Rental of Plants, \$..... Other Decorations..... Outlay for Lot..... Opening Grave or Vault..... Lining Grave with Evergreen or Muslin..... Matting, \$..... Tent Rental, \$..... Use of Lowering Device..... Rental of Vault..... Outlay for Shipping Charges..... Removal Charges..... <u>20 00</u> Incineration..... Personal Services..... <u>25 00</u> Singers..... Church Charges, \$..... Minister, \$..... Telegrams and Telephone Charges..... Pall-Bearer Service..... <u>Slumber Blanket</u> ..... <u>45 00</u> Total Footing of Bill..... \$ <u>639 50</u> By Amount Paid in Advance..... \$..... Entered into Ledger, page <u>May 11, 1925</u> <u>Paid in full.</u> or below
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	To Funeral Charges	Total	By Cash	
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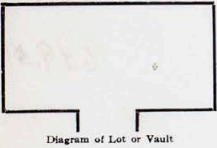
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 49 Yearly No. 21 Date April 26 1925  
 Name of Deceased Jacob Whiteleather W. Pa.  
(What Race) (Where Born)

Charge to John Whiteleather  
 Address 658 W. 3rd St. Lock Haven, Pa.  
 Order Given by Lock Haven, Pa.  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Residence 2022 Forbes St. Pgh., Pa.  
 Place of Death Mercy Hospital  
 Funeral Services at Lock Haven, Pa.  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician J. Martin  
 His Residence Mercy Hospital  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Recurrent cerebral hemorrhage  
(Primary) (Secondary)  
 Date of Death April 26, 1925  
 Occupation of the Deceased Inspector Pgh. R.W.B.  
 Single or Married Single Religion Prot.  
 Date of Birth unknown  
 Age 50 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Henry Whiteleather  
 His Birthplace Pa.  
 Name of Mother Catherine Norman  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to Lock Haven, Pa.  
 Size and Style of Casket or Coffin 219 1/3

Casket or Coffin	\$ 400	00
Metallic Lining		
Outside Box	257 S.C.	65 00
Grave Vault		
Burial Suit or Dress		40 00
Burial Slippers and Hose		3 50
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	10 00
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse		
Auto Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Limousine Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$	
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		13 18
Outlay for Shipping Charges		20 00
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	2 40
Telegrams and Telephone Charges		
Pall Bearer Service		
Shrouds Blanket		20 00
Total Footing of Bill		\$ 599 08
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers Fred. C. Milligan Adminstr. Park Bldg.  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

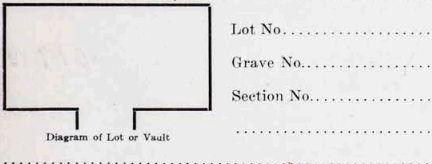
# RECORD OF FUNERAL

Total No. 50 Yearly No. 22 Date May 6, 1925

Name of Deceased George W. Metzkes (What Race) W (Where Born) Germany

Charge to Katharine Metzkes  
 Address 4029 Murray Ave.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral May 9, 1925  
 Residence \_\_\_\_\_  
 Place of Death 4029 Murray  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service 8:00 a.m. 5/8/25  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. J. Robert  
 His Residence 5th Ave.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death ac. Pulmonary Edema  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death May 6, 1925  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion \_\_\_\_\_  
 Date of Birth June 20, 1855  
 Age 69 years 11 months 5 days  
 Name of Father Geo. J. Metzkes  
 His Birthplace Germany  
 Name of Mother Maria Fatwisch  
 (Maiden Name) \_\_\_\_\_  
 Her Birthplace Germany  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 6/3. Sq. 1/4. 10.  
 Manufactured by F. J. P. Co.  
 Interment at St. Sebastian Cemetery

Casket or Coffin	\$ 2.50	520
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	<u>Clark</u> (State Kind)	1.25 00
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		25 00
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
“ “ Candelabrum, \$ _____	<u>Chaises</u>	4 50
Door Badge, \$ _____		12 00
Hearse		1.60 00
Auto Limousines to Cemetery, @ \$ _____		3.60 00
Autos to R. R. Station, @ \$ _____		
Other Vehicle Service		
Aeroplane Service		
Death Notices in _____ Newspapers		
(Names of Newspapers)		
Flowers, \$ _____ Rental of Plants, \$ _____		20 00
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		35 00
Lining Grave with Evergreen or Muslin		
Matting, \$ _____ Tent Rental, \$ _____		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		25 00
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill <u>1925</u>		548.50
By Amount Paid in Advance		
Entered into Ledger, page _____ or below		



To Funeral Charges	By Cash
<u>Hartung, Harsh</u>	\$ _____
<u>Balch</u>	\$ _____
<u>son</u>	\$ _____
Total \$ _____	\$ _____

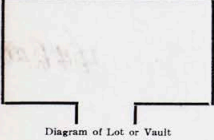
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 51..... Yearly No. 23..... Date May 10, 1925  
 Name of Deceased Dorothy Kathleen Steine w. W. Va.  
Husband--  
Wife--Widow  
Son--Daughter of (Where Born)  
(What Race)

Charge to Gen F Steine  
 Address Galhies W. Va.  
 Order Given by Same  
 How Secured .....  
 Date of Funeral May 12, 1925  
 Residence .....  
 Place of Death Mersey Hospital  
 Funeral Services at Greenwood, Ind.  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician .....  
 His Residence Mersey Hosp  
 Number of Burial Certificate .....  
 Cause of Death Uremia Sec. Ac & Leth Neph  
(Primary) (Secondary)  
 Date of Death May 10, 1925  
 Occupation of the Deceased .....  
 Single or Married S Religion Prot.  
 Date of Birth Jan 8, 1921  
 Age 4 Years 4 Months 2 Days  
 Name of Father Gen F. Steine  
 His Birthplace Ill.  
 Name of Mother Carole Thompson  
(Maiden Name)  
 Her Birthplace Oklahoma  
 Body to be Shipped to Greenwood, Ind  
 Size and Style of Casket or Coffin 3/6  
Lamb. S. H. Co.  
 Manufactured by Port Pitt.  
 Interment at Greenwood, Ind Cemetery

Casket or Coffin.....	\$ 55 00
Metallic Lining.....	
Outside Box..... <u>S. Case</u>	20 00
Grave Vault.....	
Burial Suit or Dress.....	8 00
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	
Auto Limousines to Cemetery..@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	10 00
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<hr/>	
Total Footing of Bill.....	\$ 108 00
By Amount Paid in Advance.....	40 00
Balance.....	68 00
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Entered into Ledger, page..... or below.....	



Lot No. ....  
 Grave No. ....  
 Section No. ....

	To Funeral Charges..... Total, \$		By Cash..... \$
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Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 52 Yearly No. 24 Date May 29 1925

Name of Deceased Alice Frank (What Race) white (Where Born) Wis

~~Widow~~ John G Frank

Charge to Charles J Frank Casket or Coffin \$ 200 00  
Address 436 N Elizabeth St Metallic Lining (State Kind) .....  
Order Given by Same Outside Box (State Kind) \$ 20 00  
How Secured ..... Grave Vault (State Kind) .....

Date of Funeral June 1, 1925 Burial Suit or Dress .....

Residence ..... Burial Slippers and Hose .....

Place of Death 436 N Elizabeth St Engraving Plate .....

Funeral Services at St. Stephens Embalming Body (with Fluid) \$ 25 00  
Time of Funeral Service 9 A.M. Dressing Body, \$ ..... Shaving, \$ .....

Clergyman ..... Hair Dressing .....

Certifying Physician G. E. Rote Use of Folding Chairs .....

His Residence 5426 Second Ave " " Candelabrum, \$ ..... Candles, \$ 4 50

Number of Burial Certificates ..... Door Badge, \$ ..... Gloves, \$ 1 50

Cause of Death Lobar Pneumonia Hearse 1 50  
(Primary) (Secondary) Auto Limousines to Cemetery @ \$ 4 20

Date of Death May 29 Autos to R. R. Station @ \$ .....

Occupation of the Deceased Lab. Housework Other Vehicle Service .....

Single or Married wid Religion Cath. Acroplane Service .....

Date of Birth June 14 1869 Death Notices in 2 Newspapers Pica \$ 2 00  
Age 56 years 11 months 15 days (Names of Newspapers) .....

Name of Father Jeremiah Hallahan Flowers, \$ ..... Rental of Plants, \$ .....

His Birthplace Wis Other Decorations Woolly \$ 12 00

Name of Mother not known Outlay for Lot \$ 50 00  
(Maiden Name) Opening Grave or Vault .....

Her Birthplace ..... Lining Grave with Evergreen or Muslin .....

Body to be Shipped to ..... Matting, \$ ..... Tent Rental, \$ .....

Size and Style of Casket or Coffin 63 sq. Use of Lowering Device .....

Manufactured by E. C. C. Rental of Vault .....

Interment at Calvary Cemetery Outlay for Shipping Charges .....

Lot No. .... Removal Charges .....

Grave No. 39 Incineration .....

Section No. 12 Personal Services \$ 25 00

Row 15 Singers .....

By Amount Paid in Advance ..... Church Charges, \$ ..... Minister, \$ .....

Balance ..... Telegrams and Telephone Charges .....

Casket or Coffin	\$ 200 00
Metallic Lining	
Outside Box	20 00
Grave Vault	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$	
Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	4 50
Candles, \$	1 50
Door Badge, \$	1 50
Gloves, \$	1 50
Hearse	1 50
Auto Limousines to Cemetery @ \$	4 20
Autos to R. R. Station @ \$	
Other Vehicle Service	
Acroplane Service	
Death Notices in <u>2</u> Newspapers <u>Pica</u>	2 00
(Names of Newspapers)	
Flowers, \$	15 00
Rental of Plants, \$	
Other Decorations <u>Woolly</u>	12 00
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	
Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$	
Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>2 Basket of Flowers &amp; Wreath</u>	32 00
Total Footing of Bill <u>Paid in full</u>	446 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	or below

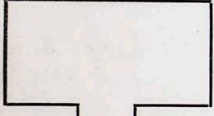


Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$
<u>Hartung</u>	<u>Hears</u>		
<u>"</u>	<u>auto</u>		
<u>Miller</u>	<u>"</u>		
<u>Brecht</u>	<u>"</u>		
<u>Frank</u>	<u>"</u>		

Names of Pall Bearers .....

Names of Lodges .....

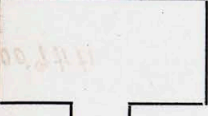
Lodge Insurance, \$ ..... Other Insurance, \$ .....

Names of Near Relatives .....

RECORD OF FUNERAL

Total No. 53... Yearly No. 25... Date June 4, 1925... Name of Deceased Robert Nelson... (What Race) W. (Where Born) Pa. Husband... Wife... Widow... Son... Daughter of... Henry Nelson

Charge to... Address 1510 Am. way... Order Given by... How Secured... Date of Funeral June 6, 1925... Residence... Place of Death Bassett Hosp... Funeral Services at... Time of Funeral Service 10:30 a.m... Clergyman... Certifying Physician W. J. McGregor Coroner... His Residence... Number of Burial Certificate... Cause of Death Broncho pneumonia (Primary) (Secondary)... Date of Death June 4, 1925... Occupation of the Deceased... Single or Married... Religion... Bath... Date of Birth... Age 1 Years 17 Months... Days... Name of Father Henry Nelson... His Birthplace Pennsylvania... Name of Mother Bath Detroit (Maiden Name)... Her Birthplace Pennsylvania... Body to be Shipped to... Size and Style of Casket or Coffin 2 1/2 x 6 H.G... Manufactured by... Interment at Mt. Carmel Cemetery



Lot No... Grave No... Section No...

Table with funeral service items and costs. Items include Casket or Coffin (\$40.00), Metallic Lining, Outside Box (10.00), Grave Vault, Burial Suit or Dress (2.50), Burial Slippers and Hose, Engraving Plate, Embalming Body (10.00), Dressing Body, Shaving, Hair Dressing, Use of Folding Chairs, Candelabrum, Candles, Door Badge, Gloves, Hearse, Auto Limousines to Cemetery (10.50), Autos to R. R. Station, Other Vehicle Service, Aeroplane Service, Death Notices in Newspapers, Flowers, Rental of Plants, Other Decorations, Outlay for Lot (10.00), Opening Grave or Vault, Lining Grave with Evergreen or Muslin, Matting, Tent Rental, Use of Lowering Device, Rental of Vault, Outlay for Shipping Charges, Removal Charges, Incineration, Personal Services (10.00), Singers, Church Charges, Minister, Telegrams and Telephone Charges, Pall Bearer Service. Total Footing of Bill: 93.50. By Amount Paid in Advance: Balance. Entered into Ledger, page... or below

Table with columns for charges and payment. Columns: To Funeral Charges... Total, \$... By Cash... \$... (Empty rows for data entry)

Names of Pall Bearers... Names of Lodges... Lodge Insurance, \$... Other Insurance, \$... Names of Near Relatives...

# RECORD OF FUNERAL

Total No. 54 Yearly No. 26 Date. June 4 1925

Name of Deceased Edward Olsen (What Race) N  
Husband of E. Elizabeth Baldock Olsen (Where Born) Danmark  
Wife---Widow  
Son---Daughter of 387

Charge to Edw. Olsen  
Address 126 Elm St.  
Order Given by Same  
How Secured Same  
Date of Funeral June 8, 1925  
Residence 126 Elm St.  
Place of Death Mayview  
Funeral Services at Epiphany  
Time of Funeral Service 9 A.M.  
Clergyman  
Certifying Physician  
His Residence Mayview  
Number of Burial Certificate  
Cause of Death Myocarditis, l. h. Nephritis  
(Primary) (Secondary)  
Date of Death June 4, 1925  
Occupation of the Deceased  
Single or Married M Religion Cath.  
Date of Birth Aug. 19, 1868  
Age 56 Years 9 Months 15 Days  
Name of Father  
His Birthplace  
Name of Mother  
(Maiden Name)  
Her Birthplace  
Body to be Shipped to  
Size and Style of Casket or Coffin 6/6 / 4 10  
Manufactured by Fort Pitt  
Interment at Calvary Cem. Cemetery  
Lot No. Single  
Grave No. 44  
Section No. 13  
Row 15

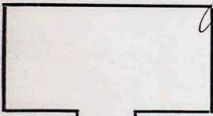


Diagram of Lot or Vault

Casket or Coffin	\$ 1.75	00
Metallic Lining		
Outside Box	20	00
Grave Vault		
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	25	00
Dressing Body \$	31	50
Shaving \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	4	50
Candles \$	4	50
Door Badge \$	14	00
Gloves \$	3.1	50
Hearse		
Auto Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers	5	00
2 Post (Names of Newspapers)		
Flowers \$	15	00
Rental of Plants \$	12	00
Other Decorations <u>Door Badge</u>	50	00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting \$		
Tent Rental \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges	10	00
Incineration		
Personals Services	25	00
Singers		
Church Charges \$		
Minister \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Basket of Flowers</u>	15	00
<u>Gr. Papers</u>	1	50
Total Footing of Bill	408	00
By Amount Paid in Advance \$		
Balance <u>paid in full</u>		
Entered into Ledger, page <u>June 24</u> or below		

To Funeral Charges	Total \$	
<u>Hartung Heaver</u>		
<u>Miller Auto</u>		
<u>Brecht</u>		
<u>Jach</u>		
By Cash	\$	

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$  
Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 55 Yearly No. 26 Date June 9 1925

Name of Deceased Esther P. Yoder  
Husband--  
Wife--Widow  
Son--Daughter of } Pa. (Where Born)

Charge to Mrs. Hattie Yoder  
Address 1030 Lubban St.  
Order Given by Same  
How Secured \_\_\_\_\_  
Date of Funeral June 11, 1925  
Residence 1030 Lubban St.  
Place of Death Mercy Hosp.  
Funeral Services at Home  
Time of Funeral Service 3:30  
Clergyman \_\_\_\_\_  
Certifying Physician W. J. McGregor  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death Ac. Toxic Bronchitis  
Asphyxia Secunda in lung  
Date of Death June 9, 1925  
Occupation of the Deceased \_\_\_\_\_  
Single or Married \_\_\_\_\_ Religion Prot.  
Date of Birth April 1, 1923  
Age 2 Years 2 Months 8 Days  
Name of Father Leamon Yoder  
His Birthplace Pa.  
Name of Mother Hattie Cunningham  
(Maiden Name)  
Her Birthplace Pa.  
Body to be Shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin 3/0 - N.G.  
Manufactured by Hart Pitt.  
Interment at Minersville Cemetery

Casket or Coffin		\$ 40 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10 00
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		10 00
Embalming Body (with _____ Fluid)		
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
“ “ Candelabrum, \$ _____ Candles, \$ _____		8 00
Door Badge, \$ _____		
Hearse		
Auto Limousines to Cemetery, @ \$ _____		
Autos to R. R. Station, @ \$ _____		
Other Vehicle Service		
Aeroplane Service		
Death Notices in _____ Newspapers	(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____		
Other Decorations		
Outlay for Lot		12 00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ _____ Tent Rental, \$ _____		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		5 00
Incineration		
Personal Services		
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ 85 00
By Amount Paid in Advance		\$ 50 00
Balance		\$ 35 00
Entered into Ledger, page _____ or below _____		

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_

To Funeral Charges	Total \$	By Cash	\$
<u>Miller</u>			

Names of Pall Bearers \_\_\_\_\_  
Names of Lodges \_\_\_\_\_  
Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 56

Yearly No. 26

Date June 15, 1925

Name of Deceased Infant Humea

Husband  Widow  Daughter of

(What Race) W

(Where Born) Pa

Charge to David R. Humes

Address 140 Orchard Pl.

Order Given by Knoxville, Pa

How Secured \_\_\_\_\_

Date of Funeral June 18, 1925

Residence \_\_\_\_\_

Place of Death Meray Has.

Funeral Services at \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_

Certifying Physician Geo. Toth

His Residence Meray Has.

Number of Burial Certificate \_\_\_\_\_

Cause of Death Stillborn prematurity

Date of Death June 15, 1925

Occupation of the Deceased \_\_\_\_\_

Single or Married \_\_\_\_\_

Religion C

Date of Birth \_\_\_\_\_

Age Stillborn years \_\_\_\_\_ months \_\_\_\_\_ days

Name of Father David R. Humes

His Birthplace Pa

Name of Mother Catherine Harrison

(Maiden Name)

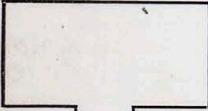
Her Birthplace Pa

Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin 2/0 S.B.

Manufactured by Calvary

Interment at \_\_\_\_\_ Cemetery



Row 5

Grave No. 30

Section No. 7

Casket or Coffin	\$	10	00
Metallic Lining			
Outside Box			
Grave Vault			
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)			
Dressing Body, \$			
Shaving, \$			
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$			
Candles, \$			
Door Badge, \$			
Gloves, \$			
Hearse			
Auto Limousines to Cemetery, @ \$			
Autos to R. R. Station, @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in Newspapers			
(Names of Newspapers)			
Flowers, \$			
Rental of Plants, \$			
Other Decorations			
Outlay for Lot		10	00
Opening Grave or Vault			
Lining Grave with Evergreen or Muslin			
Matting, \$			
Tent Rental, \$			
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges		5	00
Incineration			
Personal Services			
Singers			
Church Charges, \$			
Minister, \$			
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill	\$	25	00
By Amount Paid in Advance	\$		
Balance <u>Paid in full</u>	\$		
Entered into Ledger, page _____			

Total Footing of Bill July 31, 1925 \$ 25.00  
 By Amount Paid in Advance \$  
 Balance Paid in full  
 Entered into Ledger, page \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_

Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 57      Yearly No. 27      Date June 26, 1925, 19...

Name of Deceased Patrik J. Kennedy      w. Irland  
(What Race)      (Where Born)

Husband--  
 Wife--Widow  
 Son--Daughter of } widowed

Charge to A. J. Kennedy  
 Address 1561 Blvd. of Allies  
 Order Given by Same  
 How Secured Same  
 Date of Funeral June 29, 1925  
 Residence 1501 Blvd. of Allies  
 Place of Death " "  
 Funeral Services at " "  
 Time of Funeral Service 9 AM  
 Clergyman J. A. O'Rourke  
 Certifying Physician Dr. Hagey  
 His Residence Wylie Ave.  
 Number of Burial Certificate 1  
 Cause of Death Broncho pneumonia  
(Primary)      Secondary  
 Date of Death June 26, 1925 12:55 AM  
 Occupation of the Deceased Ret. Police  
 Single or Married Married      Religion Cath.  
 Date of Birth Not known  
 Age 100 Years      Months      Days  
 Name of Father Phillip Kennedy  
 His Birthplace Irland  
 Name of Mother Not known  
(Maiden Name)  
 Her Birthplace Irland  
 Body to be Shipped to " "

Casket or Coffin		\$ 2.00	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	25	00
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with... Fluid)		25	00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	4	50
Door Badge, \$	Gloves, \$	4	50
Hearse		14	00
Auto Limousines to Cemetery @ \$		52	50
Autos to R. R. Station @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in <u>5</u> Newspapers <u>3 Pces</u>		5	00
<u>2 90¢</u> (Names of Newspapers)			
Flowers, \$	Rental of Plants, \$	20	00
Other Decorations	<u>Rest. Body</u>	12	00
Outlay for Lot			
Opening Grave or Vault		15	00
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services		25	00
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill	<u>any</u>	\$ 403	00
By Amount Paid in Advance	<u>Paid in full</u>		
Balance			
Entered into Ledger, page			

Size and Style of Casket or Coffin 4/3# 5200/3

Manufactured by Frost Pitt

Interment at Calvary Cemetery

Diagram of Lot or Vault

Lot No. 258  
 Grave No. 7  
 Section No. 7

To Funeral Charges	Total, \$	By Cash	\$
<u>Hunting House</u>			
<u>Trago 2 Autos</u>			
<u>Miller 1</u>	"		
<u>Brook 1</u>	"		
<u>Own 1</u>	"		

Names of Pall Bearers.....

Names of Lodges.....

Life Insurance, \$..... Other Insurance, \$.....

Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 58..... Yearly No. 21..... Date July 15..... 1925  
 Name of Deceased William Howard Stradling..... (Where Born) Pa  
Husband---  
 Wife---Widow  
 Son---Daughter of {

Charge to A. C. Stradling  
 Address 3306 Terrace St.  
 Order Given by Same  
 How Secured Same  
 Date of Funeral July 17, 1925  
 Residence July 17, 1925  
 Place of Death 3306 Terrace St.  
 Funeral Services at " " "  
 Time of Funeral Service 2:30 P.M.  
 Clergyman " " "  
 Certifying Physician W. J. M. Ingram  
 His Residence " " "  
 Number of Burial Certificate " " "  
 Cause of Death Hydrophobia (Rabies)  
(Primary) (Secondary)  
 Date of Death July 15, 1925  
 Occupation of the Deceased " " "  
 Single or Married " " " Religion Prot.  
 Date of Birth April 3, 1922  
 Age 3 Years 3 Months 12 Days  
 Name of Father Albert C. Stradling  
 His Birthplace Pa.  
 Name of Mother Era Kleifer  
(Mother Name)  
 Her Birthplace Pa.  
 Body to be Shipped to " " "  
 Size and Style of Casket or Coffin 3/4  
 Manufactured by Frank Pitt  
 Interment at Smithfield Cemetery  
 Lot No. 199  
 Grave No. " " "  
 Section No. H

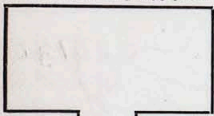


Diagram of Lot or Vault

Casket or Coffin.....	\$ 135 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	15 00
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	14 00
Auto Limousines to Cemetery...@ \$.....	10 50
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in <u>3</u> Newspapers <u>2</u> Post <u>1</u> Press.....	3 00
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	15 00
Other Decorations..... <u>Door badge</u>	10 00
Outlay for Lot.....	
Opening Grave or Vault.....	8 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent, Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	10 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<u>Basket Flowers</u> .....	12 00
Total Footing of Bill <u>April 5, 1927</u> .....	247 50
By Amount Paid in Advance.....	\$ 155 00
Balance <u>paid in full</u> .....	\$ 92 50
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Henry Deans</u>	<u>Jan 5</u> ..... 5 00
<u>Anna Jantz</u>	<u>April 26</u> ..... 10 00
	<u>June 21</u> ..... 10 00
	<u>Sept 13</u> ..... 16 00
	<u>Oct 18</u> ..... 10 00

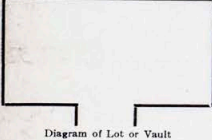
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 59..... Yearly No. 29..... Date July 16, 1925  
Name of Deceased Infant Rissmore W. Pa. (Where Born)  
Husband--  
Wife--Widow  
Son--Daughter of }

Charge to Antonio Rissmore  
Address 59 Washington St.  
Order Given by  
How Secured  
Date of Funeral July 20, 1925  
Residence  
Place of Death Mercy Mus.  
Funeral Services at  
Time of Funeral Service  
Clergyman  
Certifying Physician  
His Residence Mercy Hospital  
Number of Burial Certificates  
Cause of Death Stillborn (Primary) (Secondary)  
Date of Death July 16, 1925  
Occupation of the Deceased  
Single or Married Religion Cath.  
Date of Birth  
Age Stillborn Years Months Days  
Name of Father Antonio Rissmore  
His Birthplace Italy  
Name of Mother Ananda Di Angelo (Maiden Name)  
Her Birthplace Italy  
Body to be Shipped to  
Size and Style of Casket or Coffin 40 S.B.  
Manufactured by Am  
Interment at Martinsville Cemetery

Casket or Coffin	\$ 10.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Dressing Body \$	Shaving \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum \$	Candles \$
Door Badge \$	Gloves \$
Hearse	
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
Flowers \$	Rental of Plants \$
Other Decorations	
Outlay for Lot	10.00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting \$	Tent Rental \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges \$	Minister \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill Aug 25 1925 \$ 20.00	
By Amount Paid in Advance Paid in full \$	
Balance \$	E. J. McCoy
Entered into Ledger, page	or below



Lot No.  
Grave No.  
Section No.

To Funeral Charges	Total \$	By Cash	\$

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 10 Yearly No. 30 Date July 18, 1925

Name of Deceased Infant Webster (What Race) W. (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Hebeart Webster  
 Address Fayette City, Pa.  
 Order Given by Hebeart Webster  
 How Secured \_\_\_\_\_  
 Date of Funeral July 20, 1925  
 Residence \_\_\_\_\_  
 Place of Death Mercy Hosp.  
 Funeral Services at Cath. Chapl.  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence Mercy Hospital  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Stillborn (Premature)  
 Date of Death July 18, 1925  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion Prot.  
 Date of Birth \_\_\_\_\_  
Stillborn Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Hebeart Webster  
 His Birthplace \_\_\_\_\_  
 Name of Mother Christina Yisher  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 2/p. S.B.  
 Manufactured by Am.  
 Interment at Minersville Cemetery

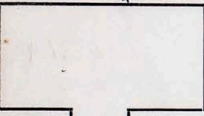


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin	\$ <u>10</u>	00
Metallie Lining (State Kind)		
Outside Box (State Kind)		
Grave Vault (State Kind)		
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		
Dressing Body, \$ Shaving, \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		
Hearse		
Auto Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers (Names of Newspapers)		
Flowers, \$ Rental of Plants, \$		
Other Decorations		
Outlay for Lot		<u>10</u>
Opening Grave or Vault		00
Lining Grave with Evergreen or Muslin		
Matting, \$ Tent Rental, \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		<u>5</u>
Incineration		00
Personal Services		
Singers		
Church Charges, \$ Minister, \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	<u>Paid in full</u>	
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

To Funeral Charges	Total	\$	By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 61 Yearly No. 31 Date July 19 1925

Name of Deceased Anna Hilpert Meister  
 Husband---Wife---Widow  
 Son---Daughter of }  
 (What Race) (Where Born)

Charge to  
 Address  
 Order Given by Mrs. James B. Fay  
 How Secured  
 Date of Funeral July 22, 1925  
 Residence 54 Alameda St.  
 Place of Death 54 Alameda St.  
 Funeral Services at " " "  
 Time of Funeral Service 2 P.M.  
 Clergyman Dr. Hans  
 Certifying Physician F. E. Kote  
 His Residence 5426 Second Ave.  
 Number of Burial Certificate  
 Cause of Death Chronic Myocarditis  
 (Primary) (Secondary)  
 Date of Death July 19, 1925  
 Occupation of the Deceased  
 Single or Married Widow Religion Prot.  
 Date of Birth Nov 20 1865  
 Age 59 Years 7 Months 29 Days  
 Name of Father Geo. Hilpert  
 His Birthplace Ger.  
 Name of Mother not known  
 (Maiden Name)  
 Her Birthplace Ger.  
 Body to be Shipped to  
 Size and Style of Casket or Coffin 6/3 Spe  
 Manufactured by M.S.  
 Interment at St. Peters Ger. Ev. Cemetery

Casket or Coffin	\$ 275 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	25 00
Grave Vault (State Kind)	
Burial Suit or Dress	40 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	4 50
Hearse	16 00
Auto Limousines to Cemetery, @ \$	48 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers, 3 Post, 3 Reg, 2 Trib, 2 Press & Sun, 2 Volk	14 00
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations, Door Budge	12 00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	28 50
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 528 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page or below	

Lot No.  
 Grave No.  
 Section No.  
 Diagram of Lot or Vault

To Funeral Charges	Total, \$			
<u>Hartman, Nease</u>		<u>Nov 7</u>	By Cash <u>check</u>	\$ 50 00
<u>Car to auto</u>		<u>Dec 13</u>	" "	50 00
<u>H. Paul Brecht</u>		<u>Feb 12</u>	" "	50 00
<u>Brosco</u>		<u>Mar 9</u>	" "	50 00
<u>Wm. Heym</u>		<u>Apr 8</u>	" "	50 00
		<u>Apr 9</u>	" "	50 00
		<u>July 10</u>	" "	50 00
		<u>Aug 10</u>	" "	50 00
		<u>Sept 10</u>	" "	50 00
				50 00

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 62 Yearly No. 33 Date July 24 1925

Name of Deceased: Martin J. Howe w (What Race) P.C. Pa. (Where Born)  
 Husband---  
 Wife---Widow Sellen O'Leary Howe  
 Son---Daughter of }

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral July 28, 1925  
 Residence 1031 Blvd. of Allies  
 Place of Death " " " "  
 Funeral Services at Epiphany Church  
 Time of Funeral Service 12:15 P.M.  
 Clergyman Fr. O'Connell  
 Certifying Physician W. J. M. Deegan, M.D.  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death Arterio Sclerosis  
 (Primary) (Secondary)  
 Date of Death July 24, 1925  
 Occupation of the Deceased Book Attendant  
 Single or Married M. Religion Catholic  
 Date of Birth April 8, 1855  
 Age 70 Years 3 Months 16 Days  
 Name of Father Gabriel J. Howe  
 His Birthplace Ireland  
 Name of Mother Julia M. Connors  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to .....

Size and Style of Casket or Coffin 63 Coffin  
 Manufactured by Conic  
 Interment at ..... Cemetery

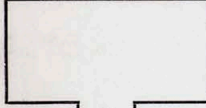


Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin.....	\$	2.50	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	2.50	00
Grave Vault.....	(State Kind)		
Burial Suit or Dress.....			
Burial Slippers and Hose <u>Shirley's etc</u>		4	50
Engraving Plate.....			
Embalming Body (with..... Fluid)		2.50	00
Dressing Body, \$..... Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
“ “ Candelabrum, \$..... Candles, \$.....		6	00
Door Badge, \$..... Gloves, \$.....		4	50
Hearse.....		14	00
Auto Limousines to Cemetery...@ \$.....		8.40	00
Autos to R. R. Station.....@ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers <u>4 Buses</u>			
<u>3 Gay 3 Belle 3 Sun 3 Post</u>	(Names of Newspapers)	24	00
Flowers, \$.....	Rental of Plants, \$.....	20	00
Other Decorations <u>Door Badge</u>		15	00
Outlay for Lot.....			
Opening Grave or Vault.....		15	00
Lining Grave with Evergreen or Muslin.....		13	00
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....		5	00
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			
Personal Services.....		20	00
Singers.....			
Church Charges, \$..... Minister, \$.....			
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			

Total Footing of Bill. \$ 525 00

By Amount Paid in Advance July 28 \$ .....  
 Balance Bill in full  
 Entered into Ledger Bill in full below

To Funeral Charges	Total	By Cash	\$
<u>Hunting 21.4 Cnts.</u>			
<u>Bruce 2</u>			
<u>Miller 1</u>			
<u>Zachary 1</u>			
<u>Greenough 1</u>			
<u>Saban 1</u>			
<u>W. A. Coy 1</u>			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 63 Yearly No. 33 Date Aug 10, 1925  
 Name of Deceased Infant M Given (What Race) w. (Where Born) Pa.

Husband--  
 Wife--Widow  
 Son--Daughter of  
 Charge to Bernard F. M Given  
 Address 6911 Bishop St.  
 Order Given by Same  
 How Secured Same  
 Date of Funeral Aug 10, 1925  
 Residence Above  
 Place of Death St. Pascha Hus.

Funeral Service by St. Raphaels.  
 Time of Funeral Service 8:30  
 Clergyman J.P. Gallagher  
 Certifying Physician J.S. Mayer  
 His Residence Franches St.

Casket or Coffin	\$ 35 00
Metallie Lining	
Outside Box	10 00
Grave Vault	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery @ \$	12 00
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	10 00
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	10 00
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 77 00
By Amount Paid in Advance	Paid in full
Balance	
Entered into Ledger, page	or below

Number of Burial Certificate 1  
 Cause of Death Ac. vaginitis  
 Date of Death Aug 10, 1925  
 Occupation of the Deceased Subscription  
 Single or Married S. Religion Cath.  
 Date of Birth Aug 5, 1925  
 Age 0 Year 0 Months 5 Days  
 Name of Father Bernard M Given  
 His Birthplace Pa.  
 Name of Mother Anna Joyce  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin No. Date.  
 Manufactured by J.P.S.  
 Interment at St. Marys Cemetery

Lot No. 144  
 Grave No. H  
 Section No. W.

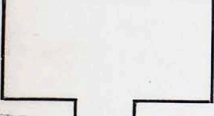


Diagram of Lot or Vault

To Funeral Charges . . . . . Total, \$	By Cash . . . . . \$

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 64      Yearly No. 34      Date Aug 10, 1925  
 Name of Deceased Infant Aschermann, w.      (What Race)      (Where Born) Pa.

Husband---  
 Wife---Widow  
 Son---Daughter

Charge to Thomas Aschermann  
 Address 52 Excelsior St. 18th St.  
 Order Given by Same  
 How Secured Same

Date of Funeral Aug 11, 1925  
 Residence Honesdale, Pa.  
 Place of Death Homeopathic Hos.  
 Funeral Services at Chapel  
 Time of Funeral Service 1:30 PM

Clergyman  
 Certifying Physician J. S. Stewart  
 His Residence Washington ave.  
 Number of Burial Certificate

Cause of Death Exemation birth  
 (Primary)      (Secondary)  
 Date of Death Aug 10, 1925  
 Occupation of the Deceased

Single or Married      Religion P  
 Date of Birth Aug 9, 1925  
 Age 0 Years 0 Months 8 Days 30 min

Name of Father Thomas Aschermann  
 His Birthplace Pa.  
 Name of Mother Florence Schach  
 (Maiden Name)

Her Birthplace Pa.  
 Body to be Shipped to  
 Size and Style of Casket or Coffin

Manufactured by Allegheny  
 Interment at Allegheny Cemetery

Lot No.  
 Grave No. H-405  
 Section No. 35 1/2

Diagram of Lot or Vault

Casket or Coffin	\$ 25 00
Metallie Lining (State Kind)	10 00
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse	
Auto Limousines to Cemetery, @ \$	10 50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	
Other Decorations	
Outlay for Lot	25 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	5 00
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 75 50
By Amount Paid in Advance	\$ 50 00
Balance	\$ 25 50
Entered into Ledger, page <u>9</u> or below	

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$      Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 65 Yearly No. 35 Date Aug 13, 1925

Name of Deceased Katherine E. Reynolds W. R.S.A.  
(Where Born)

Husband--  
 Wife--Widow  
 Sons--Daughter of

Charge to E. B. Menevick  
 Address 411 Stansberry Wj.  
 Order Given by Same  
 How Secured Same  
 Date of Funeral Aug 14, 1925  
 Residence Allegany Co. W. Va.  
 Place of Death Allegany Co. W. Va.  
 Funeral Services at Chapel  
 Time of Funeral Service Chapel  
 Clergyman W. M. Grogan  
 Certifying Physician W. M. Grogan

His Residence W. M. Grogan  
 Number of Burial Certificate 1  
 Cause of Death Tub. Pneumonia  
(Primary) (Secondary)  
 Date of Death Aug 13, 1925  
 Occupation of the Deceased Clerk  
 Single or Married S Religion Prot.  
 Date of Birth Not known  
 Age 45 Years Months Days  
 Name of Father Not known  
 His Birthplace Not known  
 Name of Mother Not known  
(Maiden Name)  
 Her Birthplace Not known  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin model 5/9  
S. P.  
 Manufactured by M. S.  
 Interment at Smithfield Cemetery

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin	\$ 75 00
Metallie Lining <small>(State Kind)</small>	
Outside Box <small>(State Kind)</small>	20 00
Grave Vault <small>(State Kind)</small>	
Burial <del>Suit</del> or Dress <u>F 30</u>	20 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Fluid</u> )	15 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse	14 00
Auto Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in <u>Newspapers</u> <u>1 Press</u>	1 00
<small>(Names of Newspapers)</small>	
Flowers, \$ Rental of Plants, \$	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$ <u>10.00</u>	10 00
Telegrams and Telephone Charges	
Pall Bearer Service	
<b>Total Footing of Bill</b>	<b>\$ 165 50</b>
By Amount Paid in Advance	\$ 90 00
Balance	\$ 75 50
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	By Cash	\$
<u>Hortony Hearse</u>			

Names of Pall Bearers at 3.30  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 66 Yearly No. 36 Date Aug 15 1925  
 Name of Deceased Anna Branch W Md.  
Husband--  
Wife--Widow (What Race) (Where Born)  
Son--Daughter of

Charge to Geo. L. Branch  
 Address 805 Locust St.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Aug 18, 1925  
 Residence 805 Locust St.  
 Place of Death " " "  
 Funeral Services at " " "  
 Time of Funeral Service 2:30  
 Clergyman .....  
 Certifying Physician Pearlman  
 His Residence 5th Ave.  
 Number of Burial Certificate .....  
 Cause of Death ac. Card. Dilatation  
of myocarditis (Secondary)  
 Date of Death Aug 15, 1925  
 Occupation of the Deceased new  
 Single or Married M. Religion Prot.  
 Date of Birth April 7 1865  
 Age 60 Years 4 Months 8 Days  
 Name of Father Adam Myers  
 His Birthplace Md.  
 Name of Mother not known  
(Maiden Name)  
 Her Birthplace " "  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by M. S. Lehanan  
 Interment at M. S. Lehanan Cemetery

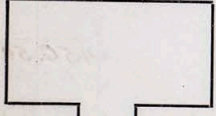


Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin	\$ 250 00
Metallie Lining	(State Kind)
Outside Box	25 00
Grave Vault	(State Kind)
Burial Suit or Dress	40 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	1.6 00
Auto Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in <u>8</u> Newspapers <u>3 Post</u>	
<u>3 Gas. 2 Press</u>	8 00
Flowers, \$	Rental of Plants, \$
Other Decorations	20 00
Outlay for Lot	1.5 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 430.00
By Amount Paid in Advance	\$
Balance	\$
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To Funeral Charges	By Cash
Total \$	\$
<u>Receiving Personal</u>	

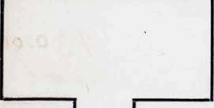
Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 67 Yearly No. 37 Date Sept 1, 1925  
 Name of Deceased Elizabeth M. McGrath (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_  
 Husband Michael J. McGrath  
 Wife \_\_\_\_\_  
 Son \_\_\_\_\_ Daughter \_\_\_\_\_

Charge to Michael J. McGrath  
 Address 1032 Gibson St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Sept. 4 1925  
 Residence 1032 Gibson St.  
 Place of Death "Epiphany"  
 Funeral Services at Epiphany 9 a.m.  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician Howell  
 His Residence 5th Ave.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Ac. Gastro-entero Colitis  
 (Primary) (Secondary)  
 Date of Death Sept. 1, 1925  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married M. W. Religion Catholic  
 Date of Birth Dec. 1, 1894  
 Age 31 Years 7 Months 0 Days  
 Name of Father Silas Smith  
 His Birthplace Pa.  
 Name of Mother Gayer  
 (Maiden Name)

Her Birthplace \_\_\_\_\_  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 6/3  
 Manufactured by Gm.  
 Interment at St. Mary's Cemetery



Lot No. 7  
 Grave No. 9  
 Section No. 4

Casket or Coffin	\$ 175 00	39.50
Metallie Lining (State Kind)		
Outside Box (State Kind)	20 00	
Grave Vault (State Kind)		
Burial Suit or Dress	35 00	
Burial Slippers and Hose <u>undergarments</u>	4 30	
Engraving Plate		
Embalming Body (with Fluid)	25 00	
Dressing Body, \$ Shaving, \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ Candles, \$	4 50	
Door Bades, \$ Gloves, \$	14 00	
Hearse	63 00	
Auto Limousines to Cemetery, @ \$		
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplanes		
Death Notices in 5 Newspapers <u>Times</u>	5 00	
2 Post (Names of Newspapers)		
Flowers, \$ Rental of Plants, \$	15 00	
Other Decorations <u>Flowers Room Bades</u>	12 00	
Outlay for Lot		
Opening Grave or Vault	15 00	
Lining Grave with Evergreen or Muslin	13 00	
Matting, \$ Tent Rental, \$		
Use of Lowering Device	5 00	
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services	25 00	
Singers		
Church Charges, \$ Minister, \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Flowers</u>	15 00	
Total Footing of Bill	\$ 450 50	
By Amount Paid in Advance <u>Grace</u>	\$ 252 00	
Balance <u>Paid in full</u>	\$ 198 50	
Entered into Ledger, page _____ or below		

To Funeral Charges	Total, \$	By Cash	\$
<u>Hunting Peasants Auto</u>			
<u>Rembles Auto</u>			
<u>Schuyler</u>			
<u>Miller</u>			
<u>Galis</u>			
<u>McAvoy</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

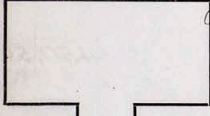
Total No. 68 ..... Yearly No. 58 ..... Date, Sept. 3 ..... 1925

Name of Deceased. Infant John  
 Husband---  
 Wife---Widow  
 Son---Daughter of

(What Race) no  
 (Where Born) Pa

Charge to Joseph Johns  
 Address Avilla Pa.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral Sept. 3, 1925  
 Residence Chapel  
 Place of Death. Mercy Hosp.  
 Funeral Services at.....  
 Time of Funeral Service.....  
 Clergyman.....  
 Certifying Physician D. A. Rhodes  
 His Residence Mercy Hos.  
 Number of Burial Certificate.....  
 Cause of Death. Stillborn 6 Mo. Prema  
Primary (Secondary)  
 Date of Death. Sept. 2, 1925  
 Occupation of the Deceased.....  
 Single or Married. no Religion. Leath  
 Date of Birth.....  
 Age 1 years 0 months 0 days  
 Name of Father. Joseph Johns  
 His Birthplace Pa.  
 Name of Mother Mary Chesbrough  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin 2 1/2 S.B.  
 Manufactured by Am  
 Interment at Calvary Cemetery

Casket or Coffin.....	\$ <u>12.00</u>
Metallic Lining.....	(State Kind)
Outside Box.....	(State Kind)
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	
Auto Limousines to Cemetery...@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	10 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ <u>22.00</u>
By Amount Paid in Advance.....	<u>Paid in full</u>
<small>Balance</small>	
Entered into Ledger, page.....	<u>EGM</u> or below



Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

	To Funeral Charges..... Total, \$.....		By Cash.....		
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 69..... Yearly No. 39..... Date Sept 12 1925

Name of Deceased Infant Henry W. (What Race) Pa. (Where Born)

Husband---  
Wife---Widow  
Son---Daughter of  
Charge to John P. Henry  
Address 1030 Gibson St.

Order Given by.....  
How Secured.....  
Date of Funeral Sept. 14, 1925  
Residence 1030 Gibson St.

Place of Death.....  
Funeral Services at.....  
Time of Funeral Service.....

Clergyman.....  
Certifying Physician Ben Levant  
His Residence 5th Ave

Number of Burial Certificate.....  
Cause of Death Perinatal Death (same)  
(Primary) (Secondary)

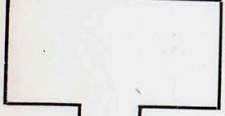
Date of Death Sept 12, 1925  
Occupation of the Deceased.....  
Single or Married --- Religion Cat.

Date of Birth.....  
Age 1 Years 0 Months 0 Days  
Name of Father John P. Henry

His Birthplace.....  
Name of Mother Cath. Jayce  
(Maiden Name)

Her Birthplace England  
Body to be Shipped to.....  
Size and Style of Casket or Coffin 2/0 S.B.

Manufactured by Ann  
Interment at Minersville Cemetery



Lot No.....  
Grave No.....  
Section No.....

Casket or Coffin.....	\$	10.00
Metallic Lining.....		
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Burial Suit or Dress.....	(State Kind)	
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$.....	Shaving, \$.....	
Hair Dressing.....		
Use of Folding Chairs.....		
" " Candelabrum, \$.....	Candles, \$.....	
Door Badge, \$.....	Gloves, \$.....	
Hearse.....		
Auto Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Other Vehicle Service.....		
Acroplane Service.....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers, \$.....	Rental of Plants, \$.....	
Other Decorations.....		
Outlay for Lot.....		10.00
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$.....	Tent Rental, \$.....	
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		3.00
Incineration.....		
Personal Services.....		
Singers.....		
Church Charges, \$.....	Minister, \$.....	
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$	23.00
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....	or below	

To Funeral Charges..... Total, \$	By Cash..... \$
	Nov 22 By cash 3.00
	Dec 6 " " 2.00
	Feb 9 " " 2.00

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 70 Yearly No. 40 Date Sept. 16, 1925

Name of Deceased. Clara Maginnis W. Pa.  
(What Race) (Where Born)

Husband---  
 Wife---  
 Son---Daughter of } Joseph N. Maginnis

Charge to Same Casket or Coffin. \$ 250.00

Address 16 Seneca St. Metallic Lining. (State Kind) 25.00

Order Given by Same Outside Box. (State Kind) 25.00

How Secured Same Grave Vault. (State Kind) 35.00

Date of Funeral Sept. 20, 1925 Burial Suit or Dress. 3.00

Residence 16 Seneca St. Burial Slippers and Hose 3.00

Place of Death " Engraving Plate. 25.00

Funeral Services at " Embalming Body (with " Fluid) 25.00

Time of Funeral Service 2:30 P.M. Dressing Body, \$ Shaving, \$ 4.00

Clergyman J. N. Probst Hair Dressing. 1.40

Certifying Physician J. N. Probst Use of Folding Chairs. 4.20

His Residence 5th Ave. " " Candelabrum, \$ Candles, \$ 4.00

Number of Burial Certificate 1 Door Badge, \$ Gloves, \$ 1.40

Cause of Death Cerebral embolism Hearse 4.20

Date of Death Sept. 10, 1925 Auto Limousines to Cemetery, @ \$ 4.20

Occupation of the Deceased Housewife Autos to R. R. Station, @ \$ 8.00

Single or Married M. Religion Prot. Other Vehicle Service. 8.00

Date of Birth June 26, 1876 Aeroplane Service. 20.00

Age 49 years, 7 months, 20 days. (Names of Newspapers) 20.00

Name of Father Daniel Mangis Flowers, \$ Rental of Plants, \$ 1.20

His Birthplace U.S.A. Other Decorations. 4.00

Name of Mother not known Outlay for Lot. 7.00

Her Birthplace U.S.A. Opening Grave or Vault. 2.00

Body to be Shipped to U.S.A. Lining Grave with Evergreen or Muslin. 2.00

Size and Style of Casket or Coffin 6/3 Sq. Matting, \$ Rent Rental, \$ 25.00

Manufactured by Am. Use of Lowering Device. 25.00

Interment at Smithfield Cemetery. Rental of Vault. 25.00

Personal Services. 25.00

Singers. 25.00

Church Charges, \$ Minister, \$ 25.00

Telegrams and Telephone Charges. 25.00

Pall Bearer Service. 25.00

By Cash. \$ 4.00

Pillow & Flowers. 25.00

Total Footing of Bill. \$ 522.50

By Amount Paid in Advance. \$ 25.00

Balance. \$ 497.50

Entered into Ledger, page 10 or below 10

To Funeral Charges	Total, \$	By Cash	\$
<u>Scruttie Home</u>		<u>May 10 / 26</u>	<u>4.00</u>
<u>W.A. 1 auto</u>			<u>25.00</u>
<u>Forest 2 "</u>			
<u>Herald 1 "</u>			

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives

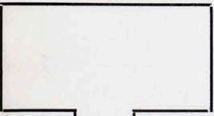
# RECORD OF FUNERAL

Total No. 71..... Yearly No. 41..... Date Sept. 18, 1925

Name of Deceased George A. Radler w. Germany  
Husband---Widow (What Race) (Where Born)  
Wife---Widow  
Son---Daughter of Edna

Charge to Barnie Radler  
Address 330.6 Nevada St.  
Order Given by Same  
How Secured  
Date of Funeral Sept 20, 1925  
Residence 330.6 Nevada  
Place of Death  
Funeral Services at " "  
Time of Funeral Service 1:30 P.M.  
Clergyman  
Certifying Physician E. E. Mattox  
His Residence 5th Ave  
Number of Burial Certificate  
Cause of Death ac. Endocarditis  
(Primary) (Secondary)  
Date of Death Sept. 18, 1925  
Occupation of the Deceased Millwright  
Single or Married M. Religion Prot.  
Date of Birth Oct. 17, 1877  
Age 47 Years 11 Months 1 Days  
Name of Father  
His Birthplace  
Name of Mother  
(Maiden Name)  
Her Birthplace  
Body to be Shipped to  
Size and Style of Casket or Coffin 6/3 Oct.

Manufactured by Am.  
Interment at Smithfield Cemetery



Lot No. 199  
Grave No. 6  
Section No. H

Casket or Coffin.....	\$	200	00
Metallic Lining.....			
(State Kind)			
Outside Box.....		20	00
(State Kind)			
Grave Vault.....			
(State Kind)			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)		25	00
Dressing Body, \$..... Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
Candelabrum, \$..... Candles, \$.....			
Door Badge, \$..... Gloves, \$.....		4	50
Hearse.....		14	00
Auto Limousines to Cemetery, @ \$.....		4.2	00
Autos to R. R. Station, @ \$.....			
Other Vehicle Service.....			
Acroplane Service.....			
Death Notices in..... Newspapers.....		8	00
(Names of Newspapers)			
Flowers, \$..... Rental of Plants, \$.....		20	00
Other Decorations..... <u>Wool Hdg.</u>		12	00
Outlay for Lot.....			
Opening Grave or Vault.....		21	00
Lining Grave with Evergreen or Muslin.....			
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			
Personal Services.....		25	00
Singers.....			
Church Charges, \$..... Minister, \$.....			
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
<u>Pillow of flowers</u>		10	00
<u>Blanket</u>		10	00
Total Footing of Bill.....	\$	411	50
By Amount Paid in Advance.....	\$		
Balance.....	\$		
Entered into Ledger, page..... or below			

To Funeral Charges..... Total, \$			
<u>Estimate Heard</u>			
<u>Funeral</u>			
<u>Brook</u>			
<u>Schugar</u>			
<u>Zach</u>			
By Cash.....	\$		

Names of Pall Bearers..... Family basket of flowers \$15.00  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 72..... Yearly No. 43..... Date Sept 17..... 1925

Name of Deceased Anna Haley..... (What Race) Irish..... (Where Born) Ireland

Spouse: Husband--- John J.  
Wife---Widow  
Son---Daughter of

Charge to John J. Haley

Address 1589 1/2 Calloway Ave.

Order Given by.....

How Secured.....

Date of Funeral Sept 21, 1925

Residence 16 Prindle

Place of Death 1435 1/2 5th Ave.

Funeral Services at St. Anthony's Epiphany

Time of Funeral Service 7 A.M.

Clergyman F. A. O'Sormell

Certifying Physician W. J. M. Dwyer

His Residence.....

Number of Burial Certificate.....

Cause of Death Broken neck due to falling through skylight

Date of Death Sept 17, 1925

Occupation of the Deceased Housework

Single or Married M. Religion Cath.

Date of Birth not known

Age 40 Years..... Months..... Days

Name of Father Bantley Curran

His Birthplace Ireland

Name of Mother not known

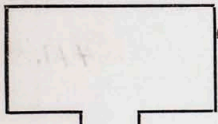
Her Birthplace Ireland

Body to be Shipped to.....

Size and Style of Casket or Coffin 6/3 Arch

Manufactured by Ann

Interment at Calvary Cemetery



Lot No. 53

Grave No. ....

Section No. P.

Diagram of Lot or Vault

Casket or Coffin.....	\$ 170 00	224
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)	10 00	
Grave Vault..... (State Kind)		
Burial Suit or Dress.....	35 00	
Burial Slippers and Hose..... Undergarments	4 50	
Engraving Plate.....		
Embalming Body (with..... Fluid)	10 00	
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
"    Candelabrum, \$..... Candles, \$.....	4 50	
Door Badge, \$..... Gloves, \$.....	4 50	
Hearse.....	14 00	
Auto Limousines to Cemetery, @ \$.....	3 50	
Autos to R. R. Station, @ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....	3 00	
(Names of Newspapers)		
Flowers, \$..... Rental of Plants, \$.....	20 00	
Other Decorations.....		
Outlay for Lot.....		
Opening Grave or Vault.....	15 00	
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....	20 00	
Singers.....		
Church Charges, \$..... Minister, \$.....	10 00	
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$ 362 00	
By Amount Paid in Advance.....		
Balance <u>Paid in full</u> .....		
Entered into Ledger, page <u>11</u> .....		

To Funeral Charges..... Total, \$		By Cash..... \$	
<u>Hawthorne Hearse</u>			
<u>Auto</u>			
<u>Schwager</u>			
<u>M. A.</u>			

Names of Pall Bearers.....

Names of Lodges.....

Lodge Insurance, \$..... Other Insurance, \$.....

Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 43..... Yearly No. 43..... Date. Sept. 18..... 1925

Name of Deceased Infant Riccelli (What Race) W (Where Born) Pa.  
Husband...  
Wife--Widow  
Son--Daughter of

Charge to Damonick Riccelli  
Address 1504 Forbes St.  
Order Given by.....  
How Secured.....  
Date of Funeral Sept. 19, 1925  
Residence.....  
Place of Death 1504 Forbes St.  
Funeral Services at.....  
Time of Funeral Service 3 P.M.  
Clergyman.....  
Certifying Physician Wm. G. Gath  
His Residence 5th Ave  
Number of Burial Certificate.....  
Cause of Death.....  
(Primary) (Secondary)

Date of Death.....  
Occupation of the Deceased.....  
Single or Married..... Religion Cath.  
Date of Birth.....  
Age..... Years..... Months..... Days.....  
Name of Father Damonick Riccelli  
His Birthplace Italy  
Name of Mother Mary Alpena  
(Maiden Name)  
Her Birthplace Pgh., Pa.  
Body to be Shipped to.....

Size and Style of Casket or Coffin 2/0 S.B.  
Manufactured by.....  
Interment at Walwyn..... Cemetery

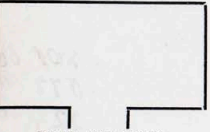


Diagram of Lot or Vault

Lot No.....  
Grave No.....  
Section No.....

Casket or Coffin.....	\$	<u>15.00</u>
Metallic Lining.....		
(State Kind)		
Outside Box.....		
(State Kind)		
Grave Vault.....		
(State Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$.....	Shaving, \$.....	
Hair Dressing.....		
Use of Folding Chairs.....		
Candelabrum, \$.....	Candles, \$.....	
Door Badge, \$.....	Gloves, \$.....	
Hearse.....		
Auto Limousines to Cemetery @ \$.....		<u>10.00</u>
Autos to R. R. Station @ \$.....		
Other Vehicle Service.....		
Acroplane Service.....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers, \$.....	Rental of Plants, \$.....	
Other Decorations.....		
Outlay for Lot.....		<u>10.00</u>
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$.....	Tent Rental, \$.....	
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....		
Singers.....		
Church Charges, \$.....	Minister, \$.....	
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....		<u>35.00</u>
Paid in full.....		
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below	

.....	To Funeral Charges..... Total, \$.....	.....	.....	By Cash..... \$.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 74..... Yearly No. 44..... Date Sept 28..... 19 25  
 Name of Deceased Raffaele Barra White Italy  
(What Race) (Where Born)  
 Husband Anna Barra  
 Wife--Widow  
 Son--Daughter of

Charge to Vincent Barra  
 Address 1318 Serty St  
 Order Given by Louis  
 How Secured Sept. 2, 1925  
 Date of Funeral Sept. 2, 1925  
 Residence Italy  
 Place of Death 1318 Serty  
 Funeral Services at St. Peter's  
 Time of Funeral Service.....  
 Clergyman.....  
 Certifying Physician W. J. McEugan, Coroner  
 His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death Angina Pectoris  
(Primary) (Secondary)  
 Date of Death Sept. 28, 1925  
 Occupation of the Deceased Retired Merchant  
 Single or Married N. Religion Cath.  
 Date of Birth Sept. 8, 1867  
 Age 58 Years 0 Months 20 Days  
 Name of Father Bianco Barra  
 His Birthplace Italy  
 Name of Mother Maria Roscardi  
(Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to Naples, Italy  
 Size and Style of Casket or Coffin 6/3  
Innersider  
 Manufactured by Murphy  
 Interment at Naples, Italy Cemetery

Casket or Coffin.....	\$ 400 00
Metallic Lining.....	(State Kind)
Outside Box..... <u>Overseas Case</u>	150 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	5 00
Burial Slippers and Hose.....	50 00
Engraving Plate.....	50 00
Embalming Body (with..... Fluid)	50 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	4 50
Door Badge, \$..... Gloves, \$.....	14 00
Hearse.....	100 00
Auto Limousines to Cemetery, @ \$.....	63 00
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
(Names of Newspapers).....	
Flowers, \$..... Rental of Plants, \$.....	15 00
Other Decorations..... <u>Door Badge</u>	10 00
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	5 00
Outlay for Shipping Charges.....	
Removal Charges.....	20 00
Incineration.....	
Personal Services.....	50 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<u>Burial Charges</u>	10 00
Total Footing of Bill.....	\$ 801 00
By Amount Paid in Advance.....	\$ 577 00
Balance.....	\$ 224 00
Entered into Ledger, page..... or below.....	

Lot No.....  
 Grave No.....  
 Section No.....

	By Cash..... \$
To Funeral Charges..... Total, \$	
<u>Hearse, Hearse &amp; Auto</u>	
<u>Graves 2</u>	
<u>Spam 1</u>	
<u>Shavers 1</u>	
<u>Schugar 1</u>	
<u>McEugan 1</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 75..... Yearly No. 45..... Date Oct. 9,..... 19 25

Name of Deceased Thomas Flanagan W. Pa.  
Husband--- } Thomas A. Flanagan (What Race) (Where Born)  
Wife---Widow }  
Son---Daughter of }

Charge to Thomas A. Flanagan  
Address 1603 Blvd. of Allies

Order Given by .....  
How Secured .....  
Date of Funeral Oct. 10, 1925

Residence .....  
Place of Death 1603 Blvd. of Allies

Funeral Services at .....  
Time of Funeral Service 3 P.M.  
Clergyman W. J. Probst

Certifying Physician .....  
His Residence 5th Ave.  
Number of Burial Certificate .....

Cause of Death Scarlet Fever  
(Primary) (Secondary)  
Date of Death Oct. 9, 1925

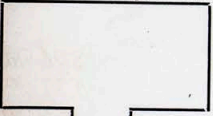
Occupation of the Deceased .....  
Single or Married S. Religion Cath.  
Date of Birth July 20, 1921

Age 4 Years 2 Months 19 Days  
Name of Father Thomas A.  
His Birthplace Pa.

Name of Mother May Sheehan  
(Maiden Name)  
Her Birthplace Pa.

Body to be Shipped to .....  
Size and Style of Casket or Coffin .....

Manufactured by John Murphy  
Interment at Calvary Cemetery



Lot No. 211  
Grave No. 4  
Section No. 6

Casket or Coffin		\$ 210
Metallic Lining		75 00
Outside Box	<u>Cement</u> (State Kind)	
Grave Vault	<u>Cement</u> (State Kind)	55 00
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		15 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$		12 00
Hearse		14 00
Auto Limousines to Cemetery..@ \$		
Autos to R. R. Station.....@ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in <u>5</u> Newspapers		5 00
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		15 00
Lining Grave with Evergreen or Muslin		10 00
Matting, \$	Tent Rental, \$	
Use of Lowering Device		5 00
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		20 00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Death Notices	<u>Blanket</u>	6 00
Total Footing of Bill		\$ 232 50
By Amount Paid in Advance	<u>Paid in full</u>	
Balance		
Entered into Ledger, page <u>E.P.M.</u> of below		

To Funeral Charges Total, \$  
Louise Heasel

By Cash \$

Names of Pall Bearers .....  
Names of Lodges .....  
Lodge Insurance, \$ ..... Other Insurance, \$ .....  
Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 76 Yearly No. 46 Date Oct 11, 1925

Name of Deceased Willard Kellington W. Pa.  
Husband— (Where Born)  
 Wife—Widow  
 Son—Daughter of

Charge to Chas. Kellington  
 Address 1205 Locust St.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral Oct 12, 1925  
 Residence 1205 Locust St.  
 Place of Death.....  
 Funeral Services at.....  
 Time of Funeral Service 3 P.M.  
 Clergyman Engene Hopkins  
 Certifying Physician H. R. Johnson  
 His Residence Childers Has.  
 Number of Burial Certificates.....  
 Cause of Death Dio. Colitis  
(Primary) (Secondary)  
 Date of Death Oct 11, 1925  
 Occupation of the Deceased.....  
 Single or Married S Religion Cath.  
 Date of Birth May 25, 1925  
 Age 0 Years 4 Months 16 Days  
 Name of Father Charles  
 His Birthplace.....  
 Name of Mother Julia Howard  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to.....

Size and Style of Casket or Coffin 2 1/2 x 4 1/2  
 Manufactured by Geo. Papp  
 Interment at Calvary Cemetery

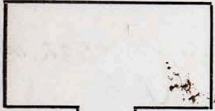


Diagram of Lot or Vault

Lot No.....  
 Grave No.....  
 Section No.....

Casket or Coffin.....	\$ 30 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	10 00
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress..... <small>(State Kind)</small>	6 00
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	10 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	3 50
Door Badge, \$..... Gloves, \$.....	6 00
Hearse.....	
Auto Limousines to Cemetery..@ \$.....	21 00
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers..... <small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	20 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<b>Total Footing of Bill.....</b>	<b>\$ 106 50</b>
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$.....		By Cash.....	
<u>Season 1 Auto</u>		<u>Mrs. Howard</u>	<u>25 00</u>
<u>M. A. 1</u>			<u>50 00</u>
.....		.....	
.....		.....	
.....		.....	
.....		.....	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

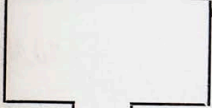
# RECORD OF FUNERAL

Total No. 77 Yearly No. 47 Date Oct 21, 1925  
 Name of Deceased Lizzie G. Manies w Ireland  
Husband--  
Wife--Widow (What Race)  
Son--Daughter of (Where Born)

Charge to Father, Tuttle & Trust Co.  
 Address \_\_\_\_\_  
 Order Given by Mrs. Schaeffer & Montgomery  
 How Secured \_\_\_\_\_  
 Date of Funeral Oct 24, 1925  
 Residence \_\_\_\_\_  
 Place of Death 808 Watson St.  
 Funeral Services at " " "  
 Time of Funeral Service 2 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. J. Mc Gregor, Esq.  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cerebral Hemorrhage  
(Primary) (Secondary)  
 Date of Death Oct 21, 1925  
 Occupation of the Deceased N.W.  
 Single or Married Widow Religion Prot.  
 Date of Birth \_\_\_\_\_  
 Age 54 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Samuel Mooney  
 His Birthplace Ireland  
 Name of Mother Margt. Dunbar  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_

Casket or Coffin		\$ 250.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25.00
Grave Vault	(State Kind)	
Burial Suit or Dress		35.00
Burial Slippers and Hose	<u>Indg.</u>	5.50
Engraving Plate		
Embalming Body (with _____ Fluid)		25.00
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse		4.50
Auto Limousines to Cemetery @ \$ _____		3.15
Autos to R. R. Station @ \$ _____		
Other Vehicle Service		
Aeroplane Service		
Death Notices in _____ Newspapers		4.00
(Names of Newspapers)		
Flowers, \$ _____ Rental of Plants, \$ _____		20.00
Other Decorations <u>Wear Badge</u>		12.00
Outlay for Lot		22.00
Opening Grave or Vault		2.70
Lining Grave with Evergreen or Muslin		
Matting, \$ _____ Tent Rental, \$ _____		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		10.00
Incineration		
Personal Services		25.00
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges		
Pall Bearer Service		20.00
<u>Shroud Blanket</u>		20.00
Total Footing of Bill <u>paid in full</u>		528.00
By Amount Paid in Advance		\$ _____
Balance		\$ _____
Entered into Ledger, page _____ or below _____		

Manufactured by John Murphy  
 Interment at Allegheny Cemetery



Lot No. 544  
 Grave No. \_\_\_\_\_  
 Section No. 36

To Funeral Charges	Total, \$	By Cash	\$
<u>Hearing Hearse</u>			
<u>Outs</u>			
<u>Shujas</u>			
<u>M.C.</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 78 Yearly No. 48 Date Nov. 5 1922

Name of Deceased Thomas Dougherty (What Race) W (Where Born) Pa

Husband---  
Wife---Widow  
Son---Daughter of

Charge to Philip P. Dougherty  
Address New Bethlehem, Pa. # 1  
Order Given by Sam  
How Secured  
Date of Funeral  
Residence New Bethlehem Pa.  
Place of Death Mercy Hos.  
Funeral Services at None  
Time of Funeral Service

Clergyman  
Certifying Physician E. L. M. Carthy  
His Residence Mercy Hos.  
Number of Burial Certificate  
Cause of Death Carcinoma of Colon  
(Primary) (Secondary)  
Date of Death Nov. 5, 1925  
Occupation of the Deceased Rail  
Single or Married W Religion Cath

Date of Birth Apr. 6, 1897 Years Months Days

Name of Father Thomas  
His Birthplace Ireland  
Name of Mother Monica Downey  
(Maiden Name)  
Her Birthplace Pa  
Body to be Shipped to New Bethlehem Pa

Size and Style of Casket or Coffin  
Manufactured by  
Interment at \_\_\_\_\_ Cemetery

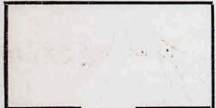


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_

Casket or Coffin		\$ 175.00
Metallic Lining		
Outside Box	<u>Shipping Case</u> (State Kind) (Style Kind)	30.00
Grave Vault	(State Kind)	
Burial Suit or Dress		30.00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		25.00
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse		
Auto Limousines to Cemetery ..@ \$ _____		
Autos to R. R. Station ..@ \$ _____		
Other Vehicle Service		
Acroplane Service		
Death Notices in _____ Newspapers		
(Names of Newspapers)		
Flowers, \$ _____ Rental of Plants, \$ _____		
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ _____ Tent Rental, \$ _____		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		10.00
Incineration		
Personal Services		
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ 270.00
By Amount Paid in Advance	<u>Paid in full</u>	\$ _____
Balance		\$ _____
Entered into Ledger, page _____ of below		

To Funeral Charges	Total, \$							By Cash	\$

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 79..... Yearly No. 49..... Date Nov. 7..... 1925  
 Name of Deceased: Margaret J. Brown W. England  
 Husband---  
 Wife---Widow Thomas Brown (What Race) (Where Born)  
 Son---Daughter of

Charge to Thomas Brown  
 Address 1410 Our Way  
 Order Given by Samuel  
 How Secured  
 Date of Funeral Nov. 10, 1925  
 Residence  
 Place of Death Mercy, Pa.  
 Funeral Services at 1410 Our Way  
 Time of Funeral Service 2 PM  
 Clergyman Rev. Bernard Edmund  
 Certifying Physician F. J. Dempsey  
 His Residence Mercy, Pa.  
 Number of Burial Certificate  
 Cause of Death Peritonitis following influenza  
 \* Diagnosis of Death (Primary) (Secondary)  
 Date of Death Nov. 7, 1925  
 Occupation of the Deceased Housewife  
 Single or Married m Religion Prot.  
 Date of Birth May 27, 1894  
 Age 31 Years 5 Months 10 Days  
 Name of Father Jacques Nichol  
 His Birthplace Ireland  
 Name of Mother Margaret Harper  
 Her Birthplace Ireland (Maiden Name)  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Smithfield  
 Interment at Smithfield Cemetery

Casket or Coffin.....	\$ 200.00
Metallic Lining.....	
(State Kind)	
Outside Box.....	20.00
(State Kind)	
Grave Vault.....	
(State Kind)	
Burial Suit or Dress.....	30.00
Burial Slippers and Hose.....	6.00
Engraving Plate.....	
Embalming Body (with..... Fluid)	25.00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	4.50
Hearse.....	14.00
Auto Limousines to Cemetery, @ \$.....	52.50
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	5.00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20.00
Other Decorations.....	12.00
Outlay for Lot.....	49.00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25.00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Flowers.....	12.00
Total Footing of Bill <u>Nov 27 Paid in full</u>	475.00
By Amount Paid in Advance <u>EJM</u>	\$
Balance.....	\$
Entered into Ledger, page..... or below.....	

Diagram of Lot or Vault

Lot No. ....  
 Grave No. 15  
 Section No. Bu 32

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Printing</u>	
<u>Hearse</u>	
<u>" Cante</u>	
<u>Bowser</u>	
<u>Hearse</u>	
<u>Williams</u>	
<u>McAvoy</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

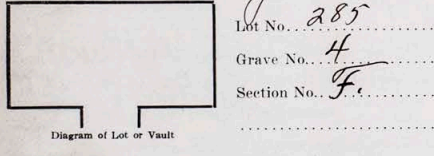
# RECORD OF FUNERAL

Total No. 80..... Yearly No. 50..... Date Dec 13..... 1925

Name of Deceased Patrick O'Connor (What Race) W (Where Born) W  
 Husband-- Becelia Kennedy died  
 Wife--Widow  
 Son--Daughter of

Charge to.....  
 Address.....  
 Order Given by Mrs. A. J. Kennedy  
 How Secured.....  
 Date of Funeral Dec 14 1925  
 Residence 1501 Blvd. of Allies  
 Place of Death St. Name Woodville Pa  
 Funeral Services at St. Epiphany  
 Time of Funeral Service 9:30 AM  
 Clergyman J. A. Clewelly  
 Certifying Physician.....  
 His Residence Woodville Pa  
 Number of Burial Certificate 5302  
 Cause of Death Chs. Myocarditis  
 (Primary) (Secondary)  
 Date of Death Dec 13 1925  
 Occupation of the Deceased Ret  
 Single or Married Widow Religion Cath  
 Date of Birth.....  
abt 80 Years..... Months..... Days  
 Name of Father.....  
 His Birthplace.....  
 Name of Mother.....  
 (Maiden Name)  
 Her Birthplace.....  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin 5/9 B.B.C.  
 Manufactured by Murphy  
 Interment at Leahurst Cemetery

Casket or Coffin.....	\$ 75 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	15 00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	20 00
Burial Slippers and Hose <u>Wool</u> .....	3 00
Engraving Plate.....	
Embalming Body (with..... Fluid)	20 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	3 00
Door Badge, \$..... Gloves, \$.....	3 00
Hearse.....	14 00
Auto Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers <u>2 Paen</u>	2 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	15 00
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	15 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	10 00
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<b>Total Footing of Bill.....</b>	<b>\$ 195 00</b>
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	



Date	To Funeral Charges..... Total, \$	By Cash..... \$
<u>Oct 31</u>		15 00
<u>Nov 21</u>	50 00	10 00
<u>Dec 31</u>	5 00	10 00
<u>Jan 14</u>	5 00	5 00
<u>Feb 29</u>	5 00	5 00
<u>Mar 15</u>	5 00	5 00
	18 00	5 00

Names of Pall Bearers..... April 14 5 00  
April 30 5 00  
 Names of Lodges..... May 14 5 00  
 Lodge Insurance, \$..... Other Insurance..... May 31 5 00  
June 30 10 00  
 Names of Near Relatives..... July 30 5 00  
Aug 13 5 00

# RECORD OF FUNERAL

Total No. 81 Yearly No. 51 Date Dec 13 1925

Name of Deceased Albert Valdissera w. Agla Pa  
Husband-- (What Race) (Where Born)  
Wife--Widow  
Son--Daughter of }

Charge to Giulio Valdissera  
Address 1317 Bluff St.  
Order Given by  
How Secured Dr. Letever

Date of Funeral Dec 16, 1925  
Residence  
Place of Death Mercy Hosp.  
Funeral Services at St. Peter's, Fernandez  
Time of Funeral Service 2 P.M.

Clergyman  
Certifying Physician W. J. McGeer, corner  
His Residence

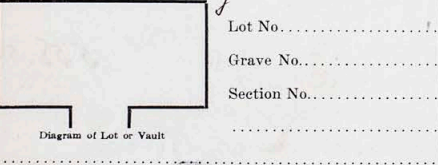
Number of Burial Certificate  
Cause of Death Stasis due to dog bite  
(Primary) (Secondary)  
Date of Death Dec 13, 1925

Occupation of the Deceased  
Single or Married 1 Religion Cath.  
Date of Birth March 14, 1924

Age 4 Years 8 Months 27 Days  
Name of Father Giulio Valdissera  
His Birthplace Italy  
Name of Mother Angelina Rocca  
(Maiden Name)

Her Birthplace Italy  
Body to be Shipped to  
Size and Style of Casket or Coffin 4 ft. glass

Manufactured by Murphy  
Interment at Calvary Cemetery



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_

Casket or Coffin	\$ 70.00
Metallie Lining (State Kind)	
Outside Box (State Kind)	15.00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	3.50
Door Badge, \$ Gloves, \$	4.50
Hearse	14.00
Auto Limousines to Cemetery, @ \$	73.50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in <u>2</u> Newspapers, <u>Press</u>	2.00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15.00
Other Decorations <u>door badge</u>	8.00
Outlay for Lot	45.00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	13.50
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	5.00
Incineration	
Personal Services	20.00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Flowers	30.00
Religious service	5.00
Total Footing of Bill	\$ 343.50
By Amount Paid in Advance	\$
Balance <u>Paid</u>	\$
Entered into Ledger, page <u>81</u> or below	

To Funeral Charges	Total, \$	By Cash	\$
<u>Schmitt, Deane</u>			
<u>2 Fierst.</u>			
<u>1 Schyger</u>			
<u>1 Miller</u>			
<u>1 Williams</u>			
<u>1 Hunter</u>			
<u>1 mda.</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 82 Yearly No. 1 Date Jan 11 1926

Name of Deceased Mary A. Luley (What Race) White (Where Born) 523'

Husband---  
Wife---Widow  
Son---Daughter of

Charge to J. F. Luley  
Address 4116 Windsor St.

Order Given by.....

How Secured.....

Date of Funeral Jan 13, 1926

Residence 4116 Windsor St.

Place of Death.....

Funeral Services at.....

Time of Funeral Service.....

Clergyman.....

Certifying Physician R. E. Coatsman

His Residence 538 Knoxville

Number of Burial Certificate.....

Cause of Death Cancerous Stomach  
(Primary) (Secondary)

Date of Death Jan 11, 1926

Occupation of the Deceased.....

Single or Married M Religion Prot.

Date of Birth Mar 10, 1863

Age 62 Years 10 Months 3 Days

Name of Father Ludwig Walters

His Birthplace Germany

Name of Mother Not known  
(Maiden Name)

Her Birthplace Germany

Body to be Shipped to.....

Size and Style of Casket or Coffin.....

Manufactured by Murphy

Interment at Hamenard Cem. Cemetery



Diagram of Lot or Vault

Lot No. 238

Grave No. 2

Section No. 19

Casket or Coffin <u>and case</u>	\$ <u>400.00</u>
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Grave Vault <u>Hardy-Leman</u> ..... (State Kind)	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	<u>25.00</u>
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	<u>4.50</u>
Hearse.....	<u>14.00</u>
Auto Limousines to Cemetery...@ \$.....	<u>21.00</u>
Autos to R. R. Station...@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	<u>8.00</u>
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	<u>15.00</u>
Other Decorations..... <u>door badge</u> .....	<u>1.20</u>
Outlay for Lot.....	
Opening Grave or Vault.....	<u>1.60</u>
Lining Grave with Evergreen or Muslin.....	<u>1.20</u>
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	<u>6.00</u>
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	<u>25.00</u>
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill..... <u>Jan 15, 1926</u>	<u>558.50</u>
By Amount Paid in Advance.....	
Balance <u>Paid</u> .....	
Entered into Ledger, page <u>238</u> below	

To Funeral Charges..... Total, \$	
<u>Loughran Hearse</u>	
<u>Hearse Auto</u>	
<u>M.A. "</u>	
By Cash..... \$	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 83 Yearly No. 2 Date Jan 13 19 26

Name of Deceased Margaret O'Brien (What Race) (Where Born)

Charge to Margaret O'Brien  
Address 1633 Forbes St.

Order Given by  
How Secured

Date of Funeral Jan 14, 1926  
Residence 1633 Forbes

Place of Death  
Funeral Services at Epiphany

Time of Funeral Service 9 AM  
Clergyman F. A. Cleary

Certifying Physician W. J. Holst M.D.  
His Residence 2004 W. 14th Ave.

Number of Burial Certificate  
Cause of Death Pulmonary Edema  
by embolism (Secondary)

Date of Death Jan 13, 1926  
Occupation of the Deceased Ret.

Single or Married wid. Religion Cath.

Date of Birth  
Age . . . . . Years . . . . . Months . . . . . Days

Name of Father Patrick M. Hanrahan  
His Birthplace Ireland

Name of Mother  
(Maiden Name)

Her Birthplace  
Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by Murphy  
Interment at St. Calistus Cem. Cemetery

Lot No. Row 3

Grave No. 117

Section No. Sec # 8

Diagram of Lot or Vault

Casket or Coffin	\$ 170 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	30 00
Burial Slippers and Hose <u>wid.</u>	4 50
Engraving Plate	
Embalming Body (with . . . . . Fluid)	25 00
Dressing Body, \$ . . . . . Shaving, \$ . . . . .	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ . . . . . Candles, \$ . . . . .	4 00
Door Badge, \$ . . . . . Gloves, \$ . . . . .	4 50
Hearse	14 00
Auto Limousines to Cemetery, @ \$ . . . . .	52 50
Autos to R. R. Station, @ \$ . . . . .	
Other Vehicle Service	
Aeroplane Service	
Death Notices in . . . . . Newspapers	7 00
(Names of Newspapers)	
Flowers, \$ . . . . . Rental of Plants, \$ . . . . .	15 00
Other Decorations, <u>door badge</u>	12 00
Outlay for Lot	
Opening Grave or Vault	15 00
Leaving Grave with Evergreen or Muslin	
Matting, \$ . . . . . Tent Rental, \$ . . . . .	18 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ . . . . . Minister, \$ . . . . .	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 416 50
By Amount Paid in Advance <u>Jan 25</u>	\$ 287 70
Balance	\$ 128 80
Entered into Ledger, page . . . . . or below	

To Funeral Charges	Total, \$	By Cash	
<u>Hartung Heare</u>		<u>2/16/26</u>	10 00
<u>Schuyler Auto</u>		<u>3/11/26</u>	10 00
<u>Mills</u>		<u>4/19/26</u>	10 00
<u>M. Knouy</u>		<u>5/21/26</u>	10 00
<u>Greeng</u>		<u>6/28/26</u>	10 00
<u>Hemler</u>		<u>7/29/26</u>	10 00
		<u>8/29/26</u>	10 00
		<u>9/27/26</u>	10 00
		<u>10/29/26</u>	10 00
		<u>12/27/26</u>	10 00
		<u>2-14-27</u>	10 00
		<u>6-23-27</u>	10 00

Names of Pall Bearers 603 Ross Ave.

Names of Lodges Wilkesburg Other Insurance, \$ Standard Life

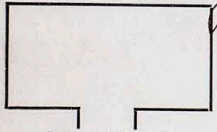
Lodge Insurance, \$ . . . . . Other Insurance, \$ . . . . .

# RECORD OF FUNERAL

Total No. 84 Yearly No. 3 Date Jan 16, 1926  
 Name of Deceased Mary Alpino Dattalo (What Race) Italy (Where Born)

Husband  
 Wife--Widow  
 Son--Daughter of }  
 Charge to Paul Alpino  
 Address 32 Logan St.  
 Order Given by Same  
 How Secured \_\_\_\_\_  
 Date of Funeral Jan 18, 1926  
 Residence 1504 Forbes St.  
 Place of Death 3 Cambridge St.  
 Funeral Services at St. Petrus Leonardo  
 Time of Funeral Service 2:30  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. O'Sullivan  
 His Residence 31 Chatham St.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death C. N. Arterio Sclerosis  
 (Primary) (Secondary)  
 Date of Death Jan 16, 1926  
 Occupation of the Deceased Ret.  
 Single or Married W. Religion Cath.  
 Date of Birth not known  
 Age 73 Years Months Days  
 Name of Father Galigrino Dattalo  
 His Birthplace Italy  
 Name of Mother not known  
 (Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Am. Oct. B.S.  
 Interment at Calvary Cemetery

Casket or Coffin	\$ 165 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	20 00
Burial Slippers and Hose, und.	4 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	4 50
Hearse	14 00
Auto Limousines to Cemetery, @ \$	8 40
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Rental of Plant, \$	15 00
Other Decorations <u>Door badge</u>	10 00
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	



Lot No. \_\_\_\_\_  
 Grave No. 19  
 Section No. 12  
Row 17

Total Footing of Bill	\$ 416 00
By Amount Paid in Advance	\$ 84 00
Balance	\$ 332 00
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total \$	By	Cash	
<u>Waiting Hearse</u>		<u>Feb 2</u>	<u>check</u>	<u>112 28</u>
<u>Grass 2 Autos</u>		<u>May 14</u>	<u>Cash</u>	<u>20 00</u>
<u>Milk</u>		<u>Oct 11</u>	"	<u>20 00</u>
<u>Schugar 1</u>		<u>April 12</u>	"	<u>10 00</u>
<u>Milk 1</u>		<u>May 18</u>	"	<u>10 00</u>
<u>Milk 1</u>		<u>June 29</u>	"	<u>10 00</u>
<u>Friend 2</u>		<u>July 1</u>	"	<u>10 00</u>
<u>Hensler 1</u>		<u>Oct 17</u>	"	<u>10 00</u>

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 85 Yearly No. 4 Date Jan 17, 1926  
 Name of Deceased Infant Guy Cox m. (What Race) W. H. Co. (When Born)

Husband---  
 Wife---Widow  
 Son---Daughter of }  
 Charge to Guy Cox  
 Address 1625 1/2 5th Ave.  
 Order Given by Saml  
 How Secured Saml  
 Date of Funeral Jan 19, 1926  
 Residence \_\_\_\_\_  
 Place of Death 1625 5th Ave  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician B. B. Wood  
 His Residence 2118 - 5th Ave  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Unrecognized hemorrhage due to birth injury (Secondary)  
 Date of Death Jan 17, 1926  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion Prot.  
 Date of Birth Jan 13, 1926  
 Age 0 Years 0 Months 5 Days  
 Name of Father Guy Cox  
 His Birthplace Pa  
 Name of Mother Lillian Chalfant (Maiden Name)  
 Her Birthplace Pa  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at Mineauville Cemetery

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin.....	\$	15 00
Metallic Lining.....		
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Burial Suit or Dress.....	(State Kind)	
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
" " Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse.....		
Auto Limousines to Cemetery... @ \$.....		
Autos to R. R. Station... @ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....		
	(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....		
Other Decorations.....		
Outlay for Lot.....		10 00
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		5 00
Incineration.....		
Personal Services.....		
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
July 1, 1926		
Total Footing of Bill.....	\$	35 00
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....		or below

.....	To Funeral Charges..... Total, \$	.....	By Cash..... \$
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Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1922.

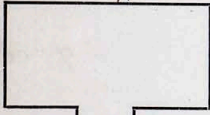
# RECORD OF FUNERAL

Total No. 86 Yearly No. 5 Date Jan 19 1926

Name of Deceased Camil Mohamed Salih (widow Chafle) Syria  
(Where Race) (Where Born)

Charge to Estate of  
 Address Gothenville & Trust Co. Mo.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Jan 21 1926  
 Residence 1203 Wylie Ave  
 Place of Death Mercy Hosp  
 Funeral Services at Chapel  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician M. S. Mullins  
 His Residence Mercy  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Encephalic Uleer (Memorial)  
(Primary) (Secondary)  
 Date of Death Jan 19 1926  
 Occupation of the Deceased Baker  
 Single or Married D. Religion Mohametan  
 Date of Birth Sept 28 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Mohamed Salih  
 His Birthplace Jordan  
 Name of Mother Shadima Sadou  
(Maiden Name)  
 Her Birthplace Syria  
 Body to be Shipped ✓  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by am pph  
 Interment at Wentzville Cemetery

Casket or Coffin	\$ 30.00
Metallie Lining <small>(State Kind)</small>	
Outside Box <small>(State Kind)</small>	25.00
Grave Vault <small>(State Kind)</small>	
Burial Suit or Dress	
Burial Slippers and Hose <u>and shikete</u>	5.50
Engraving Plate	
Embalming Body (with _____ Fluid)	25.00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ _____ Candles, \$ _____	4.00
Door Badge, \$ _____ Gloves, \$ _____	4.50
Hearse	1.40
Auto Limousines to Cemetery, @ \$ _____	3.15
Autos to R. R. Station @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	
<small>(Names of Newspapers)</small>	
Flowers, \$ _____ Rental of Plants, \$ _____	20.00
Other Decorations	
Outlay for Lot	30.00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	8.00
Use of Lowering Device	5.00
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10.00
Incineration	
Personal Services	25.00
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	1.35
Pall Bearer Service	20.00
<u>Woolen blanket</u>	



Lot No. \_\_\_\_\_  
 Grave No. C.R.  
 Section No. # 29 X 1st R.

Total Footing of Bill June 23 1926 ~~528.85~~  
 By Amount Paid in Advance full \$ 528.85  
 Balance paid in full \$ \_\_\_\_\_  
 Entered into Ledger, paid \_\_\_\_\_ of above

To Funeral Charges Total \$ <u>Greywolf Hearse</u> <u>Muller auto</u> <u>W.A.</u>	By Cash \$ _____
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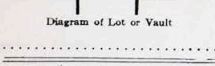
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 87 Yearly No. 6 Date Jan 21 1926  
 Name of Deceased Margaret Cheerhough w. Dr.  
Husband---Wife---Widow (What Race) (Where Born)  
 Son---Daughter of Gordon

Charge to Mrs. Paul Johns  
 Address Avella, Ga.  
 Order Given by J. L. Kennedy  
 How Secured J. L. Kennedy  
 Date of Funeral Jan 25, 1926  
 Residence 3308 Terrace St.  
 Place of Death Merry Hospital  
 Funeral Services at St. Agnes  
 Time of Funeral Service 10 A.M.  
 Clergyman  
 Certifying Physician J. M. Greger  
 His Residence  
 Number of Burial Certificate  
 Cause of Death Antonia's one to pneumonia  
(Primary) (Secondary)  
 Date of Death Jan 21, 1926  
 Occupation of the Deceased N.W.  
 Single or Married M. Religion Cath.  
 Date of Birth May 3, 1902  
 Age 23 Years 8 Months 18 Days  
 Name of Father Paul Johns  
 His Birthplace Germany  
 Name of Mother Eliz. Buchmeyer  
(Maiden Name)  
 Her Birthplace Germany  
 Body to be Shipped to  
 Size and Style of Casket or Coffin 5/7 P.P.

Manufactured by Murphy  
 Interment at St. Agathas Cemetery  
Bridgeville Ga.  
 Lot No.  
 Grave No.  
 Section No.



Casket or Coffin	\$ 360
Metallic Lining	175 00
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose <u>Mad.</u>	5 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	3 50
Hearse	1.6 00
Auto Limousines to Cemetery @ \$	3.6 00
Autos to R. R. Station @ \$	
Other Vehicle Service	
Acroplane Service	
Death Notices in Newspapers	2 00
<small>(Names of Newspapers)</small>	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations <u>10000 Lodge</u>	12 00
Outlay for Lot	
Opening Grave or Vault	14 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Shower Blanket</u>	10 00
<u>Flowers</u>	3.4 00
Total Footing of Bill	\$ 397 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page <u>100</u> or below	

To Funeral Charges	By Cash
<u>Sciutte Hearse</u>	
<u>Schogor auto</u>	
<u>Spine</u>	
<u>M.C.A.</u>	
Total, \$	

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 88 Yearly No. 7 Date Jan 25, 1926

Name of Deceased Conrad W. Heykerath (What Race) Pa (Where Born)

Husband---  
Wife---Widow  
Son---Daughter of {

Charge to Conrad W. Heykerath  
Address 339 Lawn St.

Order Given by  
How Secured Prepaid

Date of Funeral Jan 27, 1926

Residence 339 Lawn St.

Place of Death " " " "

Funeral Services at " " " "

Time of Funeral Service 2:30

Clergyman  
Certifying Physician W. J. Probst

His Residence 5th Ave.

Number of Burial Certificate

Cause of Death (Primary) (Secondary)

Date of Death Jan 25, 1926

Occupation of the Deceased

Single or Married Religion Prot.

Date of Birth Dec 23, 1926

Age 0 Years 1 Months 3 Days

Name of Father Conrad W. Heykerath

His Birthplace N.Y.

Name of Mother Rebecca Casprow (Maiden Name)

Her Birthplace N.Y.

Body to be Shipped to

Size and Style of Casket or Coffin 2 1/2 x 7 1/2

Manufactured by Murphy

Interment at Uniondale Cemetery

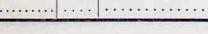


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Casket or Coffin	\$	30 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		10 00
Grave Vault (State Kind)		
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with <u>Preparatory</u> Fluid)		10 00
Dressing Body, \$ Shaving, \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		6 00
Hearse		
Auto Limousines to Cemetery, @ \$		10 50
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Acroplane Service		
Death Notices in Newspapers		1 00
(Names of Newspapers)		
Flowers, \$ Rental of Plants, \$		
Other Decorations		
Outlay for Lot		10 00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ Tent Rental, \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		10 00
Singers		
Church Charges, \$ Minister, \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$	87 50
By Amount Paid in Advance	\$	
By <u>Richard J. Murphy</u>	\$	
Entered into Ledger, page <u>25</u> or below		

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

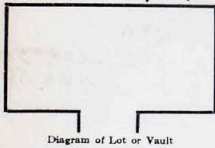
Total No. 89 Yearly No. 8 Date Feb 5, 1926  
 Name of Deceased John J. Maszula (What Race) W. (Where Born) France  
 Husband---  
 Wife---Widow  
 Son---Daughter of Margaret Seaman

Charge to Wm. A. E. Schulze  
 Address 3895 Perryville Ave.  
 Order Given by  
 How Secured  
 Date of Funeral Feb 9, 1926  
 Residence 3895 Perryville Ave.  
 Place of Death West Penn Hosp.  
 Funeral Services at St. Mary's  
 Time of Funeral Service 9 AM  
 Clergyman  
 Certifying Physician L. H. Landan  
 His Residence West Penn Hos.  
 Number of Burial Certificate

Cause of Death Senile pyrexia arteriosclerosis  
 (Primary) (Secondary)  
 Date of Death Feb 5, 1926  
 Occupation of the Deceased Rev.  
 Single or Married W. Religion Cath.

Date of Birth  
 Age 82 Years Months Days  
 Name of Father John Maszula  
 His Birthplace France  
 Name of Mother Not known  
 (Maiden Name)  
 Her Birthplace France

Body to be Shipped to  
 Size and Style of Casket or Coffin 2112  
 Manufactured by Murphy  
 Interment at St. Mary's N.S. Cemetery



Lot No.  
 Grave No.  
 Section No.

Casket or Coffin	\$ 175 00
Metallie Lining	
Outside Box	25 00
Grave Vault	
Burial Suit or Dress	8 50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 50
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	52 50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	7 00
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations	12 00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	20 00
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 394 50
By Amount Paid in Advance	
Balance	Paid in full
Entered into Ledger, page	or below

To Funeral Charges	Total, \$
Hartung Hearse	
" auto	
Milly "	
Francis "	
McA "	
By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 90 Yearly No. 9 Date Feb 8, 1926.

Name of Deceased Henry Morall (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_

Husband--  
Wife--Widow  
Son--Daughter of

Charge to Lebores Morall &  
Address Mrs. Himbet

Order Given by \_\_\_\_\_  
How Secured \_\_\_\_\_

Date of Funeral Feb 11, 1926  
Residence 11 Marion St.

Place of Death "Epiphany"

Funeral Services at Epiphany  
Time of Funeral Service 9 AM

Clergyman Rev. T. A. O'Connell  
Certifying Physician W. J. Probst

His Residence 5th Ave

Number of Burial Certificate \_\_\_\_\_  
Cause of Death ac. nephritis  
Primary (Secondary)

Date of Death Feb 8, 1926  
Occupation of the Deceased Ret

Single or Married M Religion Cath.

Date of Birth Oct 72 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Name of Father John Morall  
His Birthplace Germany

Name of Mother \_\_\_\_\_  
(Maiden Name)

Her Birthplace \_\_\_\_\_  
Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin 2112

Manufactured by Murphy  
Interment at Cadwady Cemetery

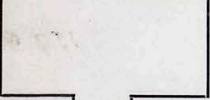


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
Grave No. 7  
Section No. 18  
Row 12

Casket or Coffin	\$ <u>175 00</u>
Metallie Lining	
<small>(State Kind)</small>	
Outside Box	25 00
<small>(State Kind)</small>	
Grave Vault	
<small>(State Kind)</small>	
Burial Suit or Dress	30 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	25 00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ _____ Candles, \$ _____	4 50
Door Badge, \$ _____ Gloves, \$ _____	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$ _____	42 00
Autos to R. R. Station, @ \$ _____	
Other Vehicle Service	
Acroplane Service	
Death Notices in _____ Newspapers	8 00
<small>(Names of Newspapers)</small>	
Flowers, \$ _____ Rental of Plants, \$ _____	15 00
Other Decorations <u>Door badge</u>	12 00
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Basket Flowers</u>	12
Total Footing of <u>Paid in full</u>	<del>438 50</del>
By Amount Paid in Advance <u>E. J. M.</u>	443 50
Balance	
Entered into Ledger, page _____ or below _____	

To Funeral Charges, Total \$ <u>Hunting House</u> <u>2 Smullen</u> <u>1 Williams</u> <u>1 M. A.</u>	By Cash \$ _____
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Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 91..... Yearly No. 10..... Date Feb. 22, 1926  
 Name of Deceased Sister Mary Alfreda Redding in Pa.  
 Husband--  
 Wife--Widow (What Race)  
 Son--Daughter of } (Where Born)

Charge to.....  
 Address.....  
 Order Given by S. M. Bass  
 How Secured.....  
 Date of Funeral Feb. 24, 1926  
 Residence Mary Hospital  
 Place of Death " "  
 Funeral Services at.....  
 Time of Funeral Service 9 a.m.  
 Clergyman.....  
 Certifying Physician John J. Danchev  
 His Residence Mary H.  
 Number of Burial Certificate.....  
 Cause of Death Carcinoma of Rectum  
Catheter (Primary) (Secondary)  
 Date of Death Feb. 22, 1926  
 Occupation of the Deceased Teacher  
 Single or Married S. Religion Cath  
 Date of Birth Jun. 1, 1873  
 Age 53 Years 1 Months 21 Days  
 Name of Father John Redding  
 His Birthplace Pa.  
 Name of Mother Hannah Cope  
 (Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by Murphy  
 Interment at Pratt, Pa. Cemetery

Casket or Coffin.....	\$	75	00
Metallic Lining.....			
(State Kind)			
Outside Box.....			
(State Kind)			
Grave Vault.....			
(State Kind)			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)		15	00
Dressing Body, \$..... Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
"    Candelabrum, \$..... Candles, \$.....			
Door Badge, \$..... Gloves, \$.....			
Hearse.....		15	00
Auto Limousines to Cemetery @ \$.....		25	00
Autos to R. R. Station @ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers.....		2	00
(Names of Newspapers)			
Flowers, \$..... Rental of Plants, \$.....			
Other Decorations.....			
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			
Personal Services.....			
Singers.....			
Church Charges, \$..... Minister, \$.....			
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....	\$	157	00
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page..... of.....			

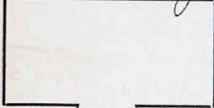


Diagram of Lot or Vault

Lot No.....  
 Grave No.....  
 Section No.....

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>Candel Hearse</u>			
<u>M.H. Autos</u>			
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.....			
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.....			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 92 Yearly No. 11 Date Feb 23 1926

Name of Deceased Thomas H. Kane (What Race) W (Where Born) Ohio

Husband of Gertrude Barney Kane  
Wife of Gertrude Barney Kane  
Son of Gertrude Barney Kane

Charge to Gertrude Barney Kane  
Address 4213 Lydia St.

Order Given by no  
How Secured no

Date of Funeral Feb 25, 1926  
Residence 4213 Lydia St.

Place of Death "  
Funeral Services at St. Rosalia Church

Time of Funeral Service 9 AM  
Clergyman "

Certifying Physician M. Carahan  
His Residence Greenfield & Lydia

Number of Burial Certificate "  
Cause of Death Alc. Intoxication (Primary)

Date of Death Feb 23, 1926  
Occupation of the Deceased Stationery Engineer

Single or Married M Religion Cath

Date of Birth Aug. 22 Years " Months " Days "

Name of Father Patrick Kane  
His Birthplace Ireland

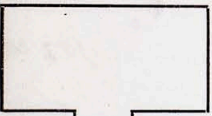
Name of Mother " (Maiden Name) "

Her Birthplace Ireland  
Body to be Shipped to "

Size and Style of Casket or Coffin "

Manufactured by Am

Interment at Calvary Cemetery



Lot No. 447  
Grave No. H  
Section No. 2

Casket or Coffin		\$ 200	00
Metallie Lining	(State Kind)		
Outside Box	(State Kind)	25	00
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)		25	00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	6	00
Door Badge, \$	Gloves, \$	14	50
Hearse		14	00
Auto Limousines to Cemetery, @ \$		84	00
Autos to R. R. Station, @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in	Newspapers	10	00
(Names of Newspapers)			
Flowers, \$	Rental of Plants, \$	20	00
Other Decorations	<u>Door Badge</u>	12	00
Outlay for Lot			
Opening Grave or Vault		15	00
Lining Grave with Evergreen or Muslin		8	00
Matting, \$	Tent Rental, \$	5	00
Use of Lowering Device		5	00
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services		25	00
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Flowers		20	00
Total Footing of Bill		\$ 478	50
By Amount Paid in Advance			
Balance	<u>Paid in full</u>		
Entered into Ledger, page			

To Funeral Charges	Total, \$				By Cash	\$
<u>Hartung Heene &amp; Co</u>						
<u>Miller &amp; Co</u>						
<u>Wester</u>						
<u>Boag</u>	"					
<u>Williams</u>	"					
<u>Spivey</u>	"					
<u>Miller</u>	"					
<u>McA</u>	"					

Names of Pall Bearers "  
Names of Lodges "  
Lodge Insurance, \$ " Other Insurance, \$ "  
Names of Near Relatives "

# RECORD OF FUNERAL

Total No. 93 Yearly No. 13 Date Feb. 25 1926

Name of Deceased Oliver P. Lash (What Race) W. (Where Born) Pa.  
Husband---  
Wife---Widow  
Son---Daughter of } Mildred M. Dunlap

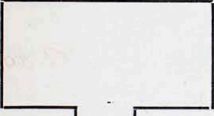
Charge to Federal St.  
Address 919 Federal St.  
Order Given by J. M. Graham  
How Secured Homecoming, Pa. R.P.O # 2  
Date of Funeral Feb. 24, 1926  
Residence .....  
Place of Death Mercy Hospital  
Funeral Services at Chapel  
Time of Funeral Service 12:30 P.M.  
Clergyman Geo. Willigins, M.D. Smith  
Certifying Physician W. J. Weber  
His Residence Mindy  
Number of Burial Certificate .....

Cause of Death Anterior Sclerosis - Encephalitis  
(Primary) (Secondary)  
Date of Death Feb. 25, 1926  
Occupation of the Deceased Carpenter  
Single or Married W. Religion Prot.  
Date of Birth May 22, 1851  
Age 74 Years 1 Months 3 Days  
Name of Father Sam P. Lash  
His Birthplace Pa.  
Name of Mother Elizabeth Richards  
(Maiden Name)  
Her Birthplace Pa.  
Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by Am

Interment at Winnersville Cemetery



Lot No. ....  
Grave No. 16 X 37d R  
Section No. L

Casket or Coffin		\$ <u>240</u>
Metallic Lining		\$ <u>150 00</u>
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress	<u>und</u>	<u>4 50</u>
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		<u>20 00</u>
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse		<u>14 00</u>
Auto Limousines to Cemetery, @ \$		<u>1.0 50</u>
Autos to R. R. Station	@ \$	
Other Vehicle Service		
Acroplane Service		
Death Notices in	Newspapers	
Flowers, \$	Rental of Plants, \$	
Other Decorations		
Outlay for Lot		<u>30 00</u>
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		<u>20 00</u>
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	<u>Feb 29, 1926</u>	\$ <u>249.50</u>
By Amount Paid in Advance	<u>paid by check</u>	
Balance	<u>AM</u>	\$
Entered into Ledger, page		or below

To Funeral Charges	Total, \$				By Cash	\$
<u>Washington Board</u>						
<u>M. W. J. auto</u>						

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 94 Yearly No. 13 Date Feb 27 1926  
 Name of Deceased John Mullen (What Race) W. (Where Born) Ireland

Husband--  
 Wife--Widow  
 Son--daughter of }  
 Charge to Mr. John O'Stoole  
 Address 1036 Libban St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral March 3, 1926  
 Residence 1036 Libban St.  
 Place of Death 1032 Libban St.  
 Funeral Services at Epiphany  
 Time of Funeral Services 9 A.M.  
 Organist Bro. L. A. O'Connell  
 Certifying Physician Dr. M. Gregor Connor  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Tuberculosis  
 (Primary) (Secondary)  
 Date of Death Feb. 27, 1926  
 Occupation of the Deceased Laborer  
 Single or Married Single Religion Cath.  
 Date of Birth \_\_\_\_\_  
33 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Name of Father John Mullen  
 His Birthplace Ireland  
 Name of Mother Anna Scanlon  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 2072  
 Manufactured by Murphy  
 Interment at Lahanty Cemetery

Casket or Coffin		\$ 2.00	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	25	00
Grave Vault	(State Kind)		
Burial Suit or Dress		30	00
Burial Slippers and Hose	<u>Yard</u>	5	50
Engraving Plate			
Embalming Body (with _____ Fluid)		25	00
Dressing Body, \$ _____ Shaving, \$ _____			
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$ _____ Candles, \$ _____		4	50
Door Badge, \$ _____ Gloves, \$ _____		4	50
Hearse		14	00
Auto Limousines to Cemetery, @ \$ _____		5	2
Autos to R. R. Station, @ \$ _____			
Other Vehicle Service			
Aeroplane Service			
Death Notices in _____ Newspapers		5	00
(Names of Newspapers)			
Flowers, \$ _____ Rental of Plants, \$ _____		20	00
Other Decorations, <u>Bar. Judge</u>		12	00
Outlay for Lot			
Opening Grave or Vault		1	75
Lining Grave with Evergreen or Muslin		16	00
Matting, \$ _____ Tent Rental, \$ _____			
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services		25	00
Singers			
Church Charges, \$ _____ Minister, \$ _____			
Telegrams and Telephone Charges			
Pall Bearer Service	<u>affidavits</u>		
Total Footing of Bill		\$ 403	80
By Amount Paid in Advance		\$ _____	
Balance			
Entered into Ledger, page _____ or below _____			

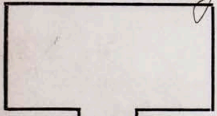


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$
<u>Hunting Neave</u>		<u>Epiphany 25.00</u>	
<u>2. Fisher</u>			
<u>2. Erdel</u>			
<u>1. Miller</u>			
<u>1. Bragg</u>			
<u>1. McWay</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 95..... Yearly No. 14..... Date March 8, 1926

Name of Deceased Jennie Fazio (What Race) W (Where Born) Pa.  
Husband---Widow  
Son---Daughter of

Charge to Anthony Fazio  
Address 32 Muldenberger St.  
Order Given by.....  
How Secured Master  
Date of Funeral March 9, 1926  
Residence 32 Muldenberger St.  
Place of Death St. Francis Hos.  
Funeral Services at.....  
Time of Funeral Service.....  
Clergyman.....  
Certifying Physician W. P. Robert  
His Residence 5th Ave.

Number of Burial Certificate.....  
Cause of Death Pneumonia  
(Primary) (Secondary)  
Date of Death March 8, 1926  
Occupation of the Deceased.....  
Single or Married S. Religion Cath.

Date of Birth Jan. 29, 1925  
Age..... Years..... Months 9 Days.....  
Name of Father Anthony Fazio  
His Birthplace Italy  
Name of Mother Anna Sersica  
(Maiden Name)  
Her Birthplace Italy  
Body to be Shipped to.....

Size and Style of Casket or Coffin 3/0  
Manufactured by Murphy  
Interment at Cahaway Cemetery

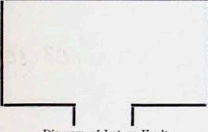


Diagram of Lot or Vault

Lot No. 56  
Grave No. 11  
Section No. 6

Casket or Coffin.....	\$	50	00
Metallic Lining.....			
(State Kind)			
Outside Box.....	\$	10	00
(State Kind)			
Grave Vault.....			
(State Kind)			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)			
Dressing Body, \$..... Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
"    "    Candelabrum, \$..... Candles, \$.....			
Door Badge, \$..... Gloves, \$.....			
Hearse.....			
Auto Limousines to Cemetery..@ \$.....			
Autos to R. R. Station.....@ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers.....			
(Names of Newspapers)			
Flowers, \$..... Rental of Plants, \$.....			
Other Decorations.....			
Outlay for Lot.....	\$	20	00
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			
Personal Services.....			
Singers.....			
Church Charges, \$..... Minister, \$.....			
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....	\$	114	50
By Amount Paid in Advance.....	\$		
Balance.....	\$		
Paid in full			
Entered into Ledger, page <u>127</u> or below			

To Funeral Charges..... Total, \$	By Cash..... \$
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Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 96 Yearly No. 15 Date March 8, 1926  
 Name of Deceased Infant Houston (What Race) W (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Fred J. Houston  
 Address 5310 Rosetta St  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Mar 10, 1926  
 Residence .....  
 Place of Death Mercy Hospital  
 Funeral Services at 6  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician W. J. Weard  
 His Residence Mercy Hos  
 Number of Burial Certificates .....  
 Cause of Death Stillborn  
 (Primary) (Secondary)  
 Date of Death March 8  
 Occupation of the Deceased .....  
 Single or Married ..... Religion Cath  
 Date of Birth Stillborn  
 Age ..... Months ..... Days .....  
 Name of Father Fred J. Houston  
 His Birthplace Pa.  
 Name of Mother Julia Flannagan  
 (Maiden Name) Pa.  
 Her Birthplace .....  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at ..... Cemetery

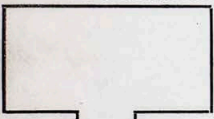


Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin	\$ 10 00
Metallie Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with..... Fluid)	
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery..@ \$	
Autos to R. R. Station.....@ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in..... Newspapers	
	(Names of Newspapers)
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	10 00
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	5 00
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 25 00
By Amount Paid in Advance	\$
Balance	<u>Richard Full</u>
Entered into Ledger, page	<u>21</u>

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 97 Yearly No. 16 Date March 19 1926  
 Name of Deceased Patrick J. McGrath W. Ireland  
 Husband--  
 Wife--Widow  
 Son--Daughter of Nora Fox (What Race) (Where Born)

Charge to Mrs. Patrick J. McGrath  
 Address 44 Carnival way 18th ind.  
 Order Given by

How Secured  
 Date of Funeral March 23, 1926  
 Residence 44 Carnival way  
 Place of Death Allegheny Gen Hosp  
 Funeral Services at St. Camillus  
 Time of Funeral Service 9 AM

Clergyman  
 Certifying Physician C.B. Mathes  
 His Residence Allegheny Gen Das.  
 Number of Burial Certificate  
 Cause of Death Ulcer of stomach (Primary) Peritonitis (Secondary)

Date of Death March 19, 1926  
 Occupation of the Deceased Lab.  
 Single or Married M. Religion Cath

Date of Birth March 15, 1867  
 Age 59 Years 0 Months 4 Days  
 Name of Father Michael McGrath  
 His Birthplace Ireland  
 Name of Mother Bridge Blouman (Maiden Name)

Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin

Manufactured by Murphy  
 Interment at Calvary Cem. Cemetery



Lot No.  
 Grave No.  
 Section No.

Casket or Coffin		\$ 175.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20.00
Grave Vault	(State Kind)	
Burial Suit or Dress	(State Kind)	30.00
Burial Slippers and Hose		4.50
Engraving Plate		
Embalming Body (with Fluid)		25.00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	4.50
Door Badge, \$	Gloves, \$	4.50
Hearse		1.60
Auto Limousines to Cemetery, @ \$		4.80
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Acroplane Service		
Death Notices in	Newspapers	6.00
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	15.00
Other Decorations	<u>door badge</u>	12.00
Outlay for Lot		50.00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		18.00
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		20.00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	<u>Paid in full</u>	\$ 448.50
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

To Funeral Charges	Total, \$	By Cash	\$
<u>Colligan House</u>			
<u>Hawthorn auto</u>			
<u>Schuyler</u>			
<u>Milly</u>			
<u>Hensler</u>			
<u>M.A.</u>			

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 98 Yearly No. 17 Date March 20, 1926

Name of Deceased Sr. Mary Gertrude Bour (What Race) W. (Where Born)

Husband---  
Wife---Widow  
Son---Daughter of

Charge to Sr. of Mercy  
Address Mercy Hospital

Order Given by \_\_\_\_\_  
How Secured \_\_\_\_\_  
Date of Funeral March 22, 1926  
Residence Mercy Hospital  
Place of Death " "  
Funeral Services at " "  
Time of Funeral Service 9 A.M.

Clergyman \_\_\_\_\_  
Certifying Physician L.D. O'Donnell  
His Residence 1719 5th Ave.

Number of Burial Certificate \_\_\_\_\_  
Cause of Death Embolism to Brain  
(Primary) (Secondary)  
Date of Death March 20, 1926  
Occupation of the Deceased Teacher

Single or Married S. Religion Cath  
Date of Birth 1859

Age 67 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Name of Father Nicholas Bour

His Birthplace France  
Name of Mother Catherine Devilla  
(Maiden Name)

Her Birthplace France  
Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by Murphy  
Interment at St. Xavier's Cemetery

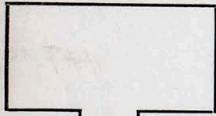


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_

Casket or Coffin	<u>4-6</u>	\$ <u>75.00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		\$ <u>15.00</u>
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse		\$ <u>40.00</u>
Auto Limousines to Cemetery @ \$ _____		
Autos to R. R. Station @ \$ _____		
Other Vehicle Service		
Aeroplane Service		
Death Notices in _____ Newspapers		\$ <u>2.00</u>
(Names of Newspapers)		
Flowers, \$ _____ Rental of Plants, \$ _____		
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ _____ Tent Rental, \$ _____		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	<u>4/13/26</u>	\$ <u>132.00</u>
By Amount Paid in Advance		
Balance	<u>paid in full</u>	
Entered into Ledger, page _____ of _____	<u>GM</u>	

	To Funeral Charges	Total, \$			By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
Names of Lodges \_\_\_\_\_  
Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 99 Yearly No. 17 Date March 23, 1926  
 Name of Deceased Michael McElrath W. Ireland  
 (What Race) (Where Born)  
 Husband-- Julia  
 Wife--Widow  
 Son--Daughter of

Charge to Mrs Michael McElrath  
 Address 41 Dist St.  
 Order Given by  
 How Secured  
 Date of Funeral Mar 27, 1926  
 Residence  
 Place of Death 44 Leavelle Wy.  
 Funeral Services at St. Agnes  
 Time of Funeral Service 9 a.m.  
 Clergyman  
 Certifying Physician W J McEgorboron  
 His Residence  
 Number of Burial Certificate  
 Cause of Death Chor Myocarditis  
 (Primary) (Secondary)  
 Date of Death Mar 23, 1926  
 Occupation of the Deceased Laborer  
 Single or Married M Religion Cath  
 Date of Birth  
 Age 52 Years Months Days  
 Name of Father Michael McElrath  
 His Birthplace Ireland  
 Name of Mother Bridget Blaney  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Murphy  
 Interment at Calvary Cem. Cemetery

Casket or Coffin		\$ <u>4.20</u>
Metallic Lining		\$ <u>2.25</u>
Outside Box	(State Kind)	<u>25.00</u>
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose	<u>Knickerbocker</u>	<u>5.50</u>
Engraving Plate		
Embalming Body (with Fluid)		<u>25.00</u>
Dressing Body	Shaving	
Hair Dressing		
Use of Folding Chairs		
" Candelabrum	Candles	<u>4.50</u>
Door Badge	Gloves	<u>4.50</u>
Hearse		<u>14.00</u>
Auto Limousines to Cemetery	@ \$	<u>5.25</u>
Autos to R. R. Station	@ \$	<u>50</u>
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		<u>6.00</u>
(Names of Newspapers)		
Flowers	Rental of Plants	<u>20.00</u>
Other Decorations	<u>1800 Badge</u>	<u>17.00</u>
Outlay for Lot		
Opening Grave or Vault		<u>15.00</u>
Lining Grave with Evergreen or Muslin		<u>18.00</u>
Matting	Tent Rental	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		<u>20.00</u>
Singers		
Church Charges	Minister	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ <u>447.20</u>
By Amount Paid in Advance		\$
Balance	<u>Paid in full</u>	
Entered into Ledger, page	<u>22</u>	of <u>26</u>

Diagram of Lot or Vault  
 Lot No.  
 Grave No.  
 Section No.

To Funeral Charges	Total	\$	By Cash	\$
<u>Bible &amp; Canteen H.</u>			<u>Flowers</u>	<u>12.00</u>
<u>Schwartz Auto</u>				
<u>Dental</u>				
<u>Fairport</u>				
<u>Mittler</u>				
<u>McA</u>				

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 100 Yearly No. 18 Date March 25, 1926  
 Name of Deceased Joseph A. Eames (What Race) W (Where Born) Pa.  
 Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to James Eames  
 Address 97 Bride St.  
 Order Given by  
 How Secured  
 Date of Funeral March 29, 1926  
 Residence  
 Place of Death Allegheny Gen.  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman L. A. O'Connell  
 Certifying Physician Dr. J. White  
 His Residence all gen.  
 Number of Burial Certificate  
 Cause of Death Lobar Pneumonia  
                             (Primary)                     (Secondary)  
 Date of Death Mar 25, 1926  
 Occupation of the Deceased Lab.  
 Single or Married S. Religion Cath.  
 Date of Birth  
 Age 44 Years                     Months                     Days  
 Name of Father James  
 His Birthplace Ireland  
 Name of Mother Margt. Saurhan  
                             (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by  
 Interment at Calvary Gen. Cemetery

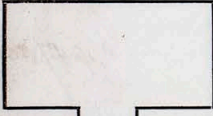


Diagram of Lot or Vault

Done  
Coast. R. 19  
 Section No. 12

Casket or Coffin	\$ 22.50
Metallie Lining (State Kind)	
Outside Box (State Kind)	25 00
Grave Vault (State Kind)	
Burial Suit or Dress	35 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 50
Door Badge, \$ Gloves, \$	4 50
Hearse	14 00
Auto Limousines to Cemetery, @ \$	21 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	5 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations	
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$ Minister, \$	10 00
Telegrams and Telephone Charges	
pall Bearer Service	
Total Footing of Bill	\$ 159.20
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	of below

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 101 Yearly No. 19 Date March 27 1926  
 Name of Deceased Peter Casarvan (What Race) Caucasian (Where Born) Ireland

Charge to Michael J. Casarvan  
 Address 4931 Hoops St. Phila., Pa.  
 Order Given by Michael J. Casarvan  
 How Secured .....  
 Date of Funeral .....  
 Residence 37 Hooper St. Phila.  
 Place of Death Mercy Hos.  
 Funeral Services at Philadelphia, Pa.  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician D.K. Reeves  
 His Residence Mercy  
 Number of Burial Certificate .....  
 Cause of Death Tuberc. Pneumonia  
(Primary) (Secondary)  
 Date of Death March 27, 1926  
 Occupation of the Deceased Lab.  
 Single or Married S. Religion Cath.  
 Date of Birth Dec. 25, 1898 1898  
 Age 22 Years 2 Months 2 Days  
 Name of Father Michael Casarvan  
 His Birthplace Ireland  
 Name of Mother Bridget Lannelly  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Philadelphia Cemetery

Casket or Coffin	\$ 200.00
Metallic Lining	.....
Outside Box	35.00
Grave Vault	.....
Burial Suit or Dress	35.00
Burial Slippers and Hose	4.50
Engraving Plate	.....
Embalming Body (with Fluid)	25.00
Dressing Body, \$	.....
Shaving, \$	.....
Hair Dressing	.....
Use of Folding Chairs	.....
" " Candelabrum, \$	.....
Candles, \$	.....
Door Badge, \$	.....
Gloves, \$	.....
Hearse	.....
Auto Limousines to Cemetery @ \$	.....
Autos to R. R. Station @ \$	.....
Other Vehicle Service	.....
Aeroplane Service	.....
Death Notices in Newspapers	.....
<small>(Names of Newspapers)</small>	
Flowers, \$	.....
Rental of Plants, \$	.....
Other Decorations	.....
Outlay for Lot	.....
Opening Grave or Vault	.....
Lining Grave with Evergreen or Muslin	.....
Matting, \$	.....
Tent Rental, \$	.....
Use of Lowering Device	.....
Rental of Vault	16.00
Outlay for Shipping Charges	10.00
Removal Charges	.....
Incineration	.....
Personal Services	.....
Singers	.....
Church Charges, \$	.....
Minister, \$	.....
Telegrams and Telephone Charges	.....
Pall Bearer Service	.....
Total Footing of Bill	\$ 325.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page <u>.....</u> or below <u>.....</u>	.....

Diagram of Lot or Vault

Lot No. .....  
 Grave No. .....  
 Section No. .....

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 102 Yearly No. 20 Date Mar 26 1926

Name of Deceased Vito Carnovale (What Race) W. (When Born) Italy

Husband---  
Wife---Widow  
Son---Daughter of

Charge to <u>Bank of Pgh. Administrator</u> Address <u>total</u> Order Given by <u>Joseph Pilleggi</u> How Secured <u>3387 Milwaukee St.</u> Date of Funeral <u>Mar 31, 1926</u> Residence ..... Place of Death <u>West Penn Has.</u> Funeral Services at ..... Time of Funeral Service ..... Clergyman ..... Certifying Physician <u>J. A. Deeper</u> His Residence <u>West Penn</u> Number of Burial Certificate ..... Cause of Death <u>Carcinoma of Esophagus</u> (Primary) (Secondary) Date of Death <u>Mar 26, 1926</u> Occupation of the Deceased <u>Laborer</u> Single or Married <u>M</u> Religion <u>Cath</u> Date of Birth ..... Age <u>45</u> Years Months Days Name of Father <u>Nicholas Carnovale</u> His Birthplace <u>Italy</u> Name of Mother <u>not known</u> (Maiden Name) Her Birthplace <u>Italy</u> Body to be Shipped to ..... Size and Style of Casket or Coffin ..... Manufactured by ..... Interment at <u>Calvary</u> Cemetery <div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px 0;"></div> Diagram of Lot or Vault Lot No. .... Grave No. <u>42</u> Section No. <u>3</u> <u>Rm 62</u>	Casket or Coffin ..... \$ <u>60 00</u> Metallic Lining ..... (State Kind) Outside Box ..... (State Kind) Grave Vault ..... (State Kind) Burial Suit or Dress ..... Burial Slippers and Hose ..... Engraving Plate ..... Embalming Body (with ..... Fluid) <u>20 00</u> Dressing Body, \$ ..... Shaving, \$ ..... Hair Dressing ..... Use of Folding Chairs ..... " " Candelabrum, \$ ..... Candles, \$ ..... Door Badge, \$ ..... Gloves, \$ ..... Hearse ..... <u>10 00</u> Auto Limousines to Cemetery .. @ \$ ..... Autos to R. R. Station .. @ \$ ..... Other Vehicle Service ..... Aeroplane Service ..... Death Notices in ..... Newspapers ..... (Names of Newspapers) Flowers, \$ ..... Rental of Plants, \$ ..... Other Decorations ..... Outlay for Lot ..... <u>32 50</u> Opening Grave or Vault ..... Lining Grave with Evergreen or Muslin ..... Matting, \$ ..... Tent Rental, \$ ..... Use of Lowering Device ..... Rental of Vault ..... Outlay for Shipping Charges ..... Removal Charges ..... Incineration ..... Personal Services ..... Singers ..... Church Charges, \$ ..... Minister, \$ ..... Telegrams and Telephone Charges ..... <u>6 50</u> Pall Bearer Service ..... Total Footing of Bill ..... \$ <u>129 00</u> By Amount Paid in Advance <u>Paid in full</u> Balance ..... Entered into Ledger, page ..... of below
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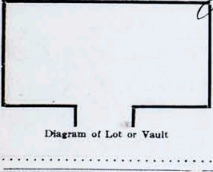
	To Funeral Charges..... Total, \$		By Cash..... \$

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. *103*      Yearly No. *21*      Date. *April 9* 19*26*  
 Name of Deceased. *Florence Perratti W.*      *Pa.*  
Husband---  
 Wife---Widow  
 Son---Daughter of      (What Race)  
 (Where Born)

Charge to *Chas. Perratti*  
 Address *546 Morgan St.*  
 Order Given by  
 How Secured  
 Date of Funeral *April 11, 1926*  
 Residence  
 Place of Death *Marcy Hosp.*  
 Funeral Services at *St. Peter's, Fernvale*  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician *W.H. Fearing*  
 His Residence *231 Shady*  
 Number of Burial Certificate  
 Cause of Death *Ac. Bronchitis, apoplexy*  
Alison of neck (Primary)      (Secondary)  
 Date of Death *April 9, 1926*  
 Occupation of the Deceased  
 Single or Married *S*      Religion *Cath.*  
 Date of Birth *Jan 18, 1925*  
 Age *1* Years *7* Months *21* Days  
 Name of Father *Charles*  
 His Birthplace *Italy*  
 Name of Mother *Phyllis Louise*  
(Maiden Name)  
 Her Birthplace *Italy*  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by *Murphy*  
 Interment at *Cabary*      Cemetery



Lot No. *397*  
 Grave No. *5*  
 Section No. *N.*

Casket or Coffin.....	\$ <i>50.00</i>
Metallic Lining.....	<i>180.00</i>
<small>(State Kind)</small>	
Outside Box.....	<i>10.00</i>
<small>(State Kind)</small>	
Grave Vault.....	<i>15.00</i>
<small>(State Kind)</small>	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	<i>2.00</i>
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	<i>2.00</i>
Use of Folding Chairs.....	<i>1.40</i>
“ “ Candelabrum, \$..... Candles, \$.....	<i>2.00</i>
Door Badge, \$..... Gloves, \$.....	<i>2.00</i>
Hearse.....	<i>1.40</i>
Auto Limousines to Cemetery...@ \$.....	<i>52.50</i>
Autos to R. R. Station...@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	<i>15.00</i>
Other Decorations..... <i>Over Bridge</i>	<i>8.00</i>
Outlay for Lot.....	
Opening Grave or Vault.....	<i>10.00</i>
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	<i>5.00</i>
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	
\$ <del><i>185.50</i></del>	
By Amount Paid in Advance.....	
\$ <i>194.57</i>	
Balance <i>Paid in full</i>	
Entered into Ledger, page <i>45</i> or below	

To Funeral Charges..... Total, \$ <i>Blank</i>	By Cash..... \$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 104... Yearly No. 22... Date April 9, 1926

Name of Deceased Lora May Egan (What Race) Pa. (Where Born)

Husband...  
Wife...-Widow  
Son...-Daughter of

Charge to Wm. A. Egan  
Address 437 Atwood St.  
Order Given by  
How Secured  
Date of Funeral April 12, 1926  
Residence  
Place of Death Mercy Hospital  
Funeral Services at 437 Atwood St.

Time of Funeral Service  
Clergyman  
Certifying Physician J. B. Marshall  
His Residence Mercy

Number of Burial Certificate  
Cause of Death Ac. Sapp (Primary) Mastoiditis (Pa.) (Secondary)

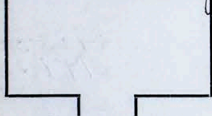
Date of Death April 9, 1926  
Occupation of the Deceased  
Single or Married S. Religion C.

Date of Birth Oct 10, 1924  
Age 1 Years 5 Months 29 Days

Name of Father Wm. A.  
His Birthplace Pa.  
Name of Mother Betha J. Jorgill (Maiden Name)  
Her Birthplace Pa.

Body to be Shipped to  
Size and Style of Casket or Coffin

Manufactured by  
Interment at Calvary Cemetery

  
Diagram of Lot or Vault  
Lot No.  
Grave No.  
Section No.

Casket or Coffin	\$	50	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	10	00
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)		15	00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	3	00
Door Badge, \$	Gloves, \$		
Hearse		14	00
Auto Limousines to Cemetery @ \$		10	00
Autos to R. R. Station @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in Newspapers		4	00
(Names of Newspapers)			
Flowers, \$	Rental of Plants, \$	15	00
Other Decorations	<u>Boys B.</u>	8	00
Outlay for Lot			
Opening Grave or Vault		10	00
Lining Grave with Evergreen or Muslim			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Flowers		10	00
Total Footing of Bill	\$	148	50
By Amount Paid in Advance			
Balance			
Entered into Ledger, page			

*Paid in full*  
*J.M.*

To Funeral Charges	Total, \$	By Cash	\$
<u>Everyangle Hearse</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 105      Yearly No. 23      Date April 12, 1926  
 Name of Deceased Louise Casciani      (What Race) W.      (Where Born) Ind.  
 Husband---  
 Wife---Widow  
 Son---  
 Daughter of {

Charge to Americo Casciani  
 Address 207 Jeanouville St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Place of Death Mercy Hospital  
 Funeral Services at French Lick, Ind.  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician D.P. Kerney  
 His Residence Mercy Hospital  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumococcus meningitis  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death April 12, 1926  
 Occupation of the Deceased at school  
 Single or Married s      Religion C  
 Date of Birth April 3, 1919  
 Age 7      Years 2      Months 9      Days \_\_\_\_\_  
 Name of Father Americo Casciani  
 His Birthplace Italy  
 Name of Mother Anna Hawkins  
 (Maiden Name) \_\_\_\_\_  
 Her Birthplace Indiana  
 Body to be Shipped to French Lick, Ind.  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at French Lick, Ind.      Cemetery \_\_\_\_\_

Casket or Coffin.....	\$ 50.00
Metallic Lining.....	
Outside Box <u>S. L.</u> (State Kind).....	30.00
Grave Vault..... (State Kind).....	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with _____ Fluid).....	25.00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse.....	
Auto Limousines to Cemetery, @ \$ _____	
Autos to R. R. Station, @ \$ _____	1.00
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in _____ Newspapers.....	
(Names of Newspapers).....	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<b>Total Footing of Bill</b> .....	\$ 115.00
By Amount Paid in Advance <u>paid in full</u> .....	50.00
<b>Balance</b> .....	65.00
Entered into Ledger, page _____ or below _____	

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges.....	Total, \$	
By Cash.....	\$	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives.....

# RECORD OF FUNERAL

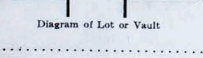
Total No. 106 Yearly No. 24 Date April 12, 1926  
 Name of Deceased Sarah Riley (What Race) W (Where Born) Pa.  
 Husband---  
 Wife---Widow W. A. Riley  
 Son---Daughter of

Charge to James Riley  
 Address 1723. Constitution St.  
 Order Given by  
 How Secured W. A. Riley  
 Date of Funeral April 15, 1926  
 Residence 1723. W. A. Riley  
 Place of Death Mercy Hos.  
 Funeral Services at Epiphany  
 Time of Funeral Service  
 Clergyman L. O. Bunnell  
 Certifying Physician Ralph Lynch  
 His Residence Mercy  
 Number of Burial Certificate  
 Cause of Death Tubercular Pneumonia  
 (Primary) (Secondary)  
 Date of Death April 12, 1926  
 Occupation of the Deceased at home

Single or Married W Religion  
 Date of Birth Feb 25, 1880  
 Age 46 Years 1 Months 17 Days  
 Name of Father James Capretto  
 His Birthplace Ireland  
 Name of Mother Harriet M. Nichols  
 ( Maiden Name )  
 Her Birthplace Ireland  
 Body to be Shipped to

Size and Style of Casket or Coffin  
 Manufactured by Geo. P. G.  
 Interment at Calvary Cem. Cemetery

Lot No. 35  
 Grave No. 4  
 Section No. I



Casket or Coffin	\$ 300 00
Metallie Lining	(State Kind)
Outside Box	25 00
Grave Vault	(State Kind)
Burial Suit or Dress	30 00
Burial Slippers and Hose	4 50
Engraving Plate	25 00
Embalming Body (with Fluid)	25 00
Dressing Body, \$	Shaving, \$
Hair Dressing	4 50
Use of Folding Chairs	6 00
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	14 00
Auto Limousines to Cemetery, @ \$	52 50
Autos to R. R. Station, @ \$	10 00
Other Vehicle Service	(Names of Newspapers)
Aeroplane Service	15 00
Death Notices in Newspapers	13 00
Flowers, \$	20 00
Rental of Plants, \$	A
Other Decorations, \$	Lining Grave with Evergreen or Muslin
Outlay for Lot, \$	Matting, \$
Opening Grave or Vault	Tent Rental, \$
Use of Folding Chairs	Use of Lowering Device
Use of Lowering Device	Rental of Vault
Rental of Vault	Outlay for Shipping Charges
Outlay for Shipping Charges	Removal Charges
Removal Charges	Incineration
Incineration	Personal Services
Personal Services	25 00
Singers	Church Charges, \$
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	Pall Bearer Service
Pall Bearer Service	Total Footing of Bill
Total Footing of Bill	\$ 548 50
By Amount Paid in Advance	Balance
Balance	Entered into Ledger, page
Entered into Ledger, page	or below

To Funeral Charges	Total \$
Epiphany	Nease
Snyder	Auto
Shupp	"
Wills	"
Hensler	"
Braz	"
By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 107 Yearly No. 25 Date April 13 1926

Name of Deceased S. M. Basil Maladey  
Husband--  
Wife--Widow  
Son--Daughter of {

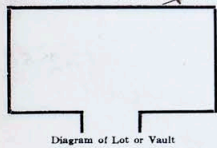
Charge to Mt. Mercy Convent  
Address 3333 5th Ave  
Order Given by  
How Secured  
Date of Funeral April 15, 1926  
Residence  
Place of Death 3333 5th Ave  
Funeral Services at Mt. Mercy  
Time of Funeral Service 9 A.M.

Certifyman  
Certifying Physician Sarah M. Carter  
His Residence Int. Stasis, Sumner of Tolson  
Number of Burial Certificate

Cause of Death  
Date of Death April 13, 1926  
Occupation of the Deceased

Single or Married S Religion C  
Date of Birth Sept 3, 1856  
Age 69 Years 7 Months 10 Days  
Name of Father Daniel Maladey  
His Birthplace Ireland  
Name of Mother Mary Smith  
Her Birthplace Dolland

Body to be Shipped to  
Size and Style of Casket or Coffin  
Manufactured by  
Interment at Mt. Havers B. City Cemtery



Lot No.  
Grave No.  
Section No.

Casket or Coffin		\$	<u>60</u>	<u>00</u>
Metallic Lining	(State Kind)			
Outside Box	(State Kind)		<u>15</u>	<u>00</u>
Grave Vault	(State Kind)			
Burial Suit or Dress				
Burial Slippers and Hose				
Engraving Plate				
Embalming Body (with Fluid)			<u>15</u>	<u>00</u>
Dressing Body, \$	Shaving, \$			
Hair Dressing				
Use of Folding Chairs				
Door Badge, \$	Gloves, \$		<u>3</u>	<u>00</u>
Hearse			<u>40</u>	<u>00</u>
Auto Limousines to Cemetery @ \$				
Autos to R. R. Station @ \$				
Other Vehicle Service				
Aeroplane Service				
Death Notices in Newspapers			<u>5</u>	<u>00</u>
(Names of Newspapers)				
Flowers, \$	Rental of Plants, \$			
Other Decorations				
Outlay for Lot				
Opening Grave or Vault				
Lining Grave with Evergreen or Muslin				
Matting, \$	Tent Rental, \$			
Use of Lowering Device				
Rental of Vault				
Outlay for Shipping Charges				
Removal Charges				
Incineration				
Personal Services				
Singers				
Church Charges, \$	Minister, \$			
Telegrams and Telephone Charges				
Pall Bearer Service				
Total Footing of Bill	<u>May 11</u>		<u>Paid in full</u>	<u>138</u> <u>00</u>
By Amount Paid in Advance				
Balance				
Entered into Ledger, page				

To Funeral Charges	Total, \$		By Cash	\$
<u>Has</u>				

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$  
Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 108 Yearly No. 26 Date April 15, 1926  
 Name of Deceased Thomas Francis Carmos (What Race) W (Where Born) Pa.  
 Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to John Carmos  
 Address 58 Marion St.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral April 17, 1926  
 Residence.....  
 Place of Death 58 Marion Epiphany  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 am  
 Clergyman.....  
 Certifying Physician W. J. Brobst  
 His Residence 5th Ave  
 Number of Burial Certificate.....  
 Cause of Death Broncho Pneumonia  
(Primary) (Secondary)  
 Date of Death April 15, 1926  
 Occupation of the Deceased.....  
 Single or Married S Religion C  
 Date of Birth July 11, 1924  
 Age 1 years 9 months 4 days  
 Name of Father John  
 His Birthplace.....  
 Name of Mother Della O'Malley  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by Murph.  
 Interment at St. Marg's Cemetery  
 Lot No. 345  
 Grave No.....  
 Section No. O

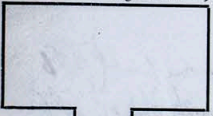


Diagram of Lot or Vault

Casket or Coffin.....	\$ <u>60.00</u>
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	\$ <u>10.00</u>
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	\$ <u>15.00</u>
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	\$ <u>3.50</u>
Door Badge, \$..... Gloves, \$.....	\$ <u>2.00</u>
Hearse.....	\$ <u>14.00</u>
Auto Limousines to Cemetery..@ \$.....	\$ <u>21.00</u>
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	\$ <u>2.00</u>
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	\$ <u>15.00</u>
Other Decorations <u>Ross Badge</u>	\$ <u>8.00</u>
Outlay for Lot.....	
Opening Grave or Vault.....	\$ <u>10.00</u>
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	\$ <u>12.00</u>
<small>(Names of Pall Bearers)</small>	
Total Footing of Bill.....	\$ <u>172.50</u>
By Amount Paid in Advance.....	\$ <u>52.50</u>
Balance.....	\$ <u>120.00</u>
Entered into Ledger, page.....	

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>Countess H. m.c.</u>		<u>May 15</u>	\$ <u>25.00</u>
		<u>June 15</u>	\$ <u>25.00</u>
		<u>July 15</u>	\$ <u>25.00</u>
		<u>Aug 21</u>	\$ <u>25.00</u>
.....			
.....			
.....			
.....			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 109 Yearly No. 27 Date April 17, 1926

Name of Deceased Albert Wettstein (Wife: Race) Switzerland  
 Husband--  
 Wife--Widow  
 Son--Daughter of Margaret Foley Wettstein (Where Born)

Charge to Mrs. Margt. Wettstein  
 Address 180 S. Forbes St.  
 Order Given by  
 How Secured  
 Date of Funeral April 20, 1926  
 Residence 180 S. Forbes St.  
 Place of Death "  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman J. J. O'Connor  
 Certifying Physician J. J. M. Gauthier  
 His Residence 5th & Stevenson  
 Number of Burial Certificate

Casket or Coffin	\$ 175 00
Metallie Lining	(State Kind)
Outside Box	20 00
Grave Vault	(State Kind)
Burial Suit or Dress	30 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	14 00
Auto Limousines to Cemetery, @ \$	50 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in	4 00
	(Names of Newspapers)
Flowers, \$	Rental of Plants, \$
Other Decorations, <u>Door Badge</u>	15 00
Outlay for Lot	10 00
Opening Grave or Vault	50 00
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	

Total Footing of Bill 4/20/26 \$ 421.00  
 By Amount Paid in Advance \$  
 Balance Paid in full  
 Entered into Ledger, page 57 below

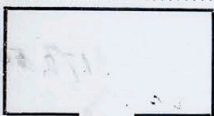


Diagram of Lot or Vault

Lot No.  
 Grave No.  
 Section No.

To Funeral Charges	Total, \$	By Cash
<u>Heating N.</u>		
<u>Milled</u>		
<u>Hensler</u>		
<u>Colligan</u>		
<u>Spina</u>		
<u>M. C. A.</u>		

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 110 Yearly No. 28 Date April 21, 1926

Name of Deceased Rev. Solomon Boulos (What Race) rw (Where Born) Syria  
 Husband--- Rashidie  
 Wife---Widow  
 Son---Daughter of

Charge to Mrs. S. Boulos  
 Address 1625 Bedford Ave.  
 Order Given by J.A.  
 How Secured J.A.  
 Date of Funeral April 24 1926  
 Residence 1625 Bedford Ave.  
 Place of Death St. Francis Hos.  
 Funeral Services at St. Symeon C.  
 Time of Funeral Service 2 P.M.  
 Clergyman  
 Certifying Physician Geo. J. Thomas  
 His Residence 4068 Kern Ave.  
 Number of Burial Certificate  
 Cause of Death Coronary Thrombosis  
Arterio Sclerosis (Primary) (Secondary)  
 Date of Death April 21, 1926  
 Occupation of the Deceased Clergyman  
 Single or Married M. Religion Syrian Or  
 Date of Birth Dec. 26, 1884  
 Age 41 Years 3 Months 25 Days  
 Name of Father George Boulos  
 His Birthplace Syria  
 Name of Mother Naymia Gossar  
 (Maiden Name)  
 Her Birthplace Syria  
 Body to be Shipped  
 Size and Style of Casket or Coffin 1015

Manufactured by Murphy  
 Interment at Minerwill Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Diagram of Lot or Vault

Casket or Coffin	\$ 750 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	25 00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	4 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	20 00
" " Candelabrum, \$ Candles, \$	4 50
Door Badge, \$ Gloves, \$	6 00
Hearse	4 00
Auto Limousines to Cemetery, @ \$	149 50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	4 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	30 00
Other Decorations <u>Nov 13</u>	15 00
Outlay for Lot	47 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	9 00
Matting, \$ Tent Rental, \$	
Use of Lowering Device	5 00
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer <u>Smith, Smith, etc.</u>	34 00
Total Footing of Bill	1197 50
By Amount Paid in Advance	
Balance	

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To Funeral Home	Total \$	By Cash	
<u>Coulter &amp; Nease</u>			
<u>2 Friend</u>	<u>1 Miller</u>		
<u>2 McCabe J.</u>	<u>1 Spind</u>		
<u>2 Colligan</u>	<u>1 Williams</u>		
<u>2 Brasco</u>	<u>1 Hender</u>		
<u>2 O'Brien</u>			
<u>2 M. Coulter</u>			
<u>3 Freyvogel</u>			
<u>1 Schuglar</u>			
		\$ 591 25	

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges Chas Andrews 54-21 St 1  
 Lodge Insurance, \$ State Ins Co of Indianapolis Policy # 207527  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 114 Yearly No. 29 Date April 27, 1926

Name of Deceased Martha Mesinere W. (Where Born) P.R.  
Husband---  
Wife---Widow  
Son--- Daughter of

Charge to Chas. Mesinere  
Address 1314 Watson St.  
Order Given by.....  
How Secured.....  
Date of Funeral April 25, 1926  
Residence.....  
Place of Death Mercy Hos.  
Funeral Services at St. Peters  
Time of Funeral Service 2 P.M.  
Clergyman.....  
Certifying Physician Dr. Mullen  
His Residence Mercy Pt.  
Number of Burial Certificate.....  
Cause of Death Spino Medullary Leukemia  
(Primary) (Secondary)  
Date of Death April 23, 1926  
Occupation of the Deceased.....  
Single or Married S. Religion C.  
Date of Birth Feb 23, 1926  
Age 0 Years 2 Months 0 Days  
Name of Father Charles  
His Birthplace Germany  
Name of Mother Nancy Carigiani  
(Maiden Name)  
Her Birthplace Italy  
Body to be Shipped to.....  
Size and Style of Casket or Coffin.....  
Manufactured by.....  
Interment at Calvary Cemetery

Lot No.....  
Grave No.....  
Section No.....



Casket or Coffin.....	\$	30	00
Metallic Lining.....			
(State Kind)			
Outside Box.....		10	00
(State Kind)			
Grave Vault.....			
(State Kind)			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)		10	00
Dressing Body, \$..... Shaving \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
"    Candelabrum, \$..... Candles, \$.....		2	00
Door Badge, \$..... Gloves, \$.....			
Hearse.....			
Auto Limousines to Cemetery.. @ \$.....		20	50
Autos to R. R. Station..... @ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers.....			
(Name of Newspapers)			
Flowers, \$..... Rental of Plants, \$.....			
Other Decorations.....			
Outlay for Lot.....		20	00
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....		15	00
Personal Services.....			
Singers.....			
Church Charges, \$..... Minister, \$.....			
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....	\$	110	00
By Amount Paid in Advance.....	\$	10	00
Balance.....	\$		
Entered into Ledger, page..... or below.....			

To Funeral Charges..... Total, \$			
<u>1. M.C.A.</u>			
<u>1. Mullen</u>			
By Cash <u>Paid ch.</u>	\$	20	00
<u>July 11, 1927</u> " " "		1	50
<u>July 1928</u> " " "		5	00
<u>Aug 12</u> " " "		5	00

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 112 Yearly No. 30 Date April 30, 1926  
 Name of Deceased Infant Strott w Pa.  
(What Race) (Where Born)

Husband--  
 Wife--Widow  
 Son--Daughter of }  
 Charge to Wm. J. Strott  
 Address 436 Marion St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral April 30, 1926  
 Residence 436 Marion St.  
 Place of Death " " "  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service 4 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician R. V. Swanton  
 His Residence 421 S. Pacific Ave.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Premature. 7 mo. gest.  
(Primary) (Secondary)  
 Date of Death April 30, 1926  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married P Religion P  
 Date of Birth April 29, 1926  
 Age 0 Years 0 Months 7 Days 45  
 Name of Father Wm. J. Strott  
 His Birthplace Pa.  
 Name of Mother Margaret Howard  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 3/0 S.B.  
 Manufactured by Am  
 Interment at Union Dale Cemetery

Casket or Coffin	\$ 1.00
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
"    "    Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse	
Auto Limousines to Cemetery @ \$ _____	1.00
Autos to R. R. Station @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	
<small>(Names of Newspapers)</small>	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	4.00
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 54.00
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below _____	

Lot No. 15  
 Rang. No. 2  
 Section No. M  
Div. 3

To Funeral Charges	Total, \$ _____
By Cash	\$ _____

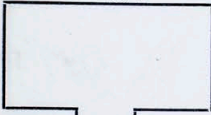
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 113 Yearly No. 31 Date May 4, 1926  
 Name of Deceased Yolande Bernolio W (What Race) Pa. (Where Born)  
 Husband--  
 Wife--Widow  
 Son--Daughter of }

Charge to Mrs. Frances Bernolio  
 Address 71 Magee St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral May 6, 1926  
 Residence \_\_\_\_\_  
 Place of Death Childrens Hus.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service 2 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician N. R. Johnson Ch. H.  
 His Residence Labor Pneumonia  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 4, 1926  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married Single Religion C  
 Date of Birth Jun. 25, 1925  
 Age 1 Years 3 Months 9 Days  
 Name of Father Charles  
 His Birthplace Italy  
 Name of Mother Grandes Gallo  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Murphy  
 Interment at St. Marys Cemetery

Casket or Coffin	\$ 50.00
Metallic Lining	(State Kind)
Outside Box	10.00
Grave Vault	(State Kind)
Burial Suit or Dress	(State Kind)
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	7.00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$ _____ Candles, \$ _____	.00
Door Badge, \$ _____ Gloves, \$ _____	.00
Hearse	
Auto Limousines to Cemetery, @ \$ _____	21.00
Autos to R. R. Station, @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	
(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations	
Outlay for Lot	20.00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	10.00
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 137.00
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below _____	



Lot No. \_\_\_\_\_  
 Grave No. 49  
 Section No. 5  
Row # 9

To Funeral Charges	Total, \$			By Cash	\$
1. <u>Friend</u>					80.00
1. <u>M<sup>rs</sup></u>					5.00
					5.00
					5.00
					5.00
					4.00
					4.00

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 114 Yearly No. 32 Date May 12 1926

Name of Deceased Deloris E. McGrath (What Race) W. (Where Born) Pa.

Husband--  
Wife--Widow  
Son--Daughter of

Charge to Martin W. McGrath  
Address 1908 ~~Garbage~~ St.

Order Given by Juska  
How Secured

Date of Funeral May 14, 1926  
Residence

Place of Death 1908 ~~Garbage~~ St.  
Funeral Services at 9 A.M. Juska

Time of Funeral Service

Clergyman  
Certifying Physician S.M. Howell

His Residence 5th Ave.  
Number of Burial Certificate

Cause of Death Measels Broncho pneumonia  
(Primary) (Secondary)

Date of Death May 12, 1926  
Occupation of the Deceased

Single or Married S Religion C.  
Date of Birth Feb 25, 1924

Age 2 Years 2 Months 17 Days  
Name of Father Martin

His Birthplace Pa.  
Name of Mother Esther Withrow  
(Maiden Name)

Her Birthplace  
Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by Murphy

Interment at Calvary Cemetery

Lot No. 144

Grave No. 0

Section No.

Diagram of Lot or Vault

Casket or Coffin.....	\$ 60 00
Metallic Lining.....	(State Kind)
Outside Box.....	10 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	10 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	2 00
Door Badge, \$..... Gloves, \$.....	
Hearse.....	14 00
Auto Limousine to Cemetery, @ \$.....	3-1 50
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	2 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	8 00
Outlay for Lot.....	
Opening Grave or Vault.....	10 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	10 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 157 50
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$	5/18/26	By Cash.....	\$ 75 00
<u>Sauille Nease</u>	2/14/27	" ".....	10 00
<u>2. Frost</u>			
<u>1. Miller</u>			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 115 . . . . . Yearly No. 33 . . . . . Date May 15 . . . . . 1926

Name of Deceased. Albert E. Abraham . . . . . (What Race) Pg . . . . . (Where Born) Pg

Husband---  
 Wife---Widow  
 Son---Daughter of  
 Charge to Albert E. Abraham

Address 1600 Cliff

Order Given by . . . . . How Secured . . . . .

Date of Funeral. May 17, 1926

Residence 1600 Cliff

Place of Death. St. Louis, Mo.

Funeral Services at. W. H. B. Co.

Time of Funeral Service. 12 P.M.

Clergyman . . . . .

Certifying Physician. W. H. Boyd

His Residence. Westinghouse Bldg.

Number of Burial Certificate . . . . .

Cause of Death. Bronche pneumonia

Date of Death. May 15, 1926

Occupation of the Deceased . . . . .

Single or Married. S . . . . . Religion P.C.

Date of Birth. May 7, 1925

Age. 1 Years. 0 Months. 8 Days

Name of Father. Albert E.

His Birthplace. Alie, Westron

Name of Mother. Pg

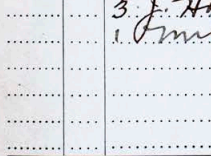
Her Birthplace . . . . . (Maiden Name)

Body to be Shipped to . . . . .

Size and Style of Casket or Coffin . . . . .

Manufactured by . . . . .

Interment at Minersville Cem.



Lot No. . . . .  
 Grave No. . . . .  
 Section No. . . . .

Casket or Coffin . . . . .	\$ 50 00
Metallic Lining . . . . . (State Kind)	10 00
Outside Box . . . . . (State Kind)	5 50
Grave Vault . . . . . (State Kind)	15 00
Burial Suit or Dress . . . . .	8 00
Burial Slippers and Hose . . . . .	5 50
Engraving Plate . . . . .	15 00
Embalming Body (with . . . . . Fluid)	8 00
Dressing Body, \$ . . . . . Shaving, \$ . . . . .	5 50
Hair Dressing . . . . .	3 00
Use of Folding Chairs . . . . .	15 00
" " Candelabrum, \$ . . . . . Candles, \$ . . . . .	10 00
Door Badge, \$ . . . . .	8 00
Hearse . . . . .	5 50
Auto Limousines to Cemetery. @ \$ . . . . .	3 00
Autos to R. R. Station . . . . . @ \$ . . . . .	15 00
Other Vehicle Service . . . . .	10 00
Acroplane Service . . . . .	8 00
Death Notices in . . . . . Newspapers . . . . .	3 00
(Names of Newspapers)	15 00
Flowers, \$ . . . . . Rental of Plants, \$ . . . . .	10 00
Other Decorations . . . . .	8 00
Outlay for Lot . . . . .	10 00
Opening Grave or Vault . . . . .	8 00
Lining Grave with Evergreen or Muslin . . . . .	8 00
Matting, \$ . . . . . Tent Rental, \$ . . . . .	8 00
Use of Lowering Device . . . . .	8 00
Rental of Vault . . . . .	8 00
Outlay for Shipping Charges . . . . .	8 00
Removal Charges . . . . .	8 00
Incineration . . . . .	8 00
Personal Services . . . . .	8 00
Singers . . . . .	8 00
Church Charges, \$ . . . . . Minister, \$ . . . . .	8 00
Telegrams and Telephone Charges . . . . .	8 00
Pall Bearer Service . . . . .	8 00
Total Footing of Bill . . . . .	179 00
By Amount Paid in Advance . . . . .	8 00
Balance . . . . .	8 00
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To Funeral Charges . . . . . Total, \$ 1. Krenst 1. Williams 3. J. Hornicki 1. Miller	By Cash . . . . . \$
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Names of Pall Bearers . . . . .

Names of Lodges . . . . .

Lodge Insurance, \$ . . . . . Other Insurance, \$ . . . . .

Names of Near Relatives . . . . .

# RECORD OF FUNERAL

Total No. 116 Yearly No. 34 Date May 15 1926

Name of Deceased Veronica Melcher W. Geunoy  
 Husband-- Leapold (What Race) (Where Born)  
 Wife--Widow  
 Son--Daughter of

Charge to Estate Louis Melcher  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral May 18, 1926  
 Residence .....  
 Place of Death St. Francis Hosp.  
 Funeral Services at Holy Trinity  
 Time of Funeral Service .....

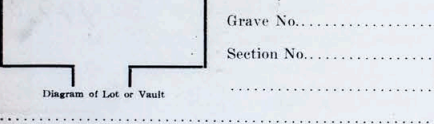
Casket or Coffin	\$ 175	00
Metallic Lining		
(State Kind)		
Outside Box	20	00
(State Kind)		
Grave Vault		
(State Kind)		
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	20	00
Dressing Body \$		
Shaving \$		
Hair Dressing		
Use of Folding Chairs		
" Candelabrum \$		
Candles \$	3	00
Door Badge \$		
Gloves \$	4	50
Hearse	14	00
Auto Limousines to Cemetery @ \$	31	50
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers	7	00
(Names of Newspapers)		
Flowers \$		
Rental of Plants \$	20	00
Other Decorations		
Outlay for Lot		
Opening Grave or Vault	15	00
Lining Grave with Evergreen or Muslin	13	00
Matting \$		
Tent Rental \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Inceration		
Personal Services	25	00
Singers		
Church Charges \$		
Minister \$		
Telegrams and Telephone Charges		
Pall Bearer Service		

Certifying Physician Marten  
 His Residence St. Francis  
 Number of Burial Certificate .....  
 Cause of Death Chr. Pul. Tuberculosis  
 (Primary) (Secondary)  
 Date of Death May 15, 1926  
 Occupation of the Deceased at home  
 Single or Married w Religion Catholic  
 Date of Birth Feb. 2, 1852  
 Age 74 Years 3 Months 13 Days  
 Name of Father Schwanz  
 His Birthplace Germany  
 Name of Mother nat. Knibum  
 (Maiden Name)  
 Her Birthplace Germany  
 Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by .....

Interment at Mt. Carmel Cemetery



Total Footing of Bill \$ 348. 00  
 By Amount Paid in Advance \$ 200. 00  
 Balance Payable \$ 148. 00  
 Entered into Ledger, page ..... for below

To Funeral Charges	Total \$			By Cash	\$
<u>Colligan</u>					
<u>2 Fiegat</u>					
<u>1 Miller</u>					

Names of Pall Bearers .....

Names of Lodges .....

Lodge Insurance, \$ .....

Other Insurance, \$ .....

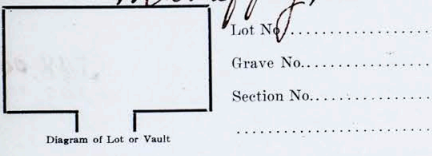
Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 117 Yearly No. 35 Date May 18, 1926  
 Name of Deceased Alice Newling W. Pa.  
(Where Born)

Husband-  
 Wife---Widow  
 Son---Daughter of }  
 Charge to Daniel Newling  
 Address Mahaffey, Pa.  
 Order Given by  
 How Secured  
 Date of Funeral  
 Residence Mahaffey, Pa.  
 Place of Death Mersey Hospital  
 Funeral Services at  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician W. J. M. Gregor, M.D.  
 His Residence  
 Number of Burial Certificate  
 Cause of Death Chc. Myocarditis shock of  
(Primary) (Secondary)  
nuttiphip  
 Date of Death May 18, 1926  
 Occupation of the Deceased H.W.  
 Single or Married M Religion Prot.  
 Date of Birth Aug 19, 1869  
 Age 56 Years 8 Months 29 Days  
 Name of Father John Frege  
 His Birthplace Pa.  
 Name of Mother Leath Saltsgruber  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to Mahaffey, Pa.  
 Size and Style of Casket or Coffin  
 Manufactured by Eric B. Co.  
 Interment at Mahaffey, Pa. Cemetery

Casket or Coffin.....	\$	200	00
Metallic Lining.....			
Outside Box.....	\$6	35	00
Grave Vault.....			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)		25	00
Dressing Body, \$..... Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
“ “ Candelabrum, \$..... Candles, \$.....			
Door Badge, \$..... Gloves, \$.....			
Hearse.....			
Auto Limousines to Cemetery..@ \$.....			
Autos to R. R. Station.....@ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers.....			
<small>(Names of Newspapers)</small>			
Flowers, \$..... Rental of Plants, \$.....			
Other Decorations.....			
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			10 00
Personal Services.....			
Singers.....			
Church Charges, \$..... Minister, \$.....			
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....		270	00
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page..... or below.....			



To Funeral Charges.....	Total, \$			By Cash.....	\$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 118 Yearly No. 36 Date June 3, 1926

Name of Deceased Amelia Fredinelli (What Race) W. (Where Born) Italy  
 Husband---  
 Wife---Widow  
 Son---Daughter of Giuseppe Fredinelli

Charge to Giuseppe Fredinelli  
 Address 309 Goering Ave.  
 Order Given by .....

How Secured .....

Date of Funeral June 7, 1926  
 Residence .....

Place of Death 309 Goering  
 Funeral Services at St. Peter's Italian  
 Time of Funeral Service 9:20 A.M.

Clergyman .....

Certifying Physician W. J. McCreary  
 His Residence .....

Number of Burial Certificate .....

Cause of Death Undetermined  
 (Primary) (Secondary)  
 Date of Death June 3, 1926  
 Occupation of the Deceased W.

Single or Married M. Religion Cath.  
 Date of Birth June 24, 1880  
 Age 45 years 11 Months 10 Days

Name of Father Nathaniel Nardi  
 His Birthplace Italy  
 Name of Mother Marie Marcelle  
 (Maiden Name)

Her Birthplace Italy  
 Body to be Shipped to .....

Size and Style of Casket or Coffin R/S Sq  
 Manufactured by W. B.  
 Interment at Calvary Cem. Cemetery

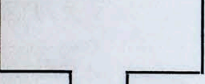


Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin.....	\$ 200 00
Metallic Lining.....	
(State Kind)	
Outside Box.....	25 00
(State Kind)	
Grave Vault.....	
(State Kind)	
Burial Suit or Dress.....	25 00
Burial Slippers and Hose.....	4 50
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	4 50
Door Badge, \$..... Gloves, \$.....	4 00
Hearse.....	14 00
Auto Limousines to Cemetery, @ \$.....	132 00
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in <u>3</u> Newspapers <u>Press</u> .....	3 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	15 00
Other Decorations.....	12 00
Outlay for Lot.....	50 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 514 00
By Amount Paid in Advance.....	200 00
Balance.....	314 00
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$ Burial Home 2 Calvary 2 First 2 Williams 1 Miller 1 Schugar 1 J. M. Locke 1 Hensler 1 M. C.	By Cash..... 100 00 <div style="font-size: 2em; font-family: cursive; text-align: center;">Paid in full</div>
--	--

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. *119*..... Yearly No. *37*..... Date..... 19.....  
 Name of Deceased *Infant McKee*.....  
Husband--  
Wife--Widow (What Race) *W.*  
Son--Daughter of (Where Born) *Pa.*

Charge to *Thomas L. McKee*  
 Address *827 Brookline Blvd.*  
 Order Given by.....  
 How Secured.....  
 Date of Funeral *June 17, 1926*  
 Residence.....  
 Place of Death *Mercy Hos.*  
 Funeral Services at.....  
 Time of Funeral Service.....  
 Clergyman.....  
 Certifying Physician *E. S. McCarthy*  
 His Residence *Mercy Hospital*  
 Number of Burial Certificate.....  
 Cause of Death *Stillborn*  
(Primary) (Secondary)

Date of Death.....  
 Occupation of the Deceased.....  
 Single or Married *S.* Religion *Cath.*  
 Date of Birth *June 14, 1926*  
 Age..... Years..... Months..... Days.....  
 Name of Father *Thomas L. McKee*  
 His Birthplace.....  
 Name of Mother *May J. Hazen*  
(Maiden Name)  
 Her Birthplace *Penna.*  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by..... *Salvory*  
 Interment at *St. Marys Cemetery*

Diagram of Lot or Vault

Lot No. ....  
 Grave No. *36*  
 Section No. *7*  
*Rew. 5*

Casket or Coffin.....	\$	10.00
Metallic Lining.....		
(State Kind)		
Outside Box.....		
(State Kind)		
Grave Vault.....		
(State Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
" " Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse.....		
Auto Limousines to Cemetery..@ \$.....		
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Acroplane Service.....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers, \$..... Rental of Plants, \$.....		
Other Decorations.....		
Outlay for Lot.....		20.00
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		5.00
Incineration.....		
Personal Services.....		
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....		35.00
By Amount Paid in Advance.....		<i>paid in full</i>
Balance.....		
Entered into Ledger, page..... or below.....		

To Funeral Charges..... Total, \$	By Cash.....	\$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 120 Year No. 38 Date June 16 1926

Name of Deceased Phillip J. Pfeiffer (What Race) Ill. (Where Born)

Charge to Mrs. P. J. Pfeiffer Address Chicago, Ill.

Order Given by M. How Secured M.

Date of Funeral June 19, 1926 Residence Chicago, Ill.

Place of Death Mercy Hospital Funeral Services at Mercy Hospital

Time of Funeral Service 11:00 A.M. Clergyman W. J. M. Gregor, pastor

Certifying Physician W. J. M. Gregor, pastor His Residence Chicago, Ill.

Number of Burial Certificate 1 Cause of Death Struck by auto (Primary) Ill. (Secondary)

Date of Death June 16, 1926 Occupation of the Deceased Inspector Am. R. Union

Single or Married M. Religion M. Date of Birth Aug. 4, 1851 Years 75 Months 0 Days 0

Name of Father John Pfeiffer His Birthplace Ill.

Name of Mother Not known (Maiden Name) Her Birthplace Germany

Body to be Shipped to Chaukakee, Ill. Size and Style of Casket or Coffin Standard

Manufactured by Chaukakee, Ill. Interment at Chaukakee, Ill. Cemetery

Lot No.      Grave No.      Section No.     

Diagram of Lot or Vault     

Casket or Coffin	\$ 285 00	410
Metallic Lining		
Outside Box	\$ 35 00	
Grave Vault		
Burial Suit or Dress	\$ 25 00	
Burial Slippers and Hose	\$ 6 50	
Engraving Plate		
Embalming Body (with Fluid)	\$ 25 00	
Dressing Body, \$ Shaving, \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		
Hearse		
Auto Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplan Service		
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$ Rental of Plants, \$		
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ Tent Rental, \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges	\$ 15 00	
Incineration		
Personal Services	\$ 25 00	
Singers		
Church Charges, \$ Minister, \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$ 416 50	
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page <u>    </u> or below		

To Funeral Charges	Total, \$	By Cash	\$
<u>E. O. Huntz</u>			
<u>3010 W. Chicago Blvd.</u>			
<u>Detroit Mich.</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives



Burial of

Joseph L. Josephs

Statement

of

Professional Service Rendered

Date of Death  
June 17, 1926.

Date of Burial  
June 18, 1926.

Place of Burial  
Calvary Cemetery.

Addressed to  
Louis Josephs,

Casket	60.00
Outside Case	10.00
Embalming	15.00
Candles	2.00
Hearse	14.00
Limousines	31.50
Plants	15.00
Door Badge	8.00
Grave	20.00
Services	10.00

\$185.50

6/18/26. By Cash \$57.05

7/31/26. " " 10.00

9/9/26. " " 10.00

**Edward J. McAvoy**

Funeral Director



1518 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

# RECORD OF FUNERAL

Total No. 122 Yearly No. 40 Date June 26, 1926

Name of Deceased Baby Wettstein (What Race) w (Where Born) Pa.

Husband---  
Wife---Widow  
Son---Daughter of

Charge to Albert Wettstein  
Address 62 Glaster St.

Order Given by \_\_\_\_\_

How Secured \_\_\_\_\_

Date of Funeral June 27, 1926

Residence \_\_\_\_\_

Place of Death 62 Glaster St.

Funeral Services at \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_

Certifying Physician F. T. Edwards

His Residence 4204 Murray Ave

Number of Burial Certificate \_\_\_\_\_

Cause of Death Stillborn  
(Primary) (Secondary)

Date of Death June 26, 1926

Occupation of the Deceased \_\_\_\_\_

Single or Married \_\_\_\_\_ Religion \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age Stillborn Months \_\_\_\_\_ Days \_\_\_\_\_

Name of Father Albert Wettstein

His Birthplace Pa.

Name of Mother Edna Field  
(Maiden Name)

Her Birthplace Pa.

Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin 7/8 S.B.

Manufactured by Murphy

Interment at Lawery Cemetery



Diagram of Lot or Vault

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Casket or Coffin	\$ 10 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Dressing Body \$ Shaving \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum \$ Candles \$	
Door Badge \$ Gloves \$	
Hearse	
Auto Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers \$ Rental of Plants \$	
Other Decorations	
Outlay for Lot	10 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting \$ Tent Rental \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges \$ Minister \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 30 50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____	\$ _____

Paid in full

To Funeral Charges	Total \$		
		By Cash	\$

Names of Pall Bearers \_\_\_\_\_

Names of Lodges \_\_\_\_\_

Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 123... Yearly No. 41... Date June 28, 1926  
 Name of Deceased Infant Galler - w Pa.  
 Husband-- (What Race) (Where Born)  
 Wife--Widow  
 Son--Daughter of }

Charge to  
 Address  
 Order Given by  
 How Secured  
 Date of Funeral  
 Residence 1407-5th Ave  
 Place of Death  
 Funeral Services at  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician W. J. Probst  
 His Residence 5th Ave  
 Number of Burial Certificate  
 Cause of Death Breast Cancer 5 1/2 Mo.  
 (Primary) (Secondary)  
 Date of Death June 20, 1926  
 Occupation of the Deceased  
 Single or Married Religion  
 Date of Birth  
 Age Stollborn Months Days  
 Name of Father  
 His Birthplace  
 Name of Mother May Galler  
 (Maiden Name)  
 Her Birthplace Ohio  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by  
 Interment at Crematorium Cemetery

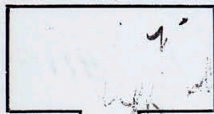


Diagram of Lot or Vault

Lot No.  
 Grave No.  
 Section No.

Casket or Coffin ..... \$  
 Metallic Lining ..... (State Kind)  
 Outside Box ..... (State Kind)  
 Grave Vault ..... (State Kind)  
 Burial Suit or Dress  
 Burial Slippers and Hose  
 Engraving Plate  
 Embalming Body (with ..... Fluid)  
 Dressing Body, \$ ..... Shaving, \$ .....  
 Hair Dressing  
 Use of Folding Chairs  
 " " Candelabrum, \$ ..... Candles, \$ .....  
 Door Badge, \$ ..... Gloves, \$ .....  
 Hearse  
 Auto Limousines to Cemetery, @ \$ .....  
 Autos to R. R. Station, @ \$ .....  
 Other Vehicle Service  
 Aeroplane Service  
 Death Notices in ..... Newspapers  
 (Names of Newspapers)  
 Flowers, \$ ..... Rental of Plants, \$ .....  
 Other Decorations  
 Outlay for Lot  
 Opening Grave or Vault  
 Lining Grave with Evergreen or Muslin  
 Matting, \$ ..... Tent Rental, \$ .....  
 Use of Lowering Device  
 Rental of Vault  
 Outlay for Shipping Charges  
 Removal Charges  
 Incineration  
 Personal Services No charge  
 Singers  
 Church Charges, \$ ..... Minister, \$ .....  
 Telegrams and Telephone Charges  
 Pall Bearer Service  
 Total Footing of Bill ..... \$  
 By Amount Paid in Advance ..... \$  
 Balance ..... \$  
 Entered into Ledger, page ..... or below

To Funeral Charges	Total, \$		By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives

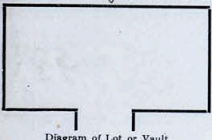
# RECORD OF FUNERAL

Total No. 124 Yearly No. 42 Date Aug 3, 1926  
 Name of Deceased John A. Williard W Ohio  
(What Race) (Where Born)

Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to Estate of  
 Address  
 Order Given by Earl J. Williard  
 How Secured  
 Date of Funeral  
 Residence Summitville, Ohio  
 Place of Death Mercy Hospital  
 Funeral Services at  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician W. J. Griffith  
 His Residence Mercy Hospital  
 Number of Burial Certificate  
 Cause of Death Typhoid Pneumonia  
(Primary) (Secondary)  
 Date of Death Aug 3, 1926  
 Occupation of the Deceased Farmer  
 Single or Married W Religion Prot  
 Date of Birth  
 Age 63 years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Name of Father Joseph Williard  
 His Birthplace Ohio  
 Name of Mother Rebecca Arnold  
(Maiden Name)  
 Her Birthplace Ohio  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Murphy  
 Interment at Summitville, Ohio Cemetery  
 Lot No.  
 Grave No.  
 Section No.

Casket or Coffin..... \$ <u>325 00</u> Metallic Lining..... <small>(State Kind)</small> Outside Box..... <u>20 00</u> <small>(State Kind)</small> Grave Vault..... <small>(State Kind)</small> Burial Suit or Dress..... <u>27 50</u> Burial Slippers and Hose <u>Mid</u> ..... <u>3 50</u> Engraving Plate..... Embalming Body (with..... Fluid)..... <u>25 00</u> Dressing Body, \$..... Shaving, \$..... Hair Dressing..... Use of Folding Chairs..... " " Candelabrum, \$..... Candles, \$..... Door Badge, \$..... Gloves, \$..... Hearse..... Auto Limousines to Cemetery, @ \$..... Autos to R. R. Station, @ \$..... <u>10 00</u> Other Vehicle Service..... Aeroplane Service..... Death Notices in..... Newspapers..... <small>(Names of Newspapers)</small> Flowers, \$..... Rental of Plants, \$..... Other Decorations..... Outlay for Lot..... Opening Grave or Vault..... Lining Grave with Evergreen or Muslin Matting, \$..... Tent Rental, \$..... Use of Lowering Device..... Rental of Vault..... Outlay for Shipping Charges..... Removal Charges..... Incineration..... Personal Services..... Singers..... Church Charges, \$..... Minister, \$..... Telegrams and Telephone Charges..... Pall Bearer Service..... Total Footing of Bill..... <u>441 00</u> By Amount Paid in Advance..... Balance..... \$..... Entered into Ledger, page..... <u>of 10</u> or below.....
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	To Funeral Charges..... Total, \$					By Cash..... \$	

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 125 Yearly No. 43 Date August 10, 1926  
 Name of Deceased Catherine O'Donnell (What Race) Pa. (Where Born)

Husband---  
 Wife---Widow  
 Son---Daughter of  
 Charge to John O'Donnell  
 Address 1330 Libban St.  
 Order Given by  
 How Secured  
 Date of Funeral Aug 11, 1926  
 Residence  
 Place of Death 1330 Libban St.  
 Funeral Services at  
 Time of Funeral Service  
 Clergyman Fr. O'Donnell  
 Certifying Physician W. J. McGregor, Cor.  
 His Residence  
 Number of Burial Certificate  
 Cause of Death Polar Pneumonia  
 (Primary) (Secondary)  
 Date of Death Aug 10, 1926  
 Occupation of the Deceased  
 Single or Married S Religion Cath.  
 Date of Birth Dec 19, 1925  
 Age 0 Years 7 Months 21 Days  
 Name of Father John O'Donnell  
 His Birthplace Ireland  
 Name of Mother Nora Leagne  
 (Maternal Name)  
 Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin 7/6  
 Manufactured by Murphy  
 Interment at Colway Cemetery

Casket or Coffin		\$	40	00
Metallic Lining	(State Kind)			
Outside Box	(State Kind)			
Grave Vault	(State Kind)			
Burial Suit or Dress				
Burial Slippers and Hose				
Engraving Plate				
Embalming Body (with Fluid)			10	00
Dressing Body, \$	Shaving, \$			
Hair Dressing				
Use of Folding Chairs				
Candelabrum, \$	Candles, \$		2	00
Door Badge, \$	Gloves, \$		8	00
Hearse				
Auto Limousines to Cemetery @ \$			21	00
Autos to R. R. Station @ \$				
Other Vehicle Service				
Acroplane Service				
Death Notices in Newspapers			1	00
(Names of Newspapers)				
Flowers, \$	Rental of Plants, \$		15	00
Other Decorations				
Outlay for Lot			45	00
Opening Grave or Vault				
Lining Grave with Evergreen or Muslin				
Matting, \$	Tent Rental, \$			
Use of Lowering Device				
Rental of Vault	<b>EDW. J. MCAVOY</b>			
Outlay for Shipping Charges				
Removal Charges				
Incineration				
Personal Services			10	00
Singers				
Church Charges				
Telegrams and Telephone Charges				
Pall Bearer Service				
Total Footing of Bill		\$	152	00
By Amount Paid in Advance		\$	100	00
Balance		\$	52	00
Entered into Ledger, page				

Lot No. \_\_\_\_\_  
 Grave No. 30  
 Section No. 8  
Row 31

Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$
<u>2 Calligan</u>		<u>3 Cars paid</u>	<u>30.00</u>
<u>1 Hennessy</u>		<u>12/11/26</u>	<u>5.00</u>
<u>1 M.A.</u>		<u>2/15/27</u>	<u>5.00</u>
<u>1 Freyhofer</u>		<u>4/23/27</u>	<u>5.00</u>

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 126 ..... Yearly No. 44 ..... Date Aug 20 ..... 1926  
 Name of Deceased Ruth A. Rankin ..... (What Race) W ..... (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to Mrs Nellie Rankin  
 Address 1719 Fifth Ave.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Aug 22, 1926.  
 Residence .....  
 Place of Death 1719 5th ave.  
 Funeral Services at Chapel  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician L.D. O'Donnell  
 His Residence 1719 - 5th ave  
 Number of Burial Certificate .....  
 Cause of Death Generalized Paralysis  
Hydrocephalus (Primary) (Secondary)  
 Date of Death Aug 20, 1926  
 Occupation of the Deceased .....  
 Single or Married S ..... Religion Cath.  
 Date of Birth April 23, 1925  
 Age 1 Years 2 Months 27 Days  
 Name of Father Harry Rankin  
 His Birthplace Pa.  
 Name of Mother Nellie Estelle Gray  
 (Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin 3/0 3715  
 Manufactured by .....  
 Interment at St. Marys Cemetery

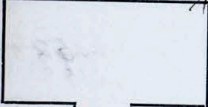


Diagram of Lot or Vault

Lot No. ....  
 Grave No. 52  
 Section No. T  
Row 9

Casket or Coffin	\$ 60 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	10 00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	10 00
Dressing Body \$ Shaving \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge \$ Gloves \$	
Hearse	
Auto Limousines to Cemetery @ \$	10 00
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers \$ Rental of Plants \$	
Other Decorations	
Outlay for Lot	20 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting \$ Tent Rental \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	10 00
Singers	
Church Charges \$ Minister \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	
	\$ 120 50
By Amount Paid in Advance	\$ 30 00
Balance	\$ 90 50
Entered into Ledger, page ..... or below	

To Funeral Charges Total \$	By Cash \$
	5 00
	4 00
	Sub 8

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 137..... Yearly No. 45..... Date. Aug 21..... 1926

Name of Deceased Edward Fitzgerald (What Race) Irish (Where Born) Ireland  
Husband--  
Wife--Widow  
Son--Daughter of }

Charge to Mrs. Harry Kennedy  
Address 1104 Forbes St.  
Order Given by .....  
How Secured .....  
Date of Funeral Aug. 24, 1926  
Residence .....  
Place of Death 1104 Forbes  
Funeral Services at Epiphany  
Time of Funeral Service .....  
Clergyman .....  
Certifying Physician J. P. Property  
His Residence Apple Ave.  
Number of Burial Certificate .....  
Cause of Death Int. Interstitial Nephritis  
(Primary) (Secondary)  
Date of Death Aug. 21, 1926  
Occupation of the Deceased Rep.  
Single or Married u Religion Cath.  
Date of Birth .....  
Age 82 Years ..... Months ..... Days .....  
Name of Father Edw. Fitzgerald  
His Birthplace Ireland  
Name of Mother not known  
(Maiden Name)  
Her Birthplace Ireland  
Body to be Shipped to .....  
Size and Style of Casket or Coffin 2122 \$97  
Manufactured by Murphy  
Interment at Calvary Cemetery

Casket or Coffin.....	\$	1.75	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Burial Suit or Dress.....		30	00
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)		20	00
Dressing Body, \$.....	Shaving, \$.....		
Hair Dressing.....			
Use of Folding Chairs.....			
" " Candelabrum, \$.....	Candles, \$.....	4	00
Door Badge, \$.....	Gloves, \$.....	4	50
Hearse.....		14	00
Auto Limousines to Cemetery, @ \$.....		63	00
Autos to R. R. Station, @ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in..... Newspapers.....		10	00
(Names of Newspapers)			
Flowers, \$.....	Rental of Plants, \$.....	15	00
Other Decorations.....	<u>Door Badge</u>	12	00
Outlay for Lot.....		50	00
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$.....	Tent Rental, \$.....	18	00
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			
Personal Services.....		25	00
Singers.....			
Church Charges, \$.....	Minister, \$.....	25	00
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....		465	50
By Amount Paid in Advance.....		447	50
Balance.....			
Entered into Ledger, page.....			

Lot No. ....  
Grave No. 31  
Section No. # 12  
Row 17

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>2 Tierney</u>			
<u>2 Williams</u>			
<u>1 Miller</u>			
<u>1 M. Gray</u>			
<u>Smullen Hearse</u>			

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 128      Yearly No. 46      Date Aug 23 1926

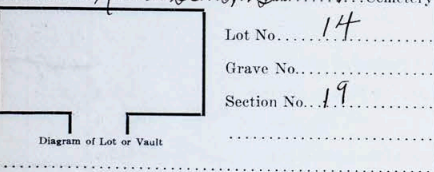
Name of Deceased. Alice B Beighley (Where Born) Pa  
 Husband---  
 Wife---Widow  
 Son---Daughter of {

Charge to Wm A Beighley  
 Address 1027 Welfer St  
 Order Given by  
 How Secured  
 Date of Funeral Aug 25 1926  
 Residence 1027 Welfer St  
 Place of Death Cassavant Hos  
 Funeral Services at None  
 Time of Funeral Service 8 PM 8/24/26

Clergyman  
 Certifying Physician E J Bateman  
 His Residence 3605 Quarry Ave  
 Number of Burial Certificate  
 Cause of Death arterio sclerosis of cerebral brain  
 (Primary)      (Secondary)  
 Date of Death Aug 22 1926  
 Occupation of the Deceased Ret

Single or Married Mar      Religion Prot  
 Date of Birth Feb 12 1868  
 Age 58 Years 6 Months 10 Days  
 Name of Father Henry J Beighley  
 His Birthplace Pa  
 Name of Mother Elizabeth Maffin  
 (Maiden Name)  
 Her Birthplace Pa  
 Body to be Shipped to

Size and Style of Casket or Coffin 6/0 2122  
 Manufactured by Murphy  
 Interment at North Side, Butler Co Cemetery



Lot No. 14  
 Grave No.  
 Section No. 19

Casket or Coffin	\$ <u>175 00</u>
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	<u>26 00</u>
Burial Slippers and Hose	
Engraving Plate	<u>5 00</u>
Embalming Body (with Fluid)	<u>20 00</u>
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$ <u>6 00</u>
Auto Limousines to Cemetery, @ \$	<u>25 00</u>
Autos to R. R. Station, @ \$	<u>40 00</u>
Other Vehicle Service	
Aeroplane Service	
Death Notices in	Newspapers <u>6 00</u>
(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$ <u>15 00</u>
Other Decorations	<u>12 00</u>
Outlay for Lot	
Opening Grave or Vault	<u>13 00</u>
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	<u>10 00</u>
Removal Charges	
Incineration	
Personal Services	<u>20 00</u>
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill <u>Aug 31 1926</u>	\$ <u>371 00</u>
By Amount Paid in Advance	\$
Balance	<u>Paid in full</u>
Entered into Ledger, page <u>871</u>	below

To Funeral Charges	Total, \$		
Flowers		<u>22 00</u>	
			By Cash \$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$      Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 129      Yearly No. 47      Date. Aug 27      1926  
 Name of Deceased. Ethel May Geron      W.      Pa.  
Husband---      (What Race)      (Where Born)  
 Wife---Widow  
 Son---Daughter of

Charge to. Clayton Geron  
 Address. 110 Fountain St. W.S.  
 Order Given by. 1604 East St.  
 How Secured \_\_\_\_\_  
 Date of Funeral. Aug 28, 1926.  
 Residence \_\_\_\_\_  
 Place of Death. 110 Fountain St.  
 Funeral Services at. \_\_\_\_\_  
 Time of Funeral Service. 10 am.  
 Clergyman \_\_\_\_\_  
 Certifying Physician. A. F. Huston  
 His Residence. 1404 Federal St.  
 Number of Burial Certificate. \_\_\_\_\_  
 Cause of Death. Brain tumor Birth  
(Primary) (Secondary)  
 Date of Death. Aug 27, 1926.  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married. S      Religion. \_\_\_\_\_  
 Date of Birth. Aug 26, 1926.  
 Age. 0      Years      0      Months      1 1/2 hrs      Days  
 Name of Father. Clayton Geron  
 His Birthplace. Italy  
 Name of Mother. Ethel Bernarde  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to. \_\_\_\_\_  
 Size and Style of Casket or Coffin. 2/6 S.B.  
 Manufactured by Murphy  
 Interment at Salvador      Cemetery

Casket or Coffin.....	\$	10	00
Metallic Lining.....			
<small>(State Kind)</small>			
Outside Box.....			
<small>(State Kind)</small>			
Grave Vault.....			
<small>(State Kind)</small>			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)			
Dressing Body, \$.....			
Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
" " Candelabrum, \$.....			
Candles, \$.....			
Door Badge, \$.....			
Gloves, \$.....			
Hearse.....			
Auto Limousines to Cemetery...@ \$.....			
Autos to R. R. Station.....@ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in.....			
<small>(Names of Newspapers)</small>			
Flowers, \$.....			
Rental of Plants, \$.....			
Other Decorations.....			
Outlay for Lot.....		26	00
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$.....			
Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....		5	00
Incineration.....			
Personal Services.....			
Singers.....			
Church Charges, \$.....			
Minister, \$.....			
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....	\$	35	00
By Amount Paid in Advance.....	\$		
Balance.....	\$		
Entered into Ledger, page.....			
			or below

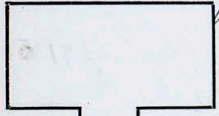


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

	To Funeral Charges	Total	By Cash	
.....	\$		\$	
.....				
.....				
.....				
.....				

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$.....      Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 130 Yearly No. 48 Date Sept 8 1926

Name of Deceased Catherine Kennedy (What Race) W (Where Born) Pr

Charge to Wm J Sullivan  
Address 2021 Austin St.

Order Given by Wm J Sullivan  
How Secured Sept 11, 1926

Date of Funeral Sept 11, 1926  
Residence Mayview Hrs  
Place of Death St. Agnes

Funeral Services at St. Agnes  
Time of Funeral Service 9 A.M.  
Clergyman Fr. McCord

Certifying Physician Mayview Hrs  
His Residence Mayview Hrs  
Number of Burial Certificate 1  
Cause of Death Ch. Myocarditis  
(Primary) (Secondary)

Date of Death Sept 8, 1926  
Occupation of the Deceased W  
Single or Married W Religion Cath

Date of Birth abt 50 Years Months Days  
Name of Father Ann Downes

His Birthplace Ann  
Name of Mother Ann  
(Maiden Name)

Her Birthplace Ann  
Body to be Shipped to W

Size and Style of Casket or Coffin 4/8  
Manufactured by Mumphy

Interment at Calvary Cemetery

Lot No.       
Grave No.       
Section No.     

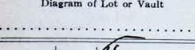


Diagram of Lot or Vault

Casket or Coffin	\$ 200 00
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	30 00
Burial Slippers and Hose	4 50
Engraving Plate	
Embalming Body (with Fluid)	20 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse	14 00
Auto Limousines to Cemetery @ \$	42 00
Autos to R. R. Station @ \$	
Other Vehicle Service	10 00
Acroplane Service	
Death Notices in Newspapers	6 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations	12 00
Outlay for Lot	
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	18 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	10 00
Singers	
Church Charges, \$ Minister, \$	20 00
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Graves</u>	29 00
Total Footing of Bill	\$ 451 50
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page <u>    </u> or below <u>    </u>	

Funeral Home		Total, \$	
1 Miller			
1 Hierst			
1 Hunsler			
1 M. A.			
		By Cash \$	

Names of Pall Bearers     

Names of Lodges     

Lodge Insurance, \$      Other Insurance, \$     

Names of Near Relatives





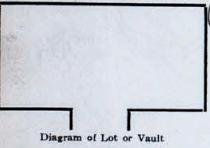


# RECORD OF FUNERAL

Total No. 134 Yearly No. 52 Date Sept 26, 1926

Name of Deceased Cecelia Hindell (What Race) W (Where Born) Pa.  
 Husband --  
 Wife -- Widow  
 Son -- Daughter of John J Hindell

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Sept 29 1926  
 Residence 1347 Watson St.  
 Place of Death Mercy Hospital  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman F. J. O'Connell  
 Certifying Physician Dr. O'Connell  
 His Residence Mercy Hospital  
 Number of Burial Certificate .....  
 Cause of Death Appendicitis in Pseudotubercle  
 (Primary) (Secondary)  
 Date of Death Sept 26, 1926  
 Occupation of the Deceased Housewife  
 Single or Married wid Religion Cath  
 Date of Birth .....  
 Age 44 Years ..... Months ..... Days .....  
 Name of Father John Eriel  
 His Birthplace Ireland  
 Name of Mother Anna Callaghan  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin 2112  
 Manufactured by Murphy  
 Interment at Conway Cemetery  
 Lot No. 755 1/2  
 Grave No. 3  
 Section No. M



Casket or Coffin	\$ 175 <sup>31</sup> 00
Metallie Lining	
Outside Box	20 00
Grave Vault	
Burial Suit or Dress	35 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 50
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	31 50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	6 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations	12 00
Outlay for Lot	
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10 00
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	25 00
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 369 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page ..... or below	

To Funeral Charges	Total, \$	By Cash	\$
<u>Smullen Hearse</u>		<u>Mercy 25.00</u>	
<u>Murphy</u>			
<u>Brecht</u>			
<u>Colligan</u>			

Names of Pall Bearers Mrs. Julia Baker  
 Names of Lodges 28 Hammer Ave  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives 10.50

# RECORD OF FUNERAL

Total No. 135 Yearly No. 53 Date Sept. 27, 1926

Name of Deceased Nellie C. Hawley (What Race) W. (Where Born) Pa.

Husband--  
Wife--Widow  
Son--Daughter of

Charge to Mr. M. Alexia  
Address Mercy Hos.  
Order Given by J. Sewell  
How Secured  
Date of Funeral Sept. 30, 1926  
Residence  
Place of Death Mercy Hospital  
Funeral Services at St. Paul's Cathedral  
Time of Funeral Service 9:30  
Clergyman W. M. E. Mullen  
Certifying Physician Dr. W. M. Crenney  
His Residence Mercy Hos.  
Number of Burial Certificate  
Cause of Death Cancer of Stomach  
(Primary) (Secondary)  
Date of Death Sept. 27, 1926  
Occupation of the Deceased None  
Single or Married Single Religion Cath.

Date of Birth  
44 Years 4 Months 4 Days  
Name of Father  
His Birthplace  
Name of Mother  
(Maiden Name)

Her Birthplace  
Body to be Shipped to  
Size and Style of Casket or Coffin  
Manufactured by  
Interment at \_\_\_\_\_ Cemetery

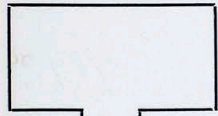


Diagram of Lot or Vault

Lot No.  
Grave No.  
Section No.

Casket or Coffin		\$	372
Metallic Lining		\$	175 00
Outside Box	(State Kind)		25 00
Grave Vault	(State Kind)		
Burial Suit or Dress			25 00
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)			20 00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$		4 50
Door Badge, \$	Gloves, \$		6 00
Hearse			14 00
Auto Limousines to Cemetery, @ \$			10 00
Autos to R. R. Station, @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in	Newspapers		10 00
(Names of Newspapers)			
Flowers, \$	Rental of Plants, \$		20 00
Other Decorations			
Outlay for Lot			
Opening Grave or Vault			15 00
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		18 00
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			10 00
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			20 00
Flowers, \$			
Total Footing of Bill		\$	372 50
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page			or below

*Paid in full*  
*J. M. A.*

To Funeral Charges	Total, \$		
<u>1 Miller</u>			
<u>1 M. A.</u>			
By Cash		\$	

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 136 Yearly No. 54 Date Sept 28, 1926  
 Name of Deceased Helen Juke W Pa.  
(What Race) (Where Born)

Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to Mike Juke  
 Address 1236 Clarke St.  
 Order Given by.....  
 How Secured.....

Date of Funeral Sept 30, 1926  
 Residence 1236 Clarke St.  
 Place of Death.....

Funeral Service Epiphany  
 Time of Funeral Service 1 P.M.  
 Clergyman L.A. O'Connell  
 Certifying Physician W.J. M. Conroy

His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death Diphtheria  
(Primary) (Secondary)

Date of Death Sept 28, 1926  
 Occupation of the Deceased at school  
 Single or Married Single Religion Cath.

Date of Birth January 5, 1922  
 Age 4 Years 8 Months 25 Days  
 Name of Father Mike Juke  
 His Birthplace Victoria, N.S.W. Australia

Name of Mother.....  
 Her Birthplace Australia  
 Body to be Shipped to.....

Size and Style of Casket or Coffin.....  
 Manufactured by Murphy  
 Interment at St. Mary's Cemetery

Lot No.....  
 Grave No. 54  
 Section No. 5  
Row 9

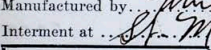


Diagram of Lot or Vault

Casket or Coffin.....	\$ 50 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	10 00
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
..... Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	8 00
Hearse.....	14 00
Auto Limousines to Cemetery, @ \$.....	10 50
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers..... <small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	20 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<b>Total Footing of Bill.....</b>	<b>\$ 127 50</b>
By Amount Paid in Advance.....	40 00
..... Balance.....	87 50
Entered into Ledger, page..... or below.....	

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>Smullen Heasel</u>		<u>Oct 23</u>	40 00
<u>I.M. W.</u>		<u>Nov 20</u>	10 00
		<u>Dec 11</u>	5 00
		<u>" 18</u>	5 00
		<u>" 17</u>	10 00
		<u>Feb 14</u>	10 00

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....



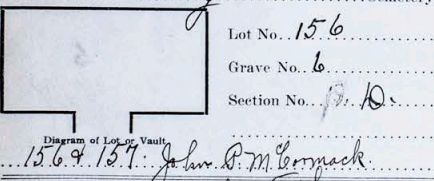
# RECORD OF FUNERAL

Total No. 138 Yearly No. 56 Date Oct 13, 1926

Name of Deceased Walter J. McCormack (What Race) W (Where Born) Pa.  
 Husband---  
 Wife---Widow } Alice McCormack  
 Son---Daughter of }

Charge to Robert L. Montgomery  
 Address 5637 Callinhill St.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Oct. 16, 1926  
 Residence 108 Mittenberger St.  
 Place of Death Mercy Hospital  
 Funeral Services at Epiphany  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician W. J. M. Gregor, M.D.  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death Chas. Myocarditis  
(Primary) (Secondary)  
 Date of Death Oct. 13, 1926  
 Occupation of the Deceased Chart Maker  
 Single or Married Divorced Religion Cath.  
 Date of Birth not known  
 Age 55 Years Months Days  
 Name of Father John J. McCormack  
 His Birthplace Ireland  
 Name of Mother not known  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to .....

Size and Style of Casket or Coffin 6/3 2112  
 Manufactured by Zimophy  
 Interment at Calvary Cemetery



Casket or Coffin.....	\$ 175 00
Metallic Lining.....	(State Kind)
Outside Box.....	20 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	25 00
Burial Slippers and Hose.....	3 00
Engraving Plate.....	(State Kind)
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	2 00
Door Badge, \$..... Gloves, \$.....	3 00
Hearse.....	14 00
Auto Limousines to Cemetery, @ \$.....	21 00
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	6 00
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	15 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	20 00
Singers.....	
Church Charges, \$..... Minister, \$.....	10 00
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 359 00
By Amount Paid in Advance.....	\$
Balance <u>Paid in full</u>	\$
Entered into Ledger, page <u>Epiph.</u> below	

	To		
To Funeral Charges.....	Total, \$		
		<u>2/5/27 A.E. Master Co.</u>	\$ 201 32
		<u>8/5/27</u>	157 68

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 139

Yearly No. 57

Date. Oct. 16 1926

Name of Deceased. Isaac Walter Binner

Husband---  
Wife---Widow } Louise Borman  
Son---Daughter of

(What Race)

(Where Born)

Charge to Mrs. Louise Binner

Address Meadville, Pa.

Order Given by Mr. Chas. Binner

How Secured 3. Manetta Pl.

Date of Funeral Oct. 19, 1926

Residence 3. Manetta Pl.

Place of Death Meadville, Pa.

Funeral Services at 3. Manetta Pl.

Time of Funeral Service 2 P.M.

Clergyman

Certifying Physician

His Residence Meadville, Pa.

Number of Burial Certificate

Cause of Death Apoplexy

Date of Death Oct. 16, 1926

Occupation of the Deceased Rep.

Single or Married Married Religion Prot.

Date of Birth

Oct. 75 Years Months Days

Name of Father

His Birthplace

Name of Mother

(Maiden Name)

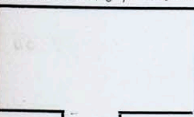
Her Birthplace

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at St. Peters Lutheran Cemetery



Lot No.

Grave No.

Section No.

Casket or Coffin	\$	14.00
Metallic Lining		
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		
Dressing Body, Shaving		
Hair Dressing		
Use of Folding Chairs		
Candelabrum, Candles		
Door Badge, Gloves		6.00
Hearse		14.00
Auto Limousines to Cemetery	@ \$	31.50
Autos to R. R. Station	@ \$	10.00
Other Vehicle Service		
Acroplane Service		
Death Notices in Newspapers		4.00
(Names of Newspapers)		
Flowers, Rental of Plants		20.00
Other Decorations		12.00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, Tent Rental		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		50.00
Singers		
Church Charges, Minister		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$	147.50
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page		or below

*Paid in full*  
*[Signature]*

To Funeral Charges	Total, \$	By Cash	\$
<u>Scout the Hearse</u>			
<u>Miller auto</u>			
<u>Williams</u>			
<u>M.C.</u>			

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives

# A. E. MASTEN & Co.

NO. 323 FOURTH AVENUE

PITTSBURGH

MEMBERS  
NEW YORK STOCK EXCHANGE  
BOSTON STOCK EXCHANGE  
PITTSBURGH STOCK EXCHANGE  
CHICAGO BOARD OF TRADE

BRANCH OFFICES  
WHEELING, W. VA.  
BUTLER, PA.

Feb. 7th, 1927.

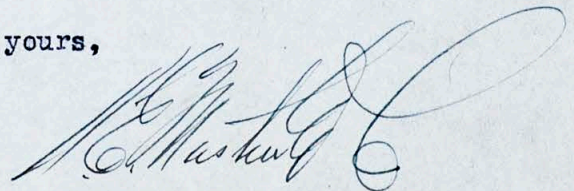
Mr. Edw. McAvoy,  
1518 Forbes Street,  
Pittsburgh, Penna.

Dear Sir:-

Mr. Alex. C. Tener, our attorney, has turned over to us the authority of Mrs. Florence McCormack and Mrs. Aileen Montgomery, who are the heirs to the estate of Walter J. McCormack, deceased, and we have made a check to your order which is herewith enclosed for \$201.32, this being the entire amount due on this account. We note your bill amounts to \$359 for funeral expenses, and we would ask that you please be kind enough to acknowledge receipt of this check for the purpose mentioned. Believe us to be

Very truly yours,

FCM.H  
Encl.



# RECORD OF FUNERAL

Total No. 140 Yearly No. 58 Date Oct. 19, 1926

Name of Deceased John F. Dempsey (What Race) W (Where Born) N.Y.  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Gerard J. Dempsey  
 Address 1762 University Ave. New York  
 Order Given by.....  
 How Secured.....  
 Date of Funeral.....  
 Residence 1762 University Ave N.Y.  
 Place of Death.....  
 Funeral Services at New York N.Y.  
 Time of Funeral Service.....  
 Clergyman.....  
 Certifying Physician.....  
 His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death cerebral hemorrhage  
(Primary) (Secondary)  
 Date of Death Oct. 19, 1926  
 Occupation of the Deceased Salesman  
 Single or Married S Religion Cath.  
 Date of Birth.....  
Oct. 17, 5 Years..... Months..... Days.....  
 Name of Father Gerard Dempsey  
 His Birthplace Ireland  
 Name of Mother Catherine Kearney  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to New York, City  
Mrs. A. T. Ford, 1906 Bathgate St. Bronx  
 Size and Style of Casket or Coffin.....  
 Manufactured by.....  
 Interment at New York N.Y. Cemetery

Casket or Coffin.....	\$ 100 00
Metallic Lining.....	(State Kind)
Outside Box.....	(State Kind)
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	
Auto Limousines to Cemetery... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in..... Newspapers.....	
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	20 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 145 00
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below	

Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

	Total, \$				
To Funeral Charges.....		By Cash.....			
.....		.....			
.....		.....			
.....		.....			
.....		.....			
.....		.....			
.....		.....			
.....		.....			
.....		.....			
.....		.....			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

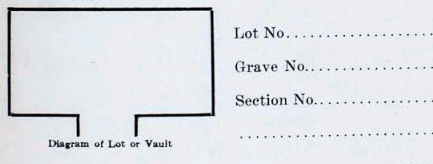
# RECORD OF FUNERAL

Total No. 141 Yearly No. 59 Date Oct 23 1926

Name of Deceased Anna Reeburn (What Race) W. (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of } Frederick Reeburn

Charge to Fresh Reeburn Jr.  
 Address 1357 Vicksburg St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Oct 26, 1926  
 Residence Chopte  
 Place of Death Smith Side Hos.  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman J. H. O'Connell  
 Certifying Physician William Wallace  
 His Residence S. S. Hoop  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cardiac Hemorrhage  
Ch. neph. + myc. (secondary) (Secondary)  
 Date of Death Oct. 23, 1926  
 Occupation of the Deceased H.W.  
 Single or Married M. Religion Leath  
 Date of Birth Nov. 5, 1868  
 Age 57 Years 11 Months 18 Days  
 Name of Father Thomas Grace  
 His Birthplace Ireland  
 Name of Mother Anna Finley  
 (Maiden Name)  
 Her Birthplace Scotland  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Balmain & Co.  
 Interment at \_\_\_\_\_ Cemetery

Casket or Coffin.....	\$ 75 00
Metallic Lining.....	
(State Kind)	
Outside Box.....	20 00
(State Kind)	
Grave Vault.....	
(State Kind)	
Burial Suit or Dress.....	25 00
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	20 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	3 00
Door Badge, \$..... Gloves, \$.....	4 50
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$.....	10 50
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	2 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	32 50
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	10 00
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....\$ 216 50	
By Amount Paid in Advance.....\$	
Balance.....\$	
Entered into Ledger, page..... or below	



To Funeral Charges..... Total, \$ <u>Smullen Hears</u> <u>W.C. auto.</u>	By Cash. <u>Jos Grace</u> \$ 50 00 <u>Rich</u> " 25 00 <u>Edw. Rath</u> 25 00 <u>Mrs. Wm. Culfer</u> 10 00 <span style="float: right;">105 00</span>
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Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. *142* Yearly No. *60* Date *Oct 24, 1926*

Name of Deceased *Mary Brown W.*  
Husband---  
Wife---Widow  
Son---Daughter of }  
(What Race) (Where Born)

Charge to *Estate of*  
Address  
Order Given by  
How Secured

Date of Funeral *Oct 27, 1926*  
Residence *206 ft. working hills*  
Place of Death *Mary Hos*  
Funeral Services at *Epiphany*  
Time of Funeral Service *9 A.M.*  
Clergyman  
Certifying Physician *P. W. M. Greary*  
His Residence *Mary Hos*  
Number of Burial Certificates  
Cause of Death *ac. Cholecystitis*  
(Primary) (Secondary)  
Date of Death *Oct 24, 1926*

Occupation of the Deceased  
Single or Married *S.* Religion *Cath.*

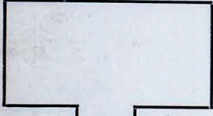
Date of Birth  
*Apr. 70* Years Months Days

Name of Father  
His Birthplace  
Name of Mother  
(Maiden Name)

Her Birthplace  
Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by  
Interment at Cemetery



Lot No. *441*  
Grave No. *6*  
Section No. *N.*

Diagram of Lot or Vault

Casket or Coffin	\$ 250 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	30 00
Burial Slippers and Hose	4 50
Engraving Plate	
Embalming Body (with Fluid)	15 25 00
Dressing Body, Shaving	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, Candles	3 00
Door Badge, Gloves	4 50
Hearse	14 00
Auto Limousines to Cemetery @ \$	31 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	6 00
(Names of Newspapers)	
Flowers, Rental of Plants	20 00
Other Decorations	
Outlay for Lot	60 00
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, Tent Rental	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, Minister	10 00
Telegrams and Telephone Charges	
Pall Bearer Service	24 00
Total Footing of Bill	\$ 542 50
By Amount Paid in Advance	\$ 507 50
Balance	
Entered into Ledger, page _____ or below	

*12/16/26*  
*Paid in full*  
*[Signature]*

To Funeral Charges	Total \$			By Cash	\$
<i>Smullen</i>	<i>Nezno</i>				
<i>miller</i>	<i>auto</i>				
<i>mea</i>	<i>"</i>				

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

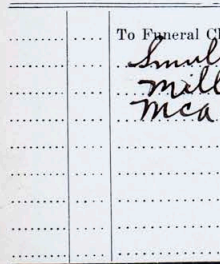
Total No. 143 Yearly No. 61 Date Oct 27, 1926.

Name of Deceased Nick Halleaks, W. (What Race) Greenland (Where Born)  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Chas. Badigianis  
 Address 1510 Central Ave.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Oct 30, 1926  
 Residence 71 Chatham St.  
 Place of Death Mercy Hospital  
 Funeral Services at St. Nicholas  
 Time of Funeral Service 2:30 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician James N. Saphelman  
 His Residence Mercy Hds.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Mem. Encephalitis Prun.  
(Primary) (Secondary)  
 Date of Death Oct 27, 1926  
 Occupation of the Deceased Sol.  
 Single or Married M Religion Cath. G.  
 Date of Birth \_\_\_\_\_  
Oct 50 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
(Maiden Name)

Her Birthplace \_\_\_\_\_  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at St. Nicholas Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_



Casket or Coffin.....	\$ 75 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	16 00
Auto Limousines to Cemetery, @ \$.....	24 00
Auto R. R. Station, @ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in..... Newspapers..... <small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	20 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<hr/>	
Total Footing of Bill.....	\$ 159 00
By Amount Paid in Advance.....	\$ 50 00
Balance.....	\$ 109 00
Entered into Ledger, page..... or below.....	

	By Cash <u>Lodge</u> \$ 50 00
To Funeral Charges..... Total, \$	
<u>Smullen &amp; Miller auto</u>	
<u>Mca. " "</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

\$ 50.00

Oct. 30,

1926

One month after date I promise to  
pay to the order of E. J. M. Conway

Fifty

~~100~~ Dollars

Without defalcation, value received, with interest

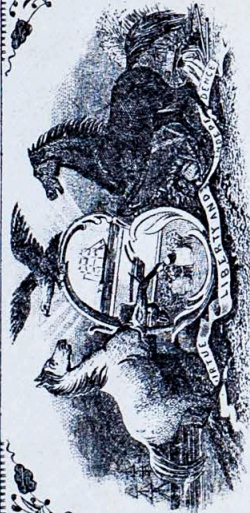
And further, \_\_\_\_\_ do hereby empower any Attorney of any Court of Record within the United States or elsewhere to appear for \_\_\_\_\_ and after one or more declarations filed, confess judgment against \_\_\_\_\_ as of any term for the above sum with costs of suit and Attorney's commission of \_\_\_\_\_ percent for collection and release of all errors, and without stay of execution and inquisition and extension upon any levy on real estate is hereby waived, and condemnation agreed to and the exemption of personal property from levy and sale on any execution hereon, is also hereby expressly waived, and no benefit of exemption be claimed under and by virtue of any exemption law now in force or which may be hereafter passed.

Witness my hand and seal

C. Badogianis

(SEAL)

(SEAL)



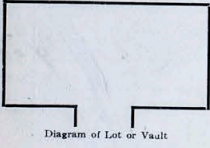
# RECORD OF FUNERAL

Total No. 144 Yearly No. 62 Date Oct 28 1926  
 Name of Deceased Frank Pasquinelli (What Race) W (Where Born) Italy  
 Husband--  
 Wife--Widow  
 Son--Daughter of {

Charge to .....  
 Address .....  
 Order Given by F. Luandini  
 How Secured .....  
 Date of Funeral Oct. 31, 1926  
 Residence 17 Maple St.  
 Place of Death "  
 Funeral Services at St. Peter's Italian  
 Time of Funeral Service 2:30 P.M.  
 Clergyman .....  
 Certifying Physician W. H. Hoegstein  
 His Residence 1229 Luycke Ave.  
 Number of Burial Certificate .....  
 Cause of Death Lobar Pneumonia  
 (Primary) (Secondary)  
 Date of Death Oct 28, 1926  
 Occupation of the Deceased Carry maker  
 Single or Married Wid Religion Cath.  
 Date of Birth .....  
 Age 64 Years Months Days  
 Name of Father John Pasquinelli  
 His Birthplace Italy  
 Name of Mother not known  
 (Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to .....

Casket or Coffin.....	\$ 175 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	25 00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	2 00
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	3 50
Door Badge, \$..... Gloves, \$.....	4 50
Hearse.....	14 00
Auto Limousines to Cemetery... @ \$.....	84 00
Autos to R. R. Station... @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	2 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations..... <u>Door 13</u>	12 00
Outlay for Lot.....	50 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	20 00
Singers.....	
Church Charges, \$..... Minister, \$.....	5 00
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<u>14 flowers</u> .....	40 00
Total Footing of Bill.....	482 00
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

Manufactured by .....  
 Interment at Calvary Cemetery  
 Lot No. ....  
 Grave No. 14  
 Section No. 13  
Row 2



To Funeral Charges..... Total, \$	By Cash..... \$
<u>Maple St.</u>	
<u>2 Miller</u>	
<u>2 Williams</u>	
<u>2 Frost</u>	
<u>1 Blank</u>	
<u>1 m.c.</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 145 Yearly No. 63 Date Nov. 3, 1926 19..

Name of Deceased Res. John Ward (What Race) W (Where Born) Pa.

Charge to Mrs. Peter Schueb.  
 Address 70. E. Grand Ave. Mt. Vernon  
 Order Given by .....

How Secured .....

Date of Funeral Nov. 6, 1926  
 Residence Mercy Hosp.  
 Place of Death " "  
 Funeral Services at St. Paul's Cath.  
 Time of Funeral Service 9:30 A.M.

Clergyman .....

Certifying Physician L. O. O'Donnell  
 His Residence Mercy Hosp.  
 Number of Burial Certificate .....

Cause of Death St. M. carcinoma U. Bladder  
 (Primary) (Secondary)

Date of Death Nov. 3, 1926  
 Occupation of the Deceased Allegymen

Single or Married S. Religion Cath.  
 Date of Birth Dec. 4, 1850  
 Age 75 Years 10 Months 25 Days

Name of Father Martin Ward  
 His Birthplace Ireland  
 Name of Mother Helia Gill  
 (Maiden Name)

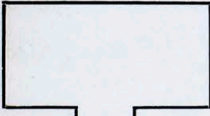
Her Birthplace Ireland  
 Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Casket or Coffin	\$ 800 00
Metallic Lining (State Kind)	
<del>Casket</del> (State Kind)	125 00
Grave Vault (State Kind)	
Burial Suit or Dress (State Kind)	129 50
Burial Slippers and Hose	7 50
Engraving Plate (Number etc)	20 00
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	9 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	9 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	10 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	1 00 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
12/16/26	
Total Footing of Bill	Paid in full \$ 336 00
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below

Manufactured by .....

Interment at St. Mary's Cemetery



Lot No. ....

Grave No. ....

Section No. ....

Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$
<u>Coutler House</u>			
<u>2 Miller Auto</u>			
<u>3 Biddle</u>			
<u>1 O'Brien</u>			
<u>1 Denaber</u>			
<u>1 mca</u>			

Names of Pall Bearers .....

Names of Lodges .....

Lodge Insurance, \$ Other Insurance, \$ .....

Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 146 Yearly No. 64 Date Nov 8, 1926

Name of Deceased Anna Grevo (What Race) W (Where Born) Pa

Husband--  
Wife--Widow  
Son--Daughter of

Charge to Estate of R. P. Lindley Casket or Coffin \$ 450 00

Address Wilkesbarre, Pa Metallic Lining (State Kind)

Order Given by Mrs Mary Anderson Outside Box Shipping Case \$ 40 00  
(State Kind)

How Secured 536 Oscola St Grave Vault (State Kind)

Date of Funeral Nov. 11, 1926 Burial Suit or Dress

Residence Altoona, Pa Burial Slippers and Hose

Place of Death Merry Has. Co Engraving Plate

Funeral Services at Altoona Pa. St. Johns Embalming Body (with Fluid) \$ 25 00

Time of Funeral Service

Clergyman

Certifying Physician J. J. Barman Use of Folding Chairs

His Residence Merry Has. " " Candelabrum, \$ Candles, \$

Number of Burial Certificate

Cause of Death Cancer of Uterus Door Badge, \$ Gloves, \$

Date of Death Nov. 8, 1926 Hearse

Occupation of the Deceased Ret. Auto Limousines to Cemetery...@ \$

Single or Married Widowed Religion Cath Autos to R. R. Station...@ \$ 25 00

Date of Birth not known Other Vehicle Service

abt. 78 Years Months Days

Name of Father William D. Hudson Acroplane Service

His Birthplace Pa Death Notices in Newspapers \$ 2 00

Name of Mother Hester M. Clough (Maiden Name)

Her Birthplace Pa Flowers, \$ Rental of Plants, \$

Body to be Shipped to S. P. Hickey and Other Decorations

Altoona, Pa Use of Lowering Device

Size and Style of Casket or Coffin

Manufactured by Wagoning Rental of Vault

Interment at Altoona, Pa Outlay for Shipping Charges

Lot No. Slumber Blanked Removal Charges

Grave No.

Section No.

Diagram of Lot or Vault

Total Footing of Bill \$ 572 00

By Amount Paid in Advance

Balance

Entered into Ledger, page 12/17/26 or below

To Funeral Charges Total, \$

By Cash \$

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives



# RECORD OF FUNERAL

Total No. *148* Yearly No. *66* Date *Nov. 10,* 192*6*

Name of Deceased *John Moore* (What Race) *W.* (Where Born)

Husband--  
Wife--Widow  
Son--Daughter of }

Charge to *Mrs Anna Coyne*  
Address *1307 Gibbon St.*

Order Given by .....  
How Secured .....  
Date of Funeral *Nov. 13, 1926*  
Residence *1307 Gibbon*  
Place of Death *Woodville, Pa.*  
Funeral Services at *Epiphany*  
Time of Funeral Service *9 A.M.*  
Clergyman *F. A. O'Connell*  
Certifying Physician .....

His Residence *Woodville, Pa.*  
Number of Burial Certificate .....

Cause of Death *Pulmonary Tbc.*  
(Primary) (Secondary)  
Date of Death *Nov. 10, 1926*  
Occupation of the Deceased *Ret.*  
Single or Married *S.* Religion *Cath.*

Date of Birth .....  
Age *61* Years ..... Months ..... Days

*alt* Name of Father .....  
His Birthplace .....

Name of Mother .....  
(Maiden Name)

Her Birthplace .....  
Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by *Murphy 2122*  
Interment at *Calvary* Cemetery

Diagram of Lot or Vault

Dot No. *14*  
Grave No. ....  
Section No. *B.*

Entered into Ledger, page ..... or below

Casket or Coffin		\$ 175 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Burial Suit or Dress		25 00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	4 00
Hearse		14 00
Auto Limousines to Cemetery, @ \$		31 50
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		3 00
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	20 00
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		15 00
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		10 00
Incineration		
Personal Services		25 00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ 370 50
By Amount Paid in Advance		\$
Balance		\$

*Dec 30/26 Paid in full*  
*E. J. O'Connell*

To Funeral Charges	Total, \$	By Cash	\$
<i>Freywoole H</i>			
<i>2 Balligan</i>			
<i>1 M. U.</i>			

Names of Pall Bearers .....  
Names of Lodges .....  
Lodge Insurance, \$ ..... Other Insurance, \$ .....  
Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 149. Yearly No. 67. Date. Nov 13, 1926.

Name of Deceased Mary Markes (What Race) W. (Where Born)

Charge to James & Frank Markes  
 Address 909 Exchange St.

Order Given by  
 How Secured  
 Date of Funeral Nov 17 1926.

Residence 909 Exchange St.  
 Place of Death " "

Funeral Services at Epiphany  
 Time of Funeral Service 9 AM

Clergyman La O'Connell  
 Certifying Physician E. E. Mattar  
 His Residence Chr. Endeavour St. 4th

Number of Burial Certificate  
 Cause of Death Chr. Endeavour St. (Primary) (Secondary)

Date of Death Nov 13, 1926.  
 Occupation of the Deceased Ret.

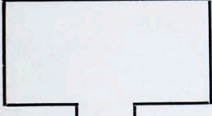
Single or Married W. Religion Cath.  
 Date of Birth not known

Age 65 Years Months Days  
 Name of Father John Higgins  
 His Birthplace Ireland

Name of Mother not known  
 Her Birthplace Ireland.

Body to be Shipped to  
 Size and Style of Casket or Coffin

Manufactured by Murphy  
 Interment at Cathedral Cemetery



Lot No.  
 Grave No.  
 Section No. 72.

Casket or Coffin	\$ 260 00
Metallic Lining	
Outside Box	25 00
Grave Vault	
Burial Suit or Dress	42 00
Burial Slippers and Hose	3 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 50
Door Badge, \$ Gloves, \$	4 50
Hearse	14 00
Auto Limousines to Cemetery, @ \$	31 50
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Acroplane Service	
Death Notices in Newspapers	18 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations	12 00
Outlay for Lot	
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 490 00
By Amount Paid in Advance	\$ 101 13
Balance	\$ 188 87
Entered into Ledger, page or below	

To Funeral Charges	Total, \$		By Cash	\$ 100 00
<u>Mills</u>			<u>Jan 3, 1927</u>	<u>45 00</u>
<u>Scrutton</u>			<u>Mar. 3.</u>	<u>25 00</u>
<u>Hunter</u>			<u>Stee Markes</u>	
<u>Endall</u>			<u>1913 Watson</u>	<u>11 17</u>
<u>George &amp; Co.</u>			<u>Frank Markes</u>	<u>5 00</u>
			<u>July 23</u>	<u>3 00</u>

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 150 . . . . . Yearly No. 68 . . . . . Date. Nov 14, 1926

Name of Deceased. Hazel Miller Budinger W (What Race) Pa (Where Born)

Husband---  
Wife---Widow  
Son---Daughter of

Charge to: J. Thomas Budinger  
Address: Gettysburg, Pa.

Order Given by  
How Secured  
Date of Funeral  
Residence: Gettysburg, Pa.  
Place of Death: Wood, Pa.  
Funeral Services at: Lack Hagen, Pa.  
Time of Funeral Service  
Clergyman  
Certifying Physician: Geo. Hullman  
His Residence: Mercy  
Number of Burial Certificate  
Cause of Death: typhlonephritis  
(Primary) (Secondary)  
Date of Death: Mar 14, 1926

Occupation of the Deceased: NW

Single or Married: M Religion: Cath.

Date of Birth: Oct 4, 1895

Age: 31 Years 10 Months 10 Days

Name of Father: W. Hall Miller

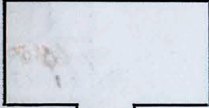
His Birthplace: Pa.

Name of Mother: Anna M. Neary  
(Maiden Name)

Her Birthplace: Pa.

Body to be Shipped to: Lack Haven, Pa.

Size and Style of Casket or Coffin  
Manufactured by  
Interment at: Lack Haven, Pa. Cemetery



Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_

Diagram of Lot or Vault

Casket or Coffin	<u>4 Case</u>	\$ <u>140.00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		<u>50.00</u>
Dressing Body	Shaving	\$
Hair Dressing		
Use of Folding Chairs		
“ “ Candelabrum	Candles	\$
Door Badge	Gloves	\$
Hearse		
Auto Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Other Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers	Rental of Plants	\$
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting	Tent Rental	\$
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		<u>25.00</u>
Incineration		
Personal Services		
Singers		
Church Charges	Minister	\$
Telegrams and Telephone Charges		
Pall Bearer Service		
Flowers		<u>17.00</u>
Total Footing of Bill	<u>Nov 15, 1926 Paid in full</u>	<u>1502.00</u>
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

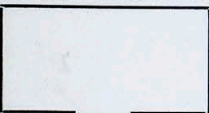
To Funeral Charges	Total	\$	By Cash	\$

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 151 Yearly No. 69 Date Nov 15, 1926

Name of Deceased Albert J. King (What Race) W. (Where Born) Pa.  
 Husband--  
 Wife--Widow  
 Son--Daughter of Carrie Beales

Charge to Carrie Beales 609 Fulton City  
 Address 2106 Wrights way  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Nov 18, 1926  
 Residence 2137 Brighton, Rd.  
 Place of Death South Side Hos.  
 Funeral Services at St. Johns. S.S.  
 Time of Funeral Service 9 am.  
 Certifyman \_\_\_\_\_  
 Certifying Physician H. E. Zwick  
 His Residence S.S. Hospital  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death cerebral hemorrhage  
 (Primary) (Secondary)  
 Date of Death Nov. 15, 1926  
 Occupation of the Deceased laborer  
 Single or Married M Religion Cath.  
 Date of Birth June 3, 1895  
 Age 31 Years 5 Months 12 Days  
 Name of Father Edward King  
 His Birthplace Ohio  
 Name of Mother Margaret Fleming  
 (Maiden Name) W. Va.  
 Her Birthplace \_\_\_\_\_  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 2111 93.  
 Manufactured by Murphy  
 Interment at Calvary Cemetery  
 Lot No. \_\_\_\_\_  
 Grave No. 24  
 Section No. 11  
Row 30  
 Diagram of Lot or Vault   
 Casket or Coffin \$ 175 00  
 Metallic Lining (State Kind) \_\_\_\_\_  
 Outside Box (State Kind) 20 00  
 Grave Vault (State Kind) \_\_\_\_\_  
 Burial Suit or Dress \_\_\_\_\_  
 Burial Slippers and Hose \_\_\_\_\_  
 Engraving Plate \_\_\_\_\_  
 Embalming Body (with \_\_\_\_\_ Fluid) 25 00  
 Dressing Body, \$ \_\_\_\_\_ Shaving, \$ \_\_\_\_\_  
 Hair Dressing \_\_\_\_\_  
 Use of Folding Chairs \_\_\_\_\_  
 " " Candelabrum, \$ \_\_\_\_\_ Candles, \$ 3 00  
 Door Badge, \$ \_\_\_\_\_ Gloves, \$ 4 50  
 Hearse 16 00  
 Auto Limousines to Cemetery, @ \$ 60 00  
 Autos to R. R. Station, @ \$ \_\_\_\_\_  
 Other Vehicle Service \_\_\_\_\_  
 Aeroplane Service \_\_\_\_\_  
 Death Notices in \_\_\_\_\_ Newspapers 6 00  
 (Names of Newspapers) \_\_\_\_\_  
 Flowers, \$ \_\_\_\_\_ Rental of Plants, \$ 20 00  
 Other Decorations Heart Badge 12 00  
 Outlay for Lot \_\_\_\_\_  
 Opening Grave or Vault \_\_\_\_\_  
 Lining Grave with Evergreen or Muslin \_\_\_\_\_  
 Matting, \$ \_\_\_\_\_ Tent Rental, \$ 18 00  
 Use of Lowering Device \_\_\_\_\_  
 Rental of Vault \_\_\_\_\_  
 Outlay for Shipping Charges \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Incineration \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Church Charges, \$ \_\_\_\_\_ Minister, \$ \_\_\_\_\_  
 Telegrams and Telephone Charges \_\_\_\_\_  
 Pall Bearer Service \_\_\_\_\_  
Flowers Nov 27, 1926 25 00  
 Total Posting of Bill David M. Full \$ 464 75  
 By Amount Paid in Advance \_\_\_\_\_ \$ \_\_\_\_\_  
 Balance \_\_\_\_\_ \$ \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

To Funeral Charges	By Cash
Total, \$	\$
<u>Freemyle News</u>	
<u>2 Williams</u>	
<u>1 Miller</u>	
<u>1 Dentlin</u>	
<u>1 m.c.</u>	
	<u>Regis King</u>
	<u>Bucket Dealers</u>
	<u>18 00</u>

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 152..... Yearly No. 70..... Date Nov 17..... 1926  
 Name of Deceased Nelson Cox W (What Race) (Where Born)  
 Husband---  
 Wife---Widow } Wm Bouse Cox  
 Son---Daughter of }

Charge to.....  
 Address 1633 - 5th Ave  
 Order Given by.....  
 How Secured.....  
 Date of Funeral Nov. 20, 1926  
 Residence 1633 - 5th Ave  
 Place of Death " " "  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 AM  
 Clergyman L. A. O'Connell  
 Certifying Physician B. B. Wood  
 His Residence 2118 - 5th Ave  
 Number of Burial Certificate.....  
 Cause of Death Carcinoma of Uterus  
 (Primary) (Secondary)  
 Date of Death Nov. 17, 1926  
 Occupation of the Deceased N.W.  
 Single or Married M Religion Cath  
 Date of Birth Aug 7, 1885  
 Age 41 Years 3 Months 10 Days  
 Name of Father Edward Meyers  
 His Birthplace U.S.A.  
 Name of Mother Not known  
 (Maiden Name)  
 Her Birthplace U.S.A.  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by Murphy  
 Interment at Calvary Cemetery  
 Plot No. ....  
 Grave No. 35  
 Section No. 8 Rly  
Row 3

Casket or Coffin.....	\$ 200 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	20 00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	42 00
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chair.....	
" " Candelabrum, \$..... Candles, \$.....	4 00
Door Badge, \$..... Gloves, \$.....	4 50
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$.....	52 50
Auto to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	3 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations..... <u>Wax Body</u>	12 00
Outlay for Lot.....	50 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	18 00
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	10 00
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<u>F. Lawens</u>	30 00
Total Footing of Bill.....	\$ 520 00
By Amount Paid in Advance.....	\$ 520 00
Balance.....	
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$		<u>Feb 5</u>	By Cash..... \$	300 00
<u>Boysington H.</u>				
<u>2. Thebert</u>				
<u>1. Taylor</u>				
<u>1. Miller</u>				
<u>1. M. A.</u>				

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 156 Yearly No. 71 Date Nov 20 1926  
 Name of Deceased Mildred McKenzie W Pa.  
Husband--  
Wife--Widow (What Race)  
Son--Daughter of (Where Born)

Charge to Regis McKenzie  
 Address 318 Grove St.  
 Order Given by  
 How Secured  
 Date of Funeral Nov 22, 1926.  
 Residence  
 Place of Death Mage Hos.  
 Funeral Services at  
 Time of Funeral Service  
 Clergyman Fr. Ryan  
 Certifying Physician Chas. J. Buroni  
 His Residence Mage Hos.  
 Number of Burial Certificate  
 Cause of Death Prematurity 8 mo.  
(Primary) (Secondary)  
 Date of Death Nov 20, 1926.  
 Occupation of the Deceased  
 Single or Married S Religion Cath  
 Date of Birth Nov 4, 1920  
 Age 0 Years 0 Months 16 Days  
 Name of Father Regis McKenzie  
 His Birthplace Pa.  
 Name of Mother Winifred Guiney  
(Maiden Name)  
 Her Birthplace Ireland.  
 Body to be Shipped to  
 Size and Style of Casket or Coffin 2/0 S.B.  
 Manufactured by Murphy  
 Interment at Calvary Cemetery

Casket or Coffin	\$ 12 00
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in	Newspapers
<small>(Names of Newspapers)</small>	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	20 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	5 00
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 37 00
By Amount Paid in Advance	10 00
Balance	\$ 27 00
Entered into Ledger, page	or below



Diagram of Lot or Vault

Lot No.  
 Grave No.  
 Section No.

To Funeral Charges..... Total, \$	By Cash
	\$ 10 00
	5 00
	3 00
	3 00
	3 00

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 154... Yearly No. 72... Date Nov 24... 1926

Name of Deceased Alice O'Malley w. W. O'Malley England  
Husband---Widow  
Wife---Widow (What Race) (When Born)  
Son---Daughter of James O'Malley

Charge to <u>James O'Malley</u>	Casket or Coffin.....	\$ <u>175 00</u>
Address <u>5 Van Buren</u>	Metallic Lining.....	
Order Given by.....	Outside Box.....	<u>25 00</u>
How Secured.....	Grave Vault.....	
Date of Funeral <u>Nov 29, 1926</u>	Burial Suit or Dress.....	<u>35 00</u>
Residence <u>34-17 Fearace St. Re</u>	Burial Slippers and Hose.....	
Place of Death <u>Mexy Hus</u>	Engraving Plate.....	
Funeral Services at <u>Epiphany</u>	Embalming Body (with..... Fluid)	<u>25 00</u>
Time of Funeral Service <u>9 a.m.</u>	Dressing Body, \$..... Shaving, \$.....	
Clergyman <u>J. A. O'Connell</u>	Hair Dressing.....	
Certifying Physician <u>F. J. Ansh</u>	Use of Folding Chairs.....	
His Residence <u>Mexy Hus</u>	" " Candelabrum, \$..... Candles, \$.....	<u>4 50</u>
Number of Burial Certificate <u>1</u>	Door Badge, \$..... Gloves, \$.....	<u>4 50</u>
Cause of Death <u>Chr. cholecystitis</u>	Hearse.....	<u>14 00</u>
(Primary) (Secondary)	Auto Limousines to Cemetery..@ \$.....	<u>42 00</u>
Date of Death <u>Nov 24, 1926</u>	Autos to R. R. Station.....@ \$.....	
Occupation of the Deceased <u>Housewife</u>	Other Vehicle Service.....	
Single or Married <u>M</u> Religion <u>C</u>	Acroplane Service.....	
Date of Birth <u>Oct 31, 1886</u>	Death Notices in..... Newspapers.....	<u>4 00</u>
Age <u>56</u> Years <u>0</u> Months <u>23</u> Days	(Names of Newspapers)	
Name of Father <u>James Harrathy</u>	Flowers, \$..... Rental of Plants, \$.....	<u>26 00</u>
His Birthplace <u>England</u>	Other Decorations..... <u>Door Balg</u>	<u>12 00</u>
Name of Mother <u>Rose Monahan</u>	Outlay for Lot.....	<u>50 00</u>
(Maiden Name)	Opening Grave or Vault.....	
Her Birthplace <u>England</u>	Lining Grave with Evergreen or Muslin.....	
Body to be Shipped to.....	Matting, \$..... Tent Rental, \$.....	
Size and Style of Casket or Coffin <u>40 21 22</u>	Use of Lowering Device.....	
Manufactured by <u>Murphy</u>	Rental of Vault.....	
Interment at <u>Calvary Ben. Cemetery</u>	Outlay for Shipping Charges.....	
Diagram of Lot or Vault	Removal Charges.....	
Lot No.....	Incineration.....	
Grave No. <u>3</u>	Personal Services.....	<u>25 00</u>
Section No. <u>13</u>	Singers.....	
Row <u>3</u>	Church Charges, \$..... Minister, \$.....	<u>10 00</u>
	Telegrams and Telephone Charges.....	
	Pall Bearer Service.....	
	Total Footing of Bill.....	\$ <u>446.00</u>
	By Amount Paid in Advance <u>Paid in full</u>	\$
	Balance.....	\$
	Entered into Ledger, page..... or below.....	

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>Triangle Hearse</u>			
<u>1. O'Connell</u>			
<u>1. Miller</u>			
<u>1. M.A.</u>			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

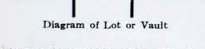
Total No. 155 Yearly No. 73 Date. Nov 26, 1926  
 Name of Deceased. Charles A. Mitchell w. Ireland  
(What Race) (Where Born)  
 Husband--  
 Wife--Widow  
 Son--Daughter of Catherine Reed

Charge to Mrs. Chas A Mitchell  
 Address 700 Magee St.  
 Order Given by Saml H. Townsend  
 How Secured  
 Date of Funeral Nov. 30, 1926  
 Residence 700 Magee St.  
 Place of Death. """  
 Funeral Services at. Epiphany  
 Time of Funeral Service. 9 A.M.  
 Clergyman L. O. O'Connell  
 Certifying Physician Orlando Bause  
 His Residence 275 N. Orange  
 Number of Burial Certificate  
 Cause of Death. Bronch pneumonia  
(Primary) (Secondary)  
 Date of Death. Nov. 26, 1926  
 Occupation of the Deceased Clk. City of Ph.  
 Single or Married. Mar. Religion. Cath.  
 Date of Birth. July 4, 1864  
 Age. 62 Years. 4 Months. 22 Days  
 Name of Father. Chas Mitchell  
 His Birthplace. Ireland  
 Name of Mother. Bothe  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to.

Casket or Coffin.....	\$ 200 00
Metallic Lining.....	(State Kind)
Outside Box.....	25 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	(State Kind)
Burial Slippers and Hose. <u>Shirts etc</u>	4 00
Engraving Plate.....	(State Kind)
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	(State Kind)
Hair Dressing.....	(State Kind)
Use of Folding Chairs.....	(State Kind)
" " Candelabrum, \$..... Candles, \$.....	6 00
Door Badge, \$..... Gloves, \$.....	24 00
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$.....	9.6 00
Autos to R. R. Station.....@ \$.....	(State Kind)
Other Vehicle Service.....	(State Kind)
Aeroplane Service.....	(State Kind)
Death Notices in..... Newspapers.....	6 00
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations..... <u>Decor. Body</u>	12 00
Outlay for Lot.....	40.0 00
Opening Grave or Vault.....	15 00
Lining Grave with Evergreen or Muslin.....	5 00
Matting, \$..... Tent Rental, \$.....	18 00
Use of Lowering Device.....	5 00
Rental of Vault.....	(State Kind)
Outlay for Shipping Charges.....	(State Kind)
Removal Charges.....	(State Kind)
Incineration.....	(State Kind)
Personal Services.....	50 00
Singers.....	25 00
Church Charges, \$..... Minister, \$.....	25 00
Telegrams and Telephone Charges.....	(State Kind)
Pall Bearer Service.....	(State Kind)
<u>Rear Flowers</u>	15 00
<u>Slumber Blanket</u>	35 00
Total Footing of Bill.....	1075 00
By Amount Paid in Advance.....	(State Kind)
Balance <u>Paid in full</u>	(State Kind)
Entered into Ledger, page.....	(State Kind)

Size and Style of Casket or Coffin. 6/6 2122  
 Manufactured by Murphy  
 Interment at Calvary Cemetery

Lot No.....  
 Grave No.....  
 Section No.....



To Funeral Charges.....	Total, \$
<u>Greywoole Hearse</u>	6.91 00
<u>5 Candles</u>	3.00 00
<u>1 Miller</u>	(State Kind)
<u>1 Williams</u>	(State Kind)
<u>1 M.C.</u>	(State Kind)

June 6, 1927  
 By Cash Edw H Townsend \$  
Reed of Edw H Townsend 6.91 00  
Reed from all others 300 00

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 156 Yearly No. 74 Date Nov 28, 1926

Name of Deceased Margaret M. Clarke W (What Race) Pa. (Where Born)  
 Husband--Geo Clarke  
 Wife--  
 Son--  
 Daughter of

Charge to Mrs Mary Bonach  
 Address 1307 Locust St  
 Order Given by  
 How Secured  
 Date of Funeral Dec 2, 1926  
 Residence 1307 Locust  
 Place of Death 1016 Gibson St  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 AM  
 Clergyman L. O'Connell  
 Certifying Physician W. J. M. Esq. Coover  
 His Residence

Number of Burial Certificate  
 Cause of Death Chc. Valvular Heart Dis. (Primary) (Secondary)  
 Date of Death Nov. 28, 1926  
 Occupation of the Deceased Housewife  
 Single or Married W. Religion Cath.  
 Date of Birth June 10, 1847  
 Age 79 Years 5 Months 18 Days  
 Name of Father Hugh M. Mammus  
 His Birthplace Ireland  
 Name of Mother Agnes Coughley ( maiden Name)  
 Her Birthplace Scotland  
 Body to be Shipped to

Size and Style of Casket or Coffin 402122  
 Manufactured by Murphy  
 Interment at \_\_\_\_\_ Cemetery

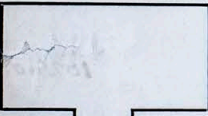


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin.....	\$ 175 00
Metallie Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	25 00
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	26 00
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	4 50
Door Badge, \$..... Gloves, \$.....	6 00
Hearse.....	14 00
Auto Limousines to Cemetery, @ \$.....	52 50
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in..... Newspapers.....	6 00
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations..... <u>Decor. Body</u>	12 00
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	39 00
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<u>Basket of Flowers</u>	12 00
Total Footing of Bill. <u>Paid in full</u>	436 00
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Foyou &amp; Heane</u>	
<u>Millet</u>	
<u>Blank</u>	
<u>O'Brien</u>	
<u>Spira</u>	
<u>W. Co.</u>	
.....	
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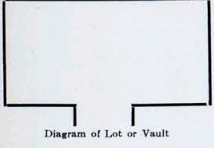
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 157 . . . . . Yearly No. 75 . . . . . Date Nov. 19, 1926 . . . . .  
 Name of Deceased Francis Sanzoni (What Race) W. (Where Born) Italy  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to . . . . .  
 Address . . . . .  
 Order Given by . . . . .  
 How Secured . . . . .  
 Date of Funeral Dec 7, 1926  
 Residence 5 Marion St.  
 Place of Death 1408 - 5th Ave  
 Funeral Services at . . . . .  
 Time of Funeral Service . . . . .  
 Clergyman . . . . .  
 Certifying Physician W. J. M. Cregor, Coroner  
 His Residence . . . . .  
 Number of Burial Certificate . . . . .  
 Cause of Death Shock of hemorrhage (Primary) lung (Secondary)  
in hand  
 Date of Death Nov. 19, 1926  
 Occupation of the Deceased Laborer  
 Single or Married S . . . . . Religion . . . . .  
 Date of Birth . . . . .  
Abt. 34 Years . . . . . Months . . . . . Days  
 Name of Father . . . . .  
 His Birthplace . . . . .  
 Name of Mother . . . . .  
 (Maiden Name)  
 Her Birthplace . . . . .  
 Body to be Shipped to . . . . .  
 Size and Style of Casket or Coffin . . . . .  
 Manufactured by . . . . .  
 Interment at Minersville . . . . . Cemetery

Lot No. . . . .  
 Grave No. . . . .  
 Section No. . . . .



Casket or Coffin . . . . .	\$	8.00	00
Metallic Lining . . . . .			
(State Kind)			
Outside Box . . . . .		2.00	00
(State Kind)			
Grave Vault . . . . .			
(State Kind)			
Burial Suit or Dress . . . . .			
Burial Slippers and Hose . . . . .			
Engraving Plate . . . . .			
Embalming Body (with <u>margin</u> Fluid) . . . . .		1.00	00
Dressing Body, \$ . . . . . Shaving, \$ . . . . .			
Hair Dressing . . . . .			
Use of Folding Chairs . . . . .			
Candelabrum, \$ . . . . . Candles, \$ . . . . .			
Door Badge, \$ . . . . . Gloves, \$ . . . . .			
Hearse . . . . .		14.00	00
Auto Limousines to Cemetery . . . @ \$ . . . . .		1.00	50
Autos to R. R. Station . . . . . @ \$ . . . . .			
Other Vehicle Service . . . . .			
Aeroplane Service . . . . .			
Death Notices in . . . . . Newspapers . . . . .			
(Names of Newspapers)			
Flowers, \$ . . . . . Rental of Plants, \$ . . . . .			
Other Decorations . . . . .			
Outlay for Lot . . . . .		30.00	00
Opening Grave or Vault . . . . .			
Lining Grave with Evergreen or Muslin . . . . .			
Matting, \$ . . . . . Tent Rental, \$ . . . . .			
Use of Lowering Device . . . . .			
Rental of Vault . . . . .			
Outlay for Shipping Charges . . . . .			
Removal Charges . . . . .			
Incineration . . . . .			
Personal Services . . . . .			
Singers . . . . .			
Church Charges, \$ . . . . . Minister, \$ . . . . .			
Telegrams and Telephone Charges . . . . .			
Pall Bearer Service . . . . .			
<u>Incidentals</u> . . . . .		7.50	00
Total Footing of Bill . . . . .	\$	172.00	00
By Amount Paid in Advance . . . . .	\$		
Balance . . . . .	\$		
Entered into Ledger (page <u>24</u> ) or below			

	To Funeral Charges . . . . . Total, \$		By Cash <u>W. J. M. Cregor, Coroner</u>	24	35

Names of Pall Bearers . . . . .  
 Names of Lodges . . . . .  
 Lodge Insurance, \$ . . . . . Other Insurance, \$ . . . . .  
 Names of Near Relatives . . . . .  
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1923.

# RECORD OF FUNERAL

Total No. 158 Yearly No. 76 Date Dec 12 1926

Name of Deceased Thomas C. Wilbur (What Race) W. (Where Born) Ohio  
 Husband---  
 Wife---Widow } Anna Fell  
 Son--- Daughter of }

Charge to Mrs Thomas C. Wilbur  
 Address 2338 Carson St.  
 Order Given by \_\_\_\_\_  
 How Secured Kennedy  
 Date of Funeral December 14, 1926  
 Residence 2317 Sarah St.  
 Place of Death 2338 Carson St.  
 Funeral Services at Sarah St.  
 Time of Funeral Service 2:30 P.M.  
 Clergyman Samuel Tamm  
 Certifying Physician Jno. P. Salling  
 His Residence 2320 Carson St.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cerebral Hemorrhage  
 (Primary) (Secondary)  
 Date of Death Dec 12, 1926  
 Occupation of the Deceased Ret. Sheet M.W.  
 Single or Married \_\_\_\_\_ Religion Prot.  
 Date of Birth Oct 12, 1847  
 Age 79 Years 2 Months 0 Days  
 Name of Father Thomas C. Wilbur  
 His Birthplace Ohio  
 Name of Mother Not known  
 (Maiden Name)  
 Her Birthplace Ohio  
 Body to be Shipped to \_\_\_\_\_

Casket or Coffin	\$ 150 00
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	<u>Nantley</u> (State Kind) 75 00
Burial Suit or Dress	(State Kind)
Burial Slippers and Hose	(State Kind)
Engraving Plate	(State Kind)
Embalming Body (with _____ Fluid)	25 00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	_____
Use of Folding Chairs	_____
" " Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	6 00
Hearse	14 00
Auto Limousines to Cemetery..@ \$ _____	21 00
Autos to R. R. Station ..@ \$ _____	
Other Vehicle Service	_____
Aeroplane Service	_____
Death Notices in _____ Newspapers	1 00
(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	15 00
Other Decorations	<u>Door Badge</u> 10 00
Outlay for Lot	53 00
Opening Grave or Vault	_____
Lining Grave with Evergreen or Muslin	_____
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	_____
Rental of Vault	_____
Outlay for Shipping Charges	_____
Removal Charges	_____
Incineration	_____
Personal Services	20 00
Singers	_____
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	_____
Pall Bearer Service	_____
Total Footing of Bill	<u>390 00</u>
By Amount Paid in Advance	<u>Paid in full</u>
Balance	\$ _____
Entered into Ledger, page _____ or below _____	

Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at Zimmerman Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 Diagram of Lot or Vault

Funeral Charges	Total, \$				By Cash	
<u>Funeral Home</u>					<u>Co. Commissioners</u>	75 00
<u>Refrigerated Auto</u>						

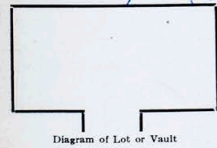
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 159... Yearly No. 77... Date. Dec 26 1926.  
 Name of Deceased. Thomas C. Glynes w. Mass.  
 Husband... (What Race) ... (Where Born)  
 Wife...-Widow  
 Son...-Daughter of }

Charge to Mary A. Glynes  
 Address 48 Prospect St. Fall River, Mass.  
 Order Given by  
 How Secured  
 Date of Funeral  
 Residence 206 West Homestead  
 Place of Death Mass. Hospital  
 Funeral Services at Fall River, Mass.  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician W. M. Gregor, Coon  
 His Residence  
 Number of Burial Certificate  
 Cause of Death Heart & Kidney  
 Date of Death Dec 26, 1926  
 Occupation of the Deceased Railroad Conductor  
 Single or Married S Religion Cath  
 Date of Birth Aug 20, 1874  
 Age 32 Years 4 Months 6 Days  
 Name of Father Patrick N. Glynes  
 His Birthplace Irishland, Mass.  
 Name of Mother Mary G. Diamond  
 (Maiden Name)  
 Her Birthplace England  
 Body to be Shipped to Fall River, Mass.  
R. D. Sullivan, Ford  
 Size and Style of Casket or Coffin

Casket or Coffin	\$ 550 00
Metals Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	<u>Clarke</u> (State Kind) 115 00
Burial Suit or Dress	35 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with... Fluid)	25 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Foot Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery..@ \$	
Autos to R. R. Station...@ \$	
Other Vehicle Service	<u>Auto service</u> 25 00
Aeroplane Service	
Death Notices in... Newspapers	
(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Transporting at N.Y.</u>	25 00
<u>Excess Baggage City</u>	8 49
Total Footing of Bill	783 49
By Amount Paid in Advance	
<u>Paid by check # 81150</u>	
<u>134 of Relief Diff</u>	
Entered into Ledger, page	



Lot No. ....  
 Grave No. ....  
 Section No. ....

	To Funeral Charges	Total \$		By Cash	\$

Names of Pall Bearers. Dr. James D. Shibley B. F. O. Relief  
 Names of Lodges  
 Lodge Insurance, \$  
 Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 160 Yearly No. 78 Date Dec 29 1926  
 Name of Deceased Anna Zader (What Race) W (Where Born) Syria  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to John Simon  
 Address Wylie & Gulletton  
 Order Given by Same  
 How Secured  
 Date of Funeral Dec 31, 1926  
 Residence 1228 Webster Ave  
 Place of Death "  
 Funeral Services at St. Anna P.C. Church  
 Time of Funeral Service 9:30  
 Clergyman  
 Certifying Physician W. J. McGeehan  
 His Residence  
 Number of Burial Certificate  
 Cause of Death Sabrs. myocarditis  
 (Primary) (Secondary)  
 Date of Death Dec 29, 1926  
 Occupation of the Deceased Ret.  
 Single or Married Widow Religion Cath  
 Date of Birth not known  
 Age 60 Years. Months. Days  
 Name of Father Joseph Nebeter  
 His Birthplace Syria  
 Name of Mother Anna Peter  
 (Maiden Name)  
 Her Birthplace Syria  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Murphy  
 Interment at Calvary Cemetery

Casket or Coffin	\$ 2.00	00
Metallic Lining (State Kind)		
Outside Box (State Kind)	25	00
Grave Vault (State Kind)		
Burial Suit or Dress	30	00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	25	00
Dressing Body, \$ Shaving, \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ Candles, \$	4	00
Door Badge, \$ Gloves, \$	6	00
Hearse	14	00
Auto Limousines to Cemetery, @ \$	42	00
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers (Names of Newspapers)		
Flowers, \$ Rental of Plants, \$	20	00
Other Decorations <u>Flower Badge</u>	1.00	00
Outlay for Lot	50	00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ Tent Rental, \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges	10	00
Incineration		
Personal Services	20	00
Singers		
Church Charges, \$ Minister, \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$ 156	00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page or below		

Diagram of Lot or Vault

Lot No.	
Grave No.	15
Section No.	13
Row	3

To Funeral Charges	Total, \$
✓ <u>Leante Heese</u>	
✓ <u>Miller auto</u>	
✓ <u>Briggs "</u>	
✓ <u>Hensler "</u>	
<u>mea</u>	
By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. *161* Yearly No. *1* Date *Jan. 3, 1927* 19...  
 Name of Deceased *Dr. M. Layple Knox* (What Race) *Pa.* (Where Born)  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to *Mother Superior*  
 Address *Mt. Mercy*  
 Order Given by .....  
 How Secured .....  
 Date of Funeral *Jan. 5, 1927*  
 Residence .....  
 Place of Death *Mercy Hos.*  
 Funeral Services at *Mt. Mercy*  
 Time of Funeral Service *9 A.M.*  
 Clergyman .....  
 Certifying Physician .....  
 His Residence *Mercy Hos.*  
 Number of Burial Certificate .....  
 Cause of Death *Myocard Stenosis*  
 (Primary) (Secondary)  
 Date of Death .....  
 Occupation of the Deceased *Teacher*  
 Single or Married *S.* Religion *Catholic*  
 Date of Birth .....  
 Age *75* Years Months Days  
 Name of Father *James Knox*  
 His Birthplace *Pa.*  
 Name of Mother *Hennetta*  
 (Maiden Name) *Pa.*  
 Her Birthplace .....  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at *Beatty, Pa.* Cemetery

Casket or Coffin	\$	60	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	15	00
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)		15	00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	3	00
Door Badge, \$	Gloves, \$		
Hearse		40	00
Auto Limousines to Cemetery, @ \$		25	00
Autos to R. R. Station, @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in Newspapers		5	00
Flowers, \$	Rental of Plants, \$		
Other Decorations			
Outlay for Lot			
Opening Grave or Vault			
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
<i>Shipping box &amp; del. to cem.</i>		3	00
Total Footing of Bill		166	00
By Amount Paid in Advance			
Balance			
Entered into Ledger, page <i>101</i> or below			

Lot No.	
Grave No.	
Section No.	
Diagram of Lot or Vault	

To Funeral Charges	Total, \$		
<i>Freight</i>		35	00
By Cash	\$		

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 162 Yearly No. 2 Date Jan 7 1927

Name of Deceased Samuel Abraham (What Race) ew (Where Born) Syria

Husband...  
Wife--Widow  
Son--Daughter of

Charge to Fannie Shiman  
Address .....  
Order Given by T.S. Abbott  
How Secured .....  
Date of Funeral Jan 6, 1927  
Residence 190 Mayflower St.  
Place of Death "  
Funeral Services at Syrian Cath Church  
Time of Funeral Service 11 A.M.

Clergyman .....  
Certifying Physician L. G. Ignilge  
His Residence 109 Shethland Ave.  
Number of Burial Certificate .....  
Cause of Death Bronch pneumonia  
(Primary) (Secondary)

Date of Death Jan 4, 1926 11:15 P.M.  
Occupation of Deceased Baker  
Single or Married W. Religion Greek Cath

Date of Birth .....  
Age ..... Years ..... Months ..... Days .....  
Name of Father Samuel Abraham  
His Birthplace Syria  
Name of Mother Mary Abbott  
(Maiden Name)  
Her Birthplace Syria  
Body to be Shipped to .....

Size and Style of Casket or Coffin .....  
Manufactured by Murphy  
Interment at Minesville Cemetery

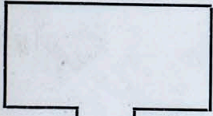


Diagram of Lot or Vault

Lot No. ....  
Grave No. ....  
Section No. ....

Casket or Coffin	\$ 150 00
Metallie Lining (State Kind)	
Outside Box (State Kind)	25 00
Grave Vault (State Kind)	
Burial Suit or Dress	25 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	42 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations, <u>Door Badge</u>	10 00
Outlay for Lot	100 00
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill <u>Mar 17</u>	\$ 456 00
By Amount Paid in Advance	\$
Balance <u>Paid in full</u>	\$
Entered into Ledger, page ..... or below	

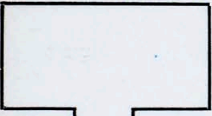
To Funeral Charges	Total, \$	By Cash	\$
✓ <u>Seattle Hezore</u>			
✓ <u>" Auto</u>			
✓ <u>Miller</u>			
<u>Boyd Brecht</u>			
<u>M.A.</u>			

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 163 Yearly No. 3 Date Jan. 9, 1927  
 Name of Deceased Paul Binder W. Austria  
(What Race) (Where Born)  
 Husband--  
 Wife--Widow  
 Son--Daughter of }

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Jan. 12, 1927.  
 Residence 1749 - 5th ave  
 Place of Death Mercy Hosp.  
 Funeral Services at St. Schepke  
 Time of Funeral Service 2:30 P.M.  
 Clergyman .....  
 Certifying Physician W. J. McCregor  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death Fractured Skull Post. mor.  
(Primary) (Secondary)  
 Date of Death Jan. 9, 1927.  
 Occupation of the Deceased Writer  
 Single or Married S Religion Prot.  
 Date of Birth Oct. 52 Years ..... Months ..... Days .....  
 Name of Father Nap  
 His Birthplace .....  
 Name of Mother Anna  
( maiden Name)  
 Her Birthplace .....  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by Murphy  
 Interment at Mineasville Cemetery



Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

Casket or Coffin	\$ 150 00
Metallic Lining	(State Kind)
Outside Box	25 00
Grave Vault	(State Kind)
Burial Suit or Dress	25 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Prep.</u> Fluid)	25 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	4 00
Auto Limousines to Cemetery @ \$	14 00
Autos to R. R. Station @ \$	20 00
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	3 00
	<small>(Names of Newspapers)</small>
Flowers, \$	Rental of Plants, \$
Other Decorations	15 00
Outlay for Lot	30 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	10 00
Pall Bearer Service	
Total Footing of Bill	331 00
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below

Paid in full  
E. J. M.

To Funeral Charges Total, \$ <u>Scuttle News</u> <u>1.75</u>	By Cash \$

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 164      Yearly No. 4      Date Jan 13, 1927

Name of Deceased Infant Hunter (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_  
 Husband- \_\_\_\_\_  
 Wife--Widow \_\_\_\_\_  
 Son--Daughter of \_\_\_\_\_

Charge to Floyd Hunter  
 Address Collins W. Va.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Jan 14, 1927  
 Residence Collins W. Va.  
 Place of Death Mercy Hospital  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_  
 Certifying Physician J. M. Johnston  
 His Residence J. Meley  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Stillborn  
(Primary) (Secondary)  
 Date of Death Jan 13, 1927  
 Occupation of the Deceased \_\_\_\_\_

Single or Married S Religion bath  
 Date of Birth \_\_\_\_\_  
 Age Stillborn Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Floyd Hunter  
 His Birthplace W. Va.  
 Name of Mother Manetta Freshwater  
(Maiden Name)  
 Her Birthplace W. Va.  
 Body to be Shipped to by auto Collins W. Va.  
 Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_  
 Interment at Collins W. Va. Cemetery

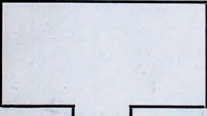


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin	\$ 12 00
Metallic Lining	(State Kind)
Outside Box	\$ 10 00
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse	
Auto Limousines to Cemetery, @ \$ _____	
Autos to R. R. Station, @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	
<small>(Names of Newspapers)</small>	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Jan 13, 1927</u>	
Total Footing of Bill	\$ 22 00
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below	

	To Funeral Charges	Total	\$			By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 165... Yearly No. 5... Date Jan 13, 1927  
 Name of Deceased James Barket (What Race) W (Where Born) Pa  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to John Simon  
 Address Wynlie & Fullerton St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Jan. 15th, 1927  
 Residence 1003 Bedford Ave.  
 Place of Death " " "  
 Funeral Services at St. Ann's R.C.  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician D. S. Butler  
 His Residence 601 Home Innock Bldg.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Broncho Pneumonia  
(Primary) (Secondary)  
 Date of Death Jan 13, 1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married S Religion Cath.  
 Date of Birth Jan 11, 1922  
 Age 5 Years 0 Months 3 Days  
 Name of Father Japac Barket  
 His Birthplace Syria  
 Name of Mother Estie Lahood  
(Maiden Name)  
 Her Birthplace Syria  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 212 6/0

Casket or Coffin		70 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with <u>Flu</u> Fluid)		5 00
Dressing Body, \$	<u>Fl</u> aving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	4 00
Hearse		
Auto Limousines to Cemetery, @ \$		14 00
Autos to R. R. Station, @ \$		7 50
Other Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	
<small>(Names of Newspapers)</small>		
Flowers, \$	Rental of Plants, \$	15 00
Other Decorations	<u>Door Badge</u>	3 00
Outlay for Lot		<del>15 50</del>
Opening Grave or Vault		<del>1 00</del>
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		10 00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		<del>106 50</del>
By Amount Paid in Advance		217 00
Balance		402
Entered into Ledger, page _____	or below	

Manufactured by Maryland  
 Interment at Calvary Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Diagram of Lot or Vault

<p>To Funeral Charges... Total \$</p> <p><u>Wynlie &amp; Fullerton</u></p> <p><u>Barket Auto (2)</u></p> <p><u>Milles (2)</u></p> <p><u>1 Spine</u></p> <p><u>1 Blank</u></p> <p><u>1 m ch.</u></p>	<p>By Cash... \$ <u>55 00</u></p>
---	-----------------------------------

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 166 Yearly No. 6 Date Jan. 14, 1927 1927

Name of Deceased Harold Duncan (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_  
 Husband- \_\_\_\_\_  
 Wife--Widow \_\_\_\_\_  
 Son--Daughter of \_\_\_\_\_

Charge to Robert Duncan  
 Address 1935 Watson St.

Casket or Coffin.....	\$ 175 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	25 00
Grave Vault..... <small>(State Kind)</small>	

How Secured \_\_\_\_\_  
 Date of Funeral Jan 17, 1927

Burial Slippers and Hose.....	35 00
Engraving Plate.....	
Embalming Body (with _____ Fluid)	25 00

Residence \_\_\_\_\_  
 Place of Death 1935 Watson St. Agnes P.C.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service 9 a.m.

Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing.....	
Use of Folding Chairs.....	

Clergyman \_\_\_\_\_  
 Certifying Physician W. J. Probst  
 His Residence 5th Ave.

Door Badge, \$ _____ Gloves, \$ _____	
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$ _____	

Number of Burial Certificate \_\_\_\_\_  
 Cause of Death apoplexy  
(Primary) (Secondary)

Other Vehicle Service.....	
Aeroplane Service.....	5 00
Death Notices in _____ Newspapers..... <small>(Names of Newspapers)</small>	

Date of Death Jan. 14, 1927  
 Occupation of the Deceased wid. ret.  
 Single or Married wid. Religion Cath.

Flowers, \$ _____ Rental of Plants, \$ _____	20 00
Other Decorations.....	
Outlay for Lot.....	50 00

Date of Birth \_\_\_\_\_  
 Age 79 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Name of Father Timothy Harrington  
 His Birthplace Wales  
 Name of Mother not known  
(Maiden Name)  
 Her Birthplace Wales

Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	

Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_

Removal Charges.....	
Incineration.....	
Personal Services.....	20 00

Manufactured by \_\_\_\_\_  
 Interment at Culwary Cemetery

Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	10 00

Plot No. \_\_\_\_\_  
 Grave No. 23  
 Section No. #13  
Row 3

Total Footing of Bill.....	\$ 387 00
By Amount Paid in Advance.....	\$ 50 00
Balance.....	

Diagram of Lot or Vault \_\_\_\_\_  
Wm. Duncan Died Dec. 14, 1914

Entered into Ledger Jan 17 1927

To Funeral Charges	Total, \$	By Cash	\$
✓ <u>Freewood</u>	14 00	00 - 75 00	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 167 Yearly No. 7 Date Jan 28, 1927  
 Name of Deceased Labrina Powers (What Race) Wh (Where Born) Pa.

Charge to Lu M Rose  
 Address Mary Has  
 Order Given by [Signature]  
 How Secured [Signature]  
 Date of Funeral Jan 31, 1927  
 Residence 702 W. Chate. Ave  
 Place of Death Mary Has  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 a.m.  
 Clergyman [Signature]  
 Certifying Physician J. J. Carman  
 His Residence J. J. Carman  
 Number of Burial Certificate [Signature]  
 Cause of Death Sarcoma of Uteri  
 (Primary) (Secondary)  
 Date of Death Jan 28, 1927  
 Occupation of the Deceased Housewife  
 Single or Married [Signature] Religion Cath  
 Date of Birth Apr 4, 8 Years 48 Months [Signature] Days [Signature]  
 Name of Father Edw. Powers  
 His Birthplace Ireland  
 Name of Mother Carroll Trumulty  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to [Signature]  
 Size and Style of Casket or Coffin [Signature]

Casket or Coffin	\$ <u>75.00</u>
Metallic Lining (State Kind)	
Outside Box (State Kind)	<u>15.00</u>
Grave Vault (State Kind)	
Burial Suit or Dress	<u>15.00</u>
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	<u>15.00</u>
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	<u>5.00</u>
Door Badge, \$ Gloves, \$	
Hearse	<u>14.00</u>
Auto Limousines to Cemetery, @ \$	<u>12.50</u>
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	
Other Decorations	
Outlay for Lot	<u>50.00</u>
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	<u>10.00</u>
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ <u>209.50</u>
By Amount Paid in Advance	\$
Balance	\$ <u>[Signature]</u>
Entered into Ledger, page <u>3/14/27</u> or below	

Interment at Calvary Benev. Cemetery  
 Diagram of Lot or Vault

Lot No. [Signature]  
 Grave No. 36  
 Section No. 13  
 Row 3

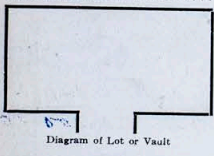
To Funeral Charges	Total, \$	By Cash	\$
<u>Mary</u>	<u>OB</u>	<u>Balance</u>	

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 168 Yearly No. 8 Date Jan 30, 1927  
 Name of Deceased Thomas Gibben (What Race) W (Where Born) Ireland  
 Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to Caro Huston  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Feb 2, 1927  
 Residence 834 Reynolds St.  
 Place of Death Allegheny Gen Hosp.  
 Funeral Services at St. Peters P.C.  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician W. J. McEgan  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death .....  
 Date of Death Jan 30, 1927  
 Occupation of the Deceased Lab.  
 Single or Married S Religion Cath.  
 Date of Birth April 5, 1876  
~~Apr. 4, 1876~~ Years 9 Months 7 Days  
 Name of Father Michael Gibben  
 His Birthplace Ireland  
 Name of Mother Mary Brunt  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by Murphy  
 Interment at ..... Cemetery



Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin.....	\$ 75 00
Metallic Lining.....	(State Kind)
Outside Box.....	15 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	15 00
Burial Slippers and Hose.....	3 00
Engraving Plate.....	20 00
Embalming Body (with..... Fluid)	20 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	3 00
Door Badge, \$..... Gloves, \$.....	3 00
Hearse.....	16 00
Auto Limousines to Cemetery, @ \$.....	21 00
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	4 00
Flowers, \$..... Rental of Plants, \$.....	15 00
Other Decorations.....	10 00
Outlay for Lot.....	50 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	20 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 272 00
By Amount Paid in Advance.....	
Balance.....	Paid in full
Entered into Ledger, page.....	by below

To Funeral Charges	Total	By Cash	Total
✓ C. Brinn T. Miller M.C.A.		Recd of Caro Huston	170 00
		B. Morse M.C.A.	102 00

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 169 Yearly No. 9 Date Jan 30, 1927  
 Name of Deceased John J. Disney (What Race) Irish (Where Born) Ireland  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Mrs. Shryland  
 Address 1316 Swinbal St.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Feb. 1, 1927  
 Residence .....  
 Place of Death Mayview Hos.  
 Funeral Services at Egyptian  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician Mayview Hos.  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death Cancer of Breast  
 (Primary) (Secondary)  
 Date of Death Jan. 30, 1927  
 Occupation of the Deceased Ret.  
 Single or Married wid. Religion Cath.  
 Date of Birth Oct. 77 Years ..... Months ..... Days .....  
 Name of Father .....  
 His Birthplace .....  
 Name of Mother .....  
 (Maiden Name)  
 Her Birthplace .....  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Cathary Cemetery

Casket or Coffin	\$ 75 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	15 00
Grave Vault (State Kind)	
Burial Suit or Dress	20 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Dressing Body \$ Shaving \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles \$	3 00
Door Badge \$ Gloves \$	3 00
Hearse	14 00
Auto Limousines to Cemetery @ \$	19 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers \$ Rental of Plants \$	
Other Decorations	
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting \$ Tent Rental \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10 00
Incineration	10 00
Personal Services	
Singers	
Church Charges \$ Minister \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 240 50
By Amount Paid in Advance	\$ 100 00
Balance	\$ 140 50
Entered into Ledger, page ..... or below	

Diagram of Lot or Vault  
 Lot No. ....  
 Grave No. 37  
 Section No. #13  
Row 3

To Funeral Charges	Total \$	2/28/27	By Cash	\$ 25 00
<u>Stamite House</u>			<u>Paid in full</u>	
<u>M.C.A.</u>			<u>J. M. Conway</u>	

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 170 Yearly No. 10 Date Jan 31 1927  
 Name of Deceased James J. Rooney Irland  
(What Race) (Where Born)

Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Mrs. Bridget Rooney  
 Address 421 M. Lee Pl.

Order Given by  
 How Secured

Date of Funeral Feb. 3, 1927

Residence 421 M. Lee Pl.

Place of Death Mercy Hospital

Funeral Services at St. Paul's Ch. 10 A.M.

Time of Funeral Service

Clergyman J. A. Williamson

Certifying Physician Mercy Hrs.

His Residence

Number of Burial Certificate

Cause of Death Arterio Sclerosis, Cong. & R. H. T.  
(Primary) (Secondary)

Date of Death Jan 31, 1927

Occupation of the Deceased Ret.

Single or Married M. Religion Cath.

Date of Birth

Age 65 Years Months Days

Name of Father Wm. Rooney

His Birthplace Ireland

Name of Mother Ellen Doyle  
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at Cemetery

Diagram of Lot or Vault

Lot No. 57  
 Grave No. 11  
 Section No.

Casket or Coffin	\$	150	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	15	00
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose	<u>Shoes etc.</u>	4	50
Engraving Plate			
Embalming Body (with Fluid)		20	00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	3	50
Door Badge, \$	Gloves, \$	4	00
Hearse		14	00
Auto Limousines to Cemetery, @ \$		42	00
Trucks to R. R. Station	@ \$		
Other Vehicle Service			
Aeroplane Service			
Death Notices in Newspapers	(Name of Newspapers)	6	00
Flowers, \$	Rental of Plants, \$	15	00
Other Decorations	<u>Door Badge</u>	12	00
Outlay for Lot			
Opening Grave or Vault		15	00
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges		10	00
Incineration			
Personal Services			
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill	\$	311	00
By Amount Paid in Advance	\$	200	50
Balance	<u>Paid in full</u>		
Entered into Ledger, page			

✓	To Funeral Charges	Total, \$	14 00	By Cash	\$	
✓	<u>Language 74</u>					
✓	<u>2 Miller</u>					
✓	<u>Master</u>					
✓	<u>with</u>					
✓	<u>Guest</u>					

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 171 Yearly No. 11 Date Feb 1, 1927  
 Name of Deceased Harry J. Mitchell (What Race) W (Where Born) Pa.

Charge to Mrs. Margt. B. Burke  
 Address 312 Warrington Ave.  
 Order Given by Mrs. Margt. B. Burke  
 How Secured \_\_\_\_\_  
 Date of Funeral Feb. 5, 1927  
 Residence 312 Warrington Ave.  
 Place of Death South Side Hospital  
 Funeral Services at St. Francis  
 Time of Funeral Service 9 A.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. J. M. Gregor, Coroner  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Respiratory Disease  
Robertson (Primary) Gregor (Secondary)  
 Date of Death Feb. 1, 1927  
 Occupation of the Deceased Lab.  
 Single or Married S. Religion Cath.  
 Date of Birth Feb. 1877  
 Age 49 Years 11 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Harry Mitchell  
 His Birthplace Unknown  
 Name of Mother Mary Harry  
 (Maiden Name) \_\_\_\_\_  
 Her Birthplace Unknown  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery

Casket or Coffin		3.12
Metallic Lining		150.00
Outside Box	(State Kind)	20.00
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		15.00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	3.50
Door Badge, \$	Gloves, \$	4.50
Hearse		1.60
Auto Limousines to Cemetery, @ \$		4.80
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		5.00
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$	15.00
Other Decorations	<u>Door Badge</u>	10.00
Outlay for Lot		
Opening Grave or Vault		15.00
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		20.00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		222.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		

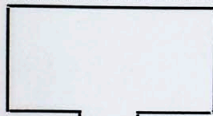


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

✓	To Funeral Charges	Total, \$		By Cash	\$
✓	<u>Freyvale St.</u>		16.00		
✓	<u>2.00</u>				
✓	<u>1.00</u>				
✓	<u>1.00</u>				

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 172 Yearly No. 13 Date Feb 4 1927

Name of Deceased Mary A. Schofer (What Race) W (Where Born) Pa

Husband---  
Wife---Widow  
Son---Daughter of

Charge to John H. Schofer  
Address 50 Leatham St.

Order Given by  
How Secured

Date of Funeral Feb 5, 1927

Residence  
Place of Death 50 Leatham St.

Funeral Services at Epiphany

Time of Funeral Service 9 a.m.

Clergyman L. A. O'Connell

Certifying Physician W. J. M. Gray

His Residence  
Number of Burial Certificate

Cause of Death Arteriosclerosis  
(Primary) (Secondary)

Date of Death Feb 4, 1927

Occupation of the Deceased H.W.

Single or Married M. Religion Cath.

Date of Birth Dec 23, 1883

Age 43 Years Months Days

Name of Father Patrick McNally

His Birthplace Ireland

Name of Mother Patricia Kennedy  
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by Murphy

Interment at Leahurst Cemetery

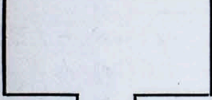


Diagram of Lot or Vault

Lot No.  
Grave No.  
Section No.

Casket or Coffin		250 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Burial Suit or Dress		35 00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	4 00
Door Badge, \$	Gloves, \$	6 00
Hearse		14 00
Auto Limousines to Cemetery, @ \$		42 00
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		7 00
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	20 00
Other Decorations	<u>Door Badge</u>	12 00
Outlay for Lot		150 00
Opening Grave or Vault		15 00
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	18 00
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		25 00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		648 00
By Amount Paid in Advance		
Balance	<u>Paid in full</u>	
Entered into Ledger, page	<u>211/27</u>	or below

To Funeral Charges	Total, \$		By Cash	\$	
<u>Leath Deane</u>					
<u>2 Holligan</u>					
<u>1 Miller</u>					
<u>1 mca</u>					

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 173

Yearly No. 13

Date Feb 4, 1927

Name of Deceased Edmund Kent

Husband--  
Wife--Widow  
Son--Daughter of

(What Race)

(Where Born)

Charge John Calahan

Address

Order Given by

How Secured

Date of Funeral Feb 7, 1927

Residence 3 N. 1st St.

Place of Death 50.20 Glenwood St.

Funeral Services at St. Stephens

Time of Funeral Service 9 AM

Clergyman

Certifying Physician W. M. Greer

His Residence

Number of Burial Certificate

Cause of Death ac. Alcoholism

(Primary)

(Secondary)

Date of Death Feb 4, 1927

Occupation of the Deceased Lab.

Single or Married S

Religion Cath

Date of Birth May 27, 1889

Age 37

Years 8

Months 7

Days

Name of Father Edmund Kent

His Birthplace W. Va.

Name of Mother Mary Lynette

(Maiden Name)

Her Birthplace England

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at Calvary

Cemetery

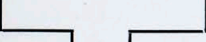


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Casket or Coffin	..... \$	
Metallic Lining	.....	
	(State Kind)	
Outside Box	.....	
	(State Kind)	
Grave Vault	.....	
	(State Kind)	
Burial Suit or Dress	.....	
Burial Slippers and Hose	<u>Wool</u>	3.50
Engraving Plate	.....	
Embalming Body (with	..... Fluid)	10.50
Dressing Body	..... Shaving	..... \$
Hair Dressing	.....	
Use of Folding Chairs	.....	
" " Candelabrum	..... Candles	..... \$
Door Badge	.....	10.00
Hearse	.....	
Auto Limousines to Cemetery	..... @ \$	
Autos to R. R. Station	..... @ \$	
Other Vehicle Service	.....	
Aeroplane Service	.....	
Death Notices in	..... Newspapers	7.00
	(Names of Newspapers)	
Flowers	..... Rental of Plants	15.00
Other Decorations	<u>Don't</u>	<del>10.00</del>
Outlay for Lot	.....	
Opening Grave or Vault	.....	
Lining Grave with Evergreen or Muslin	.....	
Matting	..... Tent Rental	..... \$
Use of Lowering Device	.....	
Rental of Vault	.....	
Outlay for Shipping Charges	.....	
Removal Charges	.....	10.00
Incineration	.....	
Personal Services	.....	20.00
Singers	.....	
Church Charges	..... Minister	..... \$
Telegrams and Telephone Charges	.....	
Pall Bearer Service	.....	
Total Footing of Bill	.....	75.50
By Amount Paid in Advance	.....	
Balance	<u>PAID</u>	
Entered into Ledger, page	.....	or below

	To Funeral Charges	Total	\$	By Cash	\$

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$

Other Insurance, \$

Names of Near Relatives

# RECORD OF FUNERAL

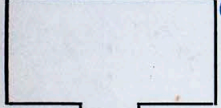
Total No. 174 Yearly No. 14 Date Feb 19 1927

Name of Deceased Daniel M Coffey (What Race) Irish (Where Born) Ireland  
Husband--  
Wife--Widow Mary A. Lynch  
Son--Daughter of

Charge to Bath M Coffey  
Address .....  
Order Given by .....  
How Secured .....  
Date of Funeral February 23, 1927  
Residence 1715 Forbes St.  
Place of Death " .....  
Funeral Services at Capitulum  
Time of Funeral Service 10 a.m.  
Clergyman L. A. O'Connell  
Certifying Physician W. J. Probst  
His Residence St. Ave.  
Number of Burial Certificate .....  
Cause of Death Apoplexy  
(Primary) (Secondary)

Date of Death Feb 19, 1927  
Occupation of the Deceased Retired  
Single or Married Wid. Religion Cath.  
Date of Birth Not known  
Age 75 Years ..... Months ..... Days .....  
Name of Father Daniel M Coffey  
His Birthplace Ireland  
Name of Mother Laura M. Faden  
(Maiden Name)  
Her Birthplace Ireland  
Body to be Shipped to .....

Size and Style of Casket or Coffin .....  
Manufactured by Murphy  
Interment at Calvary Cemetery



Lot No. ....  
Grave No. ....  
Section No. ....

Casket or Coffin		\$ 200 00
Metallie Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose	<u>Shirts</u>	3 50
Engraving Plate		
Embalming Body (with..... Fluid)		25 00
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$..... Candles, \$.....		4 00
Door Badge, \$..... Gloves, \$.....		6 00
Hearse		6 00
Auto Limousines to Cemetery @ \$.....		8 00
Autos to R. R. Station @ \$.....		0 00
Other Vehicle Service		
Aeroplane Service		
Death Notices in <u>10</u> Newspapers <u>call</u>		10 00
(Names of Newspapers)		
Flowers, \$..... Rental of Plants, \$.....		20 00
Other Decorations <u>Devos. Badge</u>		12 00
Outlay for Lot		
Opening Grave or Vault		15 00
Lining Grave with Evergreen or Muslin		
Matting, \$..... Tent Rental, \$.....		18 00
Use of Lowering Device		
Use of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		25 00
Singers		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Flowers</u>		20 00
Total Footing of Bill		498 50
By Amount Paid in Advance		\$.....
Balance		\$.....
Entered into Ledger, page..... or below.....		

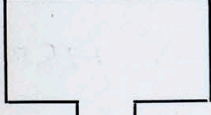
✓ <u>Funeral Home</u>					
To Funeral Charges Total, \$		14	00		
✓ <u>2 Belligan</u>					
✓ <u>2 Burch</u>					
✓ <u>1 Miller</u>					
✓ <u>1 Blank</u>					
✓ <u>1 Spive</u>					
✓ <u>1 Miller</u>					
By Cash					\$.....

Names of Pall Bearers .....  
Names of Lodges .....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 125 Yearly No. 15 Date Feb 23 1927  
 Name of Deceased James J. Ricketts (What Race) W (Where Born) Pa.  
 Husband- Nellie Curry  
 Wife-  
 Son- Daughter of

Charge to .....  
 Address 56 Marion St.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Feb 25, 1927  
 Residence 56 Marion St.  
 Place of Death "Epiphany"  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman W. O. Connell  
 Certifying Physician W. Robinson  
 His Residence Monkey Has.  
 Number of Burial Certificate .....  
 Cause of Death Carcinoma of Tongue  
 (Primary) (Secondary)  
 Date of Death Feb 23, 1927  
 Occupation of the Deceased Plumber  
 Single or Married M Religion Cath.  
 Date of Birth .....  
64 Years ..... Months ..... Days  
 Name of Father James J. Ricketts  
 His Birthplace England  
 Name of Mother Jane M. Cobe  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin A 6/0  
 Manufactured by Pittsburgh  
 Interment at Calvary Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_  
  
 Diagram of Lot or Vault

Casket or Coffin.....	\$ 125 00	365
Metallic Lining.....	25 00	
(State Kind)		
Outside Box.....	25 00	
(State Kind)		
Grave Vault.....		
(State Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)	25 00	
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
"    Candelabrum, \$..... Candles, \$.....	8 00	
Door Badge, \$..... Gloves, \$.....	4 00	
Hearse.....	14 00	
Auto Limousines to Cemetery..@ \$.....	52 50	
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....	6 00	
(Name of Newspaper)		
Flowers, \$..... Rental of Plants, \$.....	20 00	
Other Decorations.....	12 00	
Outlay for Lot.....		
Opening Grave or Vault.....	15 00	
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....	13 00	
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....	20 00	
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	375 00	
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page <u>Mar 1, 27</u> or below		

To Funeral Charges..... Total \$	By Cash..... \$
✓ Smullen Hearse	
✓ 1 Brass	
✓ 2 Miller	
✓ 1 Baker	
✓ 1 Smullen	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

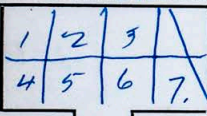
Total No. 176..... Yearly No. 16..... Date March 1, 1927

Name of Deceased Mary McGuirk (What Race) w (Where Born) Ireland  
 Husband---  
 Wife---Widow  
 Son---Daughter of } Daniel McGuirk

Charge to Daniel McGuirk  
 Address 1317 Forbes St.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral March 4, 1927  
 Residence 1317 Forbes St.  
 Place of Death "....."  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman J.A. O'Connell  
 Certifying Physician W. M. Sargent

His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death Cholera (Primary) Heart Disease (Secondary)  
 Date of Death March 1, 1927  
 Occupation of the Deceased Housewife  
 Single or Married M. Religion Cath  
 Date of Birth not known  
abt. 42 Years..... Months..... Days  
 Name of Father Patrick Delahanty  
 His Birthplace Ireland  
 Name of Mother Mary Donley  
 Her Birthplace Ireland (Maiden Name)

Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by Robt.  
 Interment at Calvary Cemetery



Lot No. 132  
 Grave No. 7  
 Section No. P

Diagram of Lot or Vault  
Margaret Cognard

Casket or Coffin.....	\$ 175 00
Metallic Lining.....	(State Kind)
Outside Box.....	25 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	35 00
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	3 50
Door Badge, \$..... Gloves, \$.....	6 00
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$.....	42 00
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	6 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations.....	12 00
Outlay for Lot.....	
Opening Grave or Vault.....	15 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	25 00
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 728 50
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page.....	of below

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Mrs. Grant</u>	
<u>Flowers</u>	
<u>\$22.50</u>	
<u>Scientific</u>	
<u>Miller 1</u>	
<u>McA 1</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 177 Yearly No. 17 Date Mar 4, 1927

Name of Deceased Zula Barrott  
Husband--  
Wife--Widow Special Thomas F. Barrott (What Race) Pa  
Son--Daughter of (Where Born)

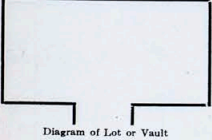
Charge to W. H. Sloan  
Address Hawthorn, Pa.  
Order Given by  
How Secured  
Date of Funeral  
Residence Hawthorn, Pa.  
Place of Death Mercy Hospital  
Funeral Services at Hawthorn, Pa.  
Time of Funeral Service

Clergyman  
Certifying Physician F. J. Bach  
His Residence Murky Hous.  
Number of Burial Certificate  
Cause of Death Streptococcus cellulitis  
Oh. High (Primary) (Secondary)  
Date of Death March 4, 1927

Occupation of the Deceased Housewife  
Single or Married Married Religion Prot.  
Date of Birth April 17, 1882  
Age 44 years 10 Months 17 Days  
Name of Father Edw. A. Hamilton  
His Birthplace Pa.

Name of Mother Jennie V. McWilliams  
(Maiden Name)  
Her Birthplace Pa.  
Body to be Shipped to

Size and Style of Casket or Coffin  
Manufactured by Murphy  
Interment at Hawthorn, Pa. Cemetery



Lot No. ....  
Grave No. ....  
Section No. ....

Casket or Coffin	\$ 375.00
Metallic Lining	
Outside Box	<u>Shipping Case</u> 35.00
Grave Vault	
Burial Suit or Dress	<u>und.</u> 4.50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25.00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse	
Auto Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	10.00
Other Vehicle Service	
Acroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 449.50
By Amount Paid in Advance	<u>Recd. by father at Hawthorn</u> 150.00
Balance	\$ 299.50
Entered into ledger, page	
or below	

To Funeral Charges	Total, \$	By Cash	\$
		<u>Paid in full</u>	
		<u>E. J. McWay</u>	

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

## RECORD OF FUNERAL

Total No. 178..... Yearly No. 18..... Date March 7..... 1927Name of Deceased Sr. M. Cecilia Knuth w...... (What Race) Da...... (Where Born)Husband--  
Wife--Widow  
Son--Daughter ofCharge to Mother SuperiorAddress Sr. M. Rose

How Secured

Date of Funeral March 9, 1927Residence 3333 Fifth AvePlace of Death Mercy Hos.Funeral Services at Mercy Hos.Time of Funeral Service 9 A.M.

Clergyman

Certifying Physician D. A. M. ConwayHis Residence Mercy Hos.

Number of Burial Certificate

Cause of Death Tuberculosis  
(Primary) (Secondary)Date of Death March 7, 1927Occupation of the Deceased TeacherSingle or Married S. Religion CatholicDate of Birth not knownAge 55 Years Months DaysName of Father Francis T. KnuthHis Birthplace GermanyName of Mother Antonia Kemmerer  
(Maiden Name)Her Birthplace Germany

Body to be Shipped to

Size and Style of Casket or Coffin 6/3 XXManufactured by MurphyInterment at Beatty St. Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Diagram of Lot or Vault

Casket or Coffin.....		\$ 75 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		15 00
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
" " Candelabrum, \$..... Candles, \$.....		3 00
Door Badge, \$..... Gloves, \$.....		
Hearse.....		40 00
Auto Limousines to Cemetery...@ \$.....		
Autos to R. R. Station...@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....		6 00
(Names of Newspapers)		
Flowers, \$..... Rental of Plants, \$.....		
Other Decorations.....		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....		
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....		\$ 154 00
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page..... or below.....		

To Funeral Charges..... Total, \$	\$ 95 00	By Cash..... \$	

Names of Pall Bearers.....

Names of Lodges.....

Lodge Insurance, \$..... Other Insurance, \$.....

Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 179 Yearly No. 19 Date March 7, 1927

Name of Deceased Lo. M. Baptist Riley W.  
 (What Race) W. (Wife Born) Pa.

Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to Mother Superior  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral March 9, 1927  
 Residence 3333 Fifth Ave.  
 Place of Death Mercy Hos.  
 Funeral Services at Mt. Mercy  
 Time of Funeral Service 9 A.M.  
 Clergyman J. W. M. Greney  
 Certifying Physician J. W. M. Greney  
 His Residence Mercy Hos.  
 Number of Burial Certificate  
 Cause of Death Anasibia Dysentery  
                                     (Primary)                     (Secondary)  
 Date of Death March 7, 1927  
 Occupation of the Deceased Teacher  
 Single or Married S. Religion Cath.  
 Date of Birth Feb. 23, 1902  
 Age 25 Years 0 Months 12 Days  
 Name of Father James D. Riley  
 His Birthplace Pa.  
 Name of Mother Anastasia Fitzpatrick  
                                     (Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to .....

Casket or Coffin .....	\$ 60 00
Metallic Lining .....	(State Kind)
Outside Box .....	15 00
Grave Vault .....	(State Kind)
Burial Suit or Dress .....	(State Kind)
Burial Slippers and Hose .....	
Engraving Plate .....	
Embalming Body (with ..... Fluid)	15 00
Dressing Body, \$ ..... Shaving, \$ .....	
Hair Dressing .....	
Use of Folding Chairs .....	
"    " Candelabrum, \$ ..... Candles, \$ .....	3 00
Door Badge, \$ ..... Gloves, \$ .....	4 00
Hearse .....	
Auto Limousines to Cemetery.. @ \$ .....	
Autos to R. R. Station, ..... @ \$ .....	
Other Vehicle Service .....	
Aeroplane Service .....	
Death Notices in ..... Newspapers .....	6 00
.....	(Names of Newspapers)
Flowers, \$ ..... Rental of Plants, \$ .....	
Other Decorations .....	
Outlay for Lot .....	
Opening Grave or Vault .....	
Lining Grave with Evergreen or Muslin .....	
Matting, \$ ..... Tent Rental, \$ .....	
Use of Lowering Device .....	
Rental of Vault .....	
Outlay for Shipping Charges .....	
Removal Charges .....	
Incineration .....	
Personal Services .....	
Singers .....	
Church Charges, \$ ..... Minister, \$ .....	
Telegrams and Telephone Charges .....	
Pall Bearer Service .....	
Total Footing of Bill <span style="margin-left: 200px;"><u>April 14, 1927</u></span>	
By Amount Paid in Advance <u>Bidder full</u>	\$ 139 00
Balance .....	\$ .....
Entered into Ledger, page ..... or below .....	

Size and Style of Casket or Coffin 6/0  
 Manufactured by Murphy  
 Interment at Beatty, Pa. Cemetery

Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

To Funeral Charges	Total \$	By Cash	\$
✓ <u>Treywale Home</u>	35 00		

Names of Pall Bearers .....

Names of Lodges .....

Lodge Insurance, \$ ..... Other Insurance, \$ .....

Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 180 Yearly No. 20 Date March 9, 1927

Name of Deceased Edward Adams  
Husband-- (What Race) (Where Born)  
Wife--Widow  
Son--Daughter of

Charge to Mrs. Frank Sloan  
 Address 2023 Watson St.

Order Given by .....  
 How Secured .....  
 Date of Funeral March 12, 1927  
 Residence .....

Place of Death 2023 Watson St.  
 Funeral Services at Chaple  
 Time of Funeral Service 2:30 p.m.  
 Clergyman Rev. Hartman

Certifying Physician Walters  
 His Residence 5th Ave.  
 Number of Burial Certificate .....

Cause of Death John Pneumonia  
(Primary) (Secondary)  
 Date of Death March 9, 1927  
 Occupation of the Deceased Laborer

Single or Married Div. Religion Prot.  
 Date of Birth June 19, 1878  
 Age 48 Years 8 Months 20 Days

Name of Father John Adams  
 His Birthplace England  
 Name of Mother Eliza  
(Maiden Name)

Her Birthplace England  
 Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by Mumphy #7861  
 Interment at South Side Cemetery

Lot No. ....  
 Grave No. ....  
 Section No. ....

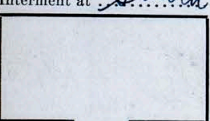


Diagram of Lot or Vault

Casket or Coffin	\$ 25	375 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	6 00
Hearse		14 00
Auto Limousines to Cemetery, @ \$		21 00
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	10 00
	(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$	20 00
Other Decorations		60 00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		12 00
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		25 00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	<u>Mar 30, 1927</u>	\$ 593 00
By Amount Paid in Advance	<u>paid in full</u>	\$
Balance		\$
Entered into Ledger, page <u>1770</u> or below		

To Funeral Charges	Total, \$		By Cash	\$	
<u>Freemasons The</u>		15			
<u>Müller</u>					
<u>M.A.</u>					

Names of Pall Bearers .....

Names of Lodges .....

Lodge Insurance, \$ ..... Other Insurance, \$ .....

Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 181 Yearly No. 21 Date March 11, 1927

Name of Deceased Randolph Benham W. (What Race) Pa. (Where Born)

Husband  
Wife  
Son  
Daughter of

A. S. Benham  
1929 Forbes St.

Charge to 1929 Forbes St. Casket or Coffin \$ 425 00  
Address 1929 Forbes St. Metallic Lining

Order Given by Harley Outside Box (State Kind) 100 00

How Secured Harley Grave Vault (State Kind) 100 00

Date of Funeral March 14, 1927 Burial Suit or Dress

Residence 1929 Forbes St. Burial Slippers and Hose

Place of Death 1929 Forbes St. Engraving Plate

Funeral Services at " 2:30" P.M. Embalming Body (with Fluid) 25 00

Time of Funeral Service 2:30 P.M. Dressing Body, \$ Shaving, \$

Clergyman Dr. [unclear] Hair Dressing

Certifying Physician W. C. Oyer Use of Folding Chairs

His Residence 1920 Fifth Ave. " " Candelabrum, \$ Candles, \$

Number of Burial Certificate March 11, 1927 Door Badge, \$ Gloves, \$ 6 00

Cause of Death Intermittent Diabetes Hearse 14 00

Date of Death March 11, 1927 Auto Limousines to Cemetery, @ \$ 37 50

Occupation of the Deceased Merchant Autos to R. R. Station, @ \$ 37 50

Single or Married M. Religion Presb. Other Vehicle Service

Date of Birth Oct 68 Aeroplane Service

Years 68 Months 11 Days 11 Death Notices in Newspapers 10 00

Name of Father Benham Flowers, \$ Rental of Plants, \$ 20 00

His Birthplace Pa. Other Decorations Door Badge 12 00

Name of Mother Miller Outlay for Lot 15 00

Her Birthplace Pa. Opening Grave or Vault 15 00

Body to be Shipped to Pa. Lining Grave with Evergreen or Muslin

Size and Style of Casket or Coffin Benham Matting, \$ Tent Rental, \$ 21 00

Manufactured by Murphy Use of Lowering Device

Interment at Home [unclear] Rental of Vault 21 00

Cemetery [unclear] Outlay for Shipping Charges

Section No. 9 Removal Charges

By Amount Paid in Advance June 20, 1927 Incineration 25 00

Balance Paid in full Personal Services

Entered into Ledger, page [unclear] Singers

Church Charges, \$ Minister, \$

Telegrams and Telephone Charges

Pall Bearer Service

Total Footing of Bill 704 50

By Cash \$

To Funeral Charges Total \$

Frangale

Miller

Kessler

Colligan

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$ Frangale Other Insurance, \$

Names of Near Relatives

# RECORD OF FUNERAL

Total No. 182 Yearly No. 22 Date March 13 1927

Name of Deceased Adeline Muto w. (What Race) Pa. (Where Born)

Husband--  
Wife--Widow  
Son--Daughter of { Pasquell & Giovanni Muto -

Charge to Pasquell Muto  
Address 349 Main St.  
Order Given by  
How Secured

Date of Funeral March 16, 1927  
Residence 349 Main St.  
Place of Death S. W. Hosp. Sect 5

Funeral Services at Immaculate Conception  
Time of Funeral Service 10:00 A.M.  
Clergyman Rev. Bonaventura

Certifying Physician M. J. Furshman  
His Residence Ph. The Hosp.

Number of Burial Certificates  
Cause of Death Edmonary tbc.  
(Primary) (Secondary)

Date of Death March 13, 1927  
Occupation of the Deceased at home

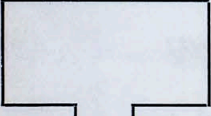
Single or Married S. Religion Cath.  
Date of Birth March 12, 1910  
Age 17 Years 0 Months 1 Days

Name of Father Pasquell Muto  
His Birthplace Italy

Name of Mother Giovanna Parks  
(Maiden Name)  
Her Birthplace Italy

Body to be Shipped to  
Size and Style of Casket or Coffin

Manufactured by Murphy  
Interment at Mt. Carmel Cemetery



Lot No.  
Grave No.  
Section No.

Casket or Coffin		\$ 1.75 00
Metallie Lining		
Outside Box	<u>Larch # 49</u>	70 00
Grave Vault		
Burial Suit or Dress		28 00
Burial Slippers and Hose		5 50
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body	Shaving \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum	Candles \$	4 00
Door Badge	Gloves \$	6 00
Hearse		14 00
Auto Limousines to Cemetery	@ \$	12.6 00
Autos to R. R. Station	@ \$	
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers	<u>2 Post</u>	3 00
<u>1 Press</u>	(Names of Newspapers)	
Flowers	Rental of Plants \$	20 00
Other Decorations	<u>Wagon B.</u>	10 00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen of Muslin		
Matting	Tent Rental \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		25 00
Singers		
Church Charges	Minister \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Flowers</u>		15 00
Total Footing of Bill		\$ 52.6 50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

To Funeral Charges	Total \$		
✓ <u>South Heane &amp; Co</u>		<u>April 26</u>	By Cash \$ 100 00
✓ <u>2 Baker</u>			<u>20 00</u>
✓ <u>2 Faust</u>			
✓ <u>3 Endle</u>			
✓ <u>3 Hounski J</u>			
<u>1 Mca.</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$  
Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 183 Yearly No. 23 Date March 25, 1927

Name of Deceased Infant Coll  
Husband-- Widew } (What Race) (Where Born)  
Son-- Daughter of }

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral March 30, 1927  
 Residence .....  
 Place of Death .....  
 Funeral Services at .....  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician Dr. Hillman  
 His Residence Meney  
 Number of Burial Certificates .....  
 Cause of Death Stillborn  
                     (Pertiary)   (Secondary)  
 Date of Death .....  
 Occupation of the Deceased .....  
 Single or Married ..... Religion .....  
 Date of Birth .....  
 Age ..... Years ..... Months ..... Days .....  
 Name of Father Wm Coll  
 His Birthplace .....  
 Name of Mother Mary Hoechele  
                     (Maiden Name)  
 Her Birthplace Dal  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at ..... Cemetery

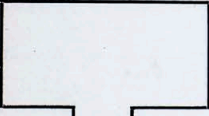


Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin.....	\$	
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$.....	Shaving, \$.....	
Hair Dressing.....		
Use of Folding Chairs.....		
"   " Candelabrum, \$.....	Candles, \$.....	
Door Badge, \$.....	Gloves, \$.....	
Hearse.....		
Auto Limousines to Cemetery...@ \$.....		
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers, \$.....	Rental of Plants, \$.....	
Other Decorations.....		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$.....	Tent Rental, \$.....	
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....	<u>No Charge</u>	
Singers.....		
Church Charges, \$.....	Minister, \$.....	
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$	
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....	or below	

.....	To Funeral Charges.....	Total, \$.....	.....	By Cash.....	\$.....
.....					
.....					
.....					
.....					
.....					
.....					

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 184 Yearly No. 24 Date April 11, 1927

Name of Deceased Shama Shalito (What Race) w (Where Born) R.

Husband--  
Wife--Widow  
Son--Daughter of J. Shalito

Charge to J. Shalito  
Address 1003 Bedford Ave.

Order Given by  
How Secured

Date of Funeral April 13, 1927

Residence 1003 Bedford

Place of Death Mercy Hospital

Funeral Services at St. Ann's P.C. 6

Time of Funeral Service 10 A.M.

Clergyman

Certifying Physician J.H. Davenport

His Residence

Number of Burial Certificate

Cause of Death Subacute Bacterial Endocarditis  
(Primary) (Secondary)

Date of Death April 11, 1927

Occupation of the Deceased at home

Single or Married Single Religion Cath.

Date of Birth July 9, 1909

Age 17 Years 9 Months 3 Days

Name of Father Cesar Shalito

His Birthplace Syria

Name of Mother Mary Attagh  
(Maiden Name)

Her Birthplace Syria

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at St. Mary's Cemetery

Lot No.

Grave No. 19

Section No. 72  
Row 4

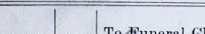


Diagram of Lot or Vault

Casket or Coffin	\$ 2.65 00
Metallie Lining (State Kind)	
Outside Box (State Kind)	25 00
Grave Vault (State Kind)	
Burial Suit or Dress	27 00
Burial Slippers and Hose	7 00
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	5 00
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	4 50
Hearse	14 00
Auto Limousines to Cemetery, @ \$ 10.50	189 00
Aptos to R. R. Station, @ \$	
Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations	10 00
Outlay for <u>Door Budge</u>	32 50
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 652 50
By Amount Paid in Advance <u>over</u>	\$ 58 50
Balance	\$ 600 -
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	By Cash	
✓ <u>Seattle Home</u>	111 00	\$ 509 00	
✓ <u>240 ushers</u>			
✓ <u>1 singer</u>		Bal	91 00
✓ <u>1 miller</u>			
✓ <u>2 bread</u>			
✓ <u>3 Horinsky</u>			
✓ <u>1 Bone</u>			
✓ <u>2 Bone</u>			
✓ <u>1 Baker</u>			
✓ <u>2 m.c.</u>			

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives

# RECORD OF FUNERAL

Total No. 185 Yearly No. 25 Date April 12 1927

Name of Deceased Catherine Nites (What Race) W (Where Born) Pa.

Charge to John Nites  
Address 57 Congress St.  
Order Given by .....

Casket or Coffin	\$	40.00
Metallie Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		4.50
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		10.00
Dressing Body \$	Shaving \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum \$	Candles \$	
Door Badge \$	Gloves \$	2.00
Hearse		1.60
Auto Limousines to Cemetery @ \$	12	3.60
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers \$	Rental of Plants \$	
Other Decorations	<u>None</u>	7.00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting \$	Tent Rental \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges \$	Minister \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$	115.50
By Amount Paid in Advance	\$	
Balance	\$	<u>paid in full</u>
Entered into Ledger, page		<u>2716</u>

How Secured .....

Date of Funeral April 13, 1927

Residence 57 Congress

Place of Death Childrens Hos.

Funeral Services at St. Nicholas Ch.

Time of Funeral Service 2 P.M.

Clergyman .....

Certifying Physician Simon Skolitsky

His Residence Childrens Hos.

Number of Burial Certificate .....

Cause of Death Tuberc Pneumonia  
(Primary) (Secondary)

Date of Death April 12, 1927

Occupation of the Deceased .....

Single or Married S Religion Greek

Date of Birth Nov 15, 1925

Age 1 Years 4 Months 27 Days

Name of Father John Nites

His Birthplace Imary Manuel

Name of Mother Grace (Maiden Name)

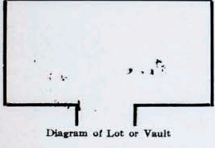
Her Birthplace .....

Body to be Shipped to .....

Size and Style of Casket or Coffin 3p

Manufactured by Murphy

Interment at St. Nicholas Cemetery



Lot No. ....  
Grave No. ....  
Section No. ....

To	Funeral Charges	Total \$	By	Cash	\$
<input checked="" type="checkbox"/>	<u>Scuttle House</u>				
<input checked="" type="checkbox"/>	<u>Blank</u>				
	<u>ma</u>				

Names of Pall Bearers .....

Names of Lodges .....

Lodge Insurance \$ .....

Other Insurance \$ .....

Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 186 Yearly No. 26 Date April 25 1927  
 Name of Deceased William J. Stane (What Race) White (Where Born) Ohio

Charge to Mrs. W. J. Stane  
 Address 619 Wilson Road, Avon  
 Order Given by Youngstown, Ohio  
 How Secured Youngstown, Ohio  
 Date of Funeral April 25, 1927  
 Residence Meigs Twp  
 Place of Death Ashtabula, Ohio  
 Funeral Services at Ashtabula, Ohio  
 Time of Funeral Service Ashtabula, Ohio  
 Clergyman James M. Rodgers  
 Certifying Physician Meigs  
 His Residence Meigs  
 Number of Burial Certificate Ashtabula, Ohio  
 Cause of Death Eastern Ills. (Hemorrhage)  
 (Primary) (Secondary)  
 Date of Death April 25, 1927  
 Occupation of the Deceased Salesman  
 Single or Married m Religion Cath  
 Date of Birth Mar. 26, 1885  
 Age 42 Years 0 Months 29 Days  
 Name of Father James Stane  
 His Birthplace Ohio  
 Name of Mother Mame Puffy  
 (Maiden Name)  
 Her Birthplace Canada  
 Body to be Shipped to Ashtabula, Ohio  
 Size and Style of Casket or Coffin 6/6 21/22  
 Manufactured by Murphy  
 Interment at Ashtabula, Ohio Cemetery

Casket or Coffin	\$ 2 10 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	125 00
Burial Suit or Dress	30 00
Burial Slippers and Hose	4 00
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse	<del>100 00</del>
Auto Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	20 00
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	9 18
Removal Charges	
Incineration	
Personal Services	<del>100 00</del>
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 423 78
By Amount Paid in Advance	
Balance	

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Diagram of Lot or Vault

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total Dahl B. Bookers Youngstown, Ohio Mr. Young Youngstown, Ohio	By Cash \$
--	------------

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 187 Yearly No. 27 Date May 3 1927

Name of Deceased James M. Murtha (What Race) w. (Where Born) Ireland

Husband---Wife---Widow } Anna Treney  
Son---Daughter of }

Charge to Estate of Edw. J. Murtha Esq. Casket or Coffin \$ 250.00

Address 1415 Orchard Av. New Kensington Pa. Metallic Lining (State Kind) \$ 50.00

Order Given by Anna Treney Outside Box (State Kind) \$ 25.00

How Secured May 6, 1927 Grave Vault (State Kind)

Date of Funeral May 6, 1927 Burial Suit or Dress \$ 30.00

Residence 1415 Orchard Av. New Kensington Pa. Metal Slippers and Hose und. \$ 4.50

Place of Death Mercy Hos. Engraving Plate

Funeral Services at St. Vincent de Paul Church Embalming Body (with Fluid) \$ 25.00

Time of Funeral Service 10 A.M. Dressing Table \$ Shaving \$

Clergyman James M. Rodgers Use of Folding Chairs

Certifying Physician James M. Rodgers " " Candelabrum, \$ Candles, \$ 4.00

His Residence Mercy Hos. Door Badge, \$ Gloves, \$ 4.50

Number of Burial Certificate 1 Hearse \$ 5.60

Cause of Death Carcinoma of Prostate Auto Limousines to Cemetery, @ \$ 5.00

Date of Death May 3, 1927 Autos to R. R. Station, @ \$

Occupation of the Deceased Ret. Other Vehicle Service, To New Kensington \$ 15.00

Single or Married Widow Religion Cath. Death Notices in Newspapers \$ 2.00

Date of Birth not known (Names of Newspapers)

Name of Father James M. Murtha Flowers, \$ Rental of Plants, \$ 15.00

His Birthplace Ireland Other Decorations, Door Badge \$ 1.00

Name of Mother Rose Duffy Outlay for Lot

Her Birthplace Ireland Opening Grave or Vault

Body to be Shipped to not known Lining Grave with Evergreen or Muslin

Size and Style of Casket or Coffin not known Matting, \$ Tent Rental, \$

Manufactured by Murphy Use of Lowering Device

Interment at Federslooby, Pa. Rental of Vault

Lot No. not known Outlay for Shipping Charges

Grave No. not known Removal Charges

Section No. not known Incineration

Diagram of Lot or Vault not known Personal Services \$ 25.00

To Funeral Charges Total, \$ 531.00 Singers

By Cash \$ not known Church Charges, \$ Minister, \$

Balance not known Telegrams and Telephone Charges

Entered into Ledger, page not known Pall Bearer Service \$ 15.00

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$

Names of Near Relatives



# RECORD OF FUNERAL

Total No. 189 Yearly No. 29 Date May 9, 1927

Name of Deceased John W. Davis  
 (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_

Huband--  
 Wife--Widow  
 Son--Daughter of

Charge to Charles Davis  
 Address 1431 Blvd of Allies

Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_

Date of Funeral May 13, 1927  
 Residence Blvd of Allies + Prindle

Place of Death West Chester, Pa.  
 Funeral Services at Chapel

Time of Funeral Service 2 P.M.  
 Clergyman Wm Hunter Jr.

Certifying Physician \_\_\_\_\_  
 His Residence West Chester, Pa.

Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cerebral apoplexy

Date of Death May 9, 1927  
 Occupation of the Deceased Ret.

Single or Married wid Religion Prot.

Date of Birth \_\_\_\_\_  
Oct 92 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

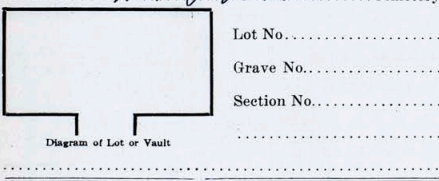
Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_

Name of Mother \_\_\_\_\_  
 (Maiden Name)

Her Birthplace \_\_\_\_\_  
 Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_  
 Interment at mt. Lebanon Cemetery



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin.....	\$	
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		
Grave Vault..... (State Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
“ “ Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		6 00
Hearse.....		16 00
Auto Limousines to Cemetery..@ \$.....		36 00
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....		8 00
(Names of Newspapers)		
Flowers, \$..... Rental of Plants, \$.....		20 00
Other Decorations.....		
Outlay for Lot.....		35 00
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		10 00
Incineration.....		
Personal Services.....		25 00
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$	156 00
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....		or below

Paid in full  
 E.M.

To	Funeral Charges	Total, \$	By Cash	\$
✓	Scuttle House	16		
✓	Miller			
✓	mea			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

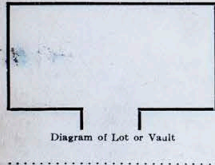
Total No. 190 Yearly No. 30 Date May 14 1927

Name of Deceased Leonard Metz w. Pa.  
(What Race) (Where Born)

Husband-  
 Wife--Widow  
 Son--Daughter of } Leonard & Clara Metz

Charge to Mrs. Clara Metz  
 Address 5 Bridge St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral May 17, 1927  
 Residence \_\_\_\_\_  
 Place of Death Mercy Hospital  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman L. A. O'Connell  
 Certifying Physician G. A. Nilleman  
 His Residence Mercy Hos.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Acute Bronchitis, mitral insufficiency  
(Primary) (Secondary)  
 Date of Death May 14, 1927  
 Occupation of the Deceased clerk  
 Single or Married S. Religion Catholic  
 Date of Birth Dec 8, 1907  
 Age 19 Years 5 Months 6 Days  
 Name of Father Leonard Metz  
 His Birthplace Ohio  
 Name of Mother Clara Farrell  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 6/3 w.S.  
Spec.  
 Manufactured by Pgh.  
 Interment at Lebanon Cemetery

Casket or Coffin.....	\$	150	00
Metallic Lining.....			
<small>(State Kind)</small>			
Outside Box.....		25	00
<small>(State Kind)</small>			
Grave Vault.....			
<small>(State Kind)</small>			
Burial Suit or Dress.....		22	50
Burial Slippers and Hose.....		5	50
<u>and 9 sh.</u>			
Engraving Plate.....			
Embalming Body (with..... Fluid)		25	00
Dressing Body, \$..... Shaving, \$.....			
Hair Dressing.....			
Use of Folding Chairs.....			
" " Candelabrum, \$..... Candles, \$.....		8	00
Door Badge, \$..... Gloves, \$.....		4	50
Hearse.....		14	00
Auto Limousines to Cemetery..@ \$.....		31	50
Autos to R. R. Station.....@ \$.....			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in <u>5</u> Newspapers <u>3 Pa.</u>		5	00
<u>2 Post.</u>			
<small>(Names of Newspapers)</small>			
Flowers, \$..... Rental of Plants, \$.....		20	00
Other Decorations.....			
Outlay for Lot.....		15	00
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....		18	00
Matting, \$..... Tent Rental, \$.....			
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....			
Incineration.....			
Personal Services.....		20	00
Singers.....			
Church Charges, \$..... Minister, \$.....		10	00
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
<b>Total Footing of Bill.....</b>		<b>368</b>	<b>00</b>
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page..... or below.....			



Lot No. 197  
 Grave No. 19  
 Section No. 2

To Funeral Charges..... Total, \$			
<u>Lebanon Home</u>	<u>1400</u>	<u>May 26/27</u>	By Cash..... \$ <u>200</u> 00
<u>Miller</u>	<u>1</u>	<u>July 15</u>	<u>5</u> 00
<u>M.A.</u>	<u>2</u>		

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 191..... Yearly No. 31..... Date. May 21..... 1927.

Name of Deceased. Rosetta Marchfeld (What Race) W (Where Born) N.Y.  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to. Died & Bereavement  
 Address. 1915 Murray Ave  
 Order Given by.....  
 How Secured.....  
 Date of Funeral. May 24, 1927  
 Residence.....  
 Place of Death. Murray  
 Funeral Services at. Home  
 Time of Funeral Service. 3 P.M.  
 Clergyman.....  
 Certifying Physician. W. M. Geyer  
 His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death. Cancer of Bowel  
(Primary) (Secondary)  
 Date of Death. May 21, 1927  
 Occupation of the Deceased. Ret.  
 Single or Married. W. Religion. Prot.  
 Date of Birth. Feb. 25, 1862  
 Age. 65 Years. 2 Months. 26 Days  
 Name of Father. Joseph Schomberg  
 His Birthplace. England  
 Name of Mother. Emely Dence  
(Maiden Name)  
 Her Birthplace. Califland  
 Body to be Shipped to. New York  
N.Y.  
 Size and Style of Casket or Coffin. 6/3 1/2 wood  
 Manufactured by. Yonkers  
 Interment at. Lutheran Cem. Cemetery  
Brooklyn, N.Y.  
 Lot No. 1827 1830  
 Grave No.....  
 Section No.....

Casket or Coffin.....	\$ 165 00
Metallic Lining.....	
Outside Box.....	35 00
Grave Vault.....	
Burial Suit or Dress.....	4 50
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	
Door Badge, \$.....	12 00
Hearse.....	
Auto Limousines to Cemetery.. @ \$.....	
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service. <u>Auto service</u>	2 00
Aeroplane Service.....	
Death Notices in..... Newspapers.....	3 00
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<u>Frank C. Campbell</u>	119 40
Total Footing of Bill.....	708 90
By Amount Paid in Advance.....	
Balance.....	Paid in full
Entered into Ledger, page.....	

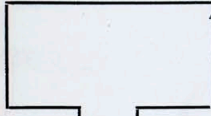


Diagram of Lot or Vault

To Funeral Charges..... Total, \$	June 21	By Cash.....	\$ 234 64
<u>W. M. Geyer</u>	Aug 1	" "	100 00
<u>Stamps</u>			
.....			
.....			
.....			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 192      Yearly No. 32      Date May 28, 1927

Name of Deceased Infant Johnston      (What Race) W.      (Where Born) Ba.

Charge to Edw. Johnston  
 Address 130 Hazelwood Ave  
 Order Given by.....  
 How Secured.....  
 Date of Funeral May 31, 1927  
 Residence.....  
 Place of Death Mercy Hos  
 Funeral Services at School  
 Time of Funeral Service.....  
 Clergyman.....  
 Certifying Physician W.C. Williams  
 His Residence Mercy  
 Number of Burial Certificate.....  
 Cause of Death Stillborn  
 (Primary) (Secondary)  
 Date of Death May 28, 1927  
 Occupation of the Deceased.....  
 Single or Married..... Religion Prot.  
 Date of Birth.....  
 Age Stillborn Months..... Days.....  
 Name of Father Edw. Johnston  
 His Birthplace Sweden  
 Name of Mother Stella Dwanne  
 (Maiden Name)  
 Her Birthplace Ba.  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin 2/0 S.B.  
 Manufactured by Murphy  
 Interment at Morrisville Cemetery

Casket or Coffin.....	\$	10	00
Metallic Lining.....			
(State Kind)			
Outside Box.....			
(State Kind)			
Grave Vault.....			
(State Kind)			
Burial Suit or Dress.....			
Burial Slippers and Hose.....			
Engraving Plate.....			
Embalming Body (with..... Fluid)			
Dressing Body, \$.....	Shaving, \$		
Hair Dressing.....			
Use of Folding Chairs.....			
" " Candelabrum, \$.....	Candles, \$		
Door Badge, \$.....	Gloves, \$		
Hearse.....			
Auto Limousines to Cemetery..@ \$			
Autos to R. R. Station.....@ \$			
Other Vehicle Service.....			
Aeroplane Service.....			
Death Notices in.....	Newspapers		
(Names of Newspapers)			
Flowers, \$.....	Rental of Plants, \$		
Other Decorations.....			
Outlay for Lot.....		10	00
Opening Grave or Vault.....			
Lining Grave with Evergreen or Muslin.....			
Matting, \$.....	Tent Rental, \$		
Use of Lowering Device.....			
Rental of Vault.....			
Outlay for Shipping Charges.....			
Removal Charges.....		5	00
Incineration.....			
Personal Services.....			
Singers.....			
Church Charges, \$.....	Minister, \$		
Telegrams and Telephone Charges.....			
Pall Bearer Service.....			
Total Footing of Bill.....	\$	25	00
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page.....			

Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

To Funeral Charges.....	Total \$	By Cash.....	\$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 193 Yearly No. 33 Date June 4 1927

Name of Deceased Dene E. Schaar (What Race) w. (Where Born)

Husband--  
Wife--Widow  
Son--Daughter of

Charge to Christian Schaar  
Address 42 Van Broom St.

Order Given by

How Secured

Date of Funeral June 7, 1927

Residence 42 Van Broom

Place of Death

Funeral Services at

Time of Funeral Service 2:30 P.M.

Clergyman Robt. Smith

Certifying Physician W. J. Rohst

His Residence 5th Ave.

Number of Burial Certificate

Cause of Death Coronary Embolism  
(Primary) (Secondary)

Date of Death June 4, 1927

Occupation of the Deceased Housewife

Single or Married m. Religion Prot.

Date of Birth Mar. 27, 1884

Age 43 Years 2 Months 7 Days

Name of Father August Alles

His Birthplace Pa.

Name of Mother Emma Miller  
(Maiden Name)

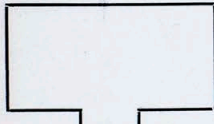
Her Birthplace Pa.

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by Myrphy

Interment at Oakland Cemetery



Lot No. 9  
Grave No.  
Section No. B

Casket or Coffin	\$ 245.00	470
Metallic Lining (State Kind)		
Outside Box (State Kind)	25.00	
Grave Vault (State Kind)		
Burial Suit or Dress	27.00	
Burial Slippers and Hose	4.50	
Engraving Plate		
Embalming Body (with Fluid)	25.00	
Dressing Body, \$ Shaving, \$		
Hair Dressing	5.00	
Use of Folding Chairs		
" " Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$	6.00	
Hearse	14.00	
Auto Limousines to Cemetery @ \$	21.00	
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers	6.00	
(Names of Newspapers)		
Flowers, \$ Rental of Plants, \$	20.00	
Other Decorations <u>Flowers B.</u>	12.00	
Outlay for Lot	17.00	
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ Tent Rental, \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services	25.00	
Singers		
Church Charges, \$ Minister, \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Slumber Hall</u>	20.00	
Total Footing of Bill	\$ 472.50	
By Amount Paid in Advance	\$ 20.00	
Balance	\$ 492.50	
Entered into Ledger, paid <u>in full</u> or below		

To Funeral Charges	Total \$			
<u>Graveside Flowers</u>		June 20	By Cash <u>Choke</u>	\$ 200.45
<u>Baked Auto</u>				
<u>M. G. Auto</u>				

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 194 Yearly No. 34 Date June 5, 1927  
 Name of Deceased Infant Aschermann (What Race) Pa (Where Born)  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to <u>Thomas P Aschermann</u> Address <u>1015 Bluff St.</u> Order Given by How Secured Date of Funeral <u>June 6, 1927</u> Residence <u>1015 Bluff</u> Place of Death <u>"</u> Funeral Services at <u>Chapel</u> Time of Funeral Service Clergyman Certifying Physician <u>W. J. Grohbet.</u> His Residence <u>5th Ave</u> Number of Burial Certificate Cause of Death <u>Cardiac anomaly, Congenital</u> (Primary) (Secondary) Date of Death <u>June 5, 1927</u> Occupation of the Deceased Single or Married <u>S</u> Religion <u>Prot.</u> Date of Birth <u>June 4, 1927</u> Age <u>0</u> Years <u>0</u> Months <u>0</u> Days Name of Father <u>Thomas P Aschermann</u> His Birthplace <u>Pa</u> Name of Mother <u>Flavence Schuck</u> (Maiden Name) Her Birthplace <u>Pa</u> Body to be Shipped to Size and Style of Casket or Coffin <u>3/0</u> Manufactured by <u>Murphy</u> Interment at <u>Allegheny</u> Cemetery Lot No. <u>A. 508</u> Grave No. Section No. <u>35 1/2</u>	Casket or Coffin..... \$ <u>25.00</u> Metallic Lining..... (State Kind) Outside Box..... (State Kind) <u>10.00</u> Grave Vault..... (State Kind) Burial Suit or Dress..... Burial Slippers and Hose..... Engraving Plate..... Embalming Body (with..... Fluid) Dressing Body, \$..... Shaving, \$..... Hair Dressing..... Use of Folding Chairs..... " " Candelabrum, \$..... Candles, \$..... Door Badge, \$..... Gloves, \$..... Hearse..... Auto Limousines to Cemetery...@ \$..... <u>10.50</u> Autos to R. R. Station.....@ \$..... Other Vehicle Service..... Aeroplane Service..... Death Notices in..... Newspapers (Names of Newspapers) Flowers, \$..... Rental of Plants, \$..... Other Decorations..... Outlay for Lot..... <u>25.00</u> Opening Grave or Vault..... Lining Grave with Evergreen or Muslin..... Matting, \$..... Tent Rental, \$..... Use of Lowering Device..... Rental of Vault..... Outlay for Shipping Charges..... Removal Charges..... Incineration..... Personal Services..... <u>5.00</u> Singers..... Church Charges, \$..... Minister, \$..... Telegrams and Telephone Charges..... Pall Bearer Service..... Total Footing of Bill..... \$ <u>75.50</u> By Amount Paid in Advance <u>June 3, 1927</u> \$..... Balance <u>Paid in full</u> Entered into Ledger, page..... or below
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To Funeral Charges..... Total, \$	By Cash..... \$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 195 Yearly No. 33 Date June 6, 1927

Name of Deceased John W. Wrothner (What Race) Pa (Where Born) Pa

Husband---  
Wife---Widow  
Son---Daughter of

Charge to Mrs. C. McLaughlin  
Address 1309 Watson St.  
Order Given by Mrs. J. Edwards  
How Secured  
Date of Funeral June 9, 1927

Residence  
Place of Death 1309 Watson St.  
Funeral Services at Chapel  
Time of Funeral Service 2:30 P.M.

Clergyman  
Certifying Physician Dr. J. Probst  
His Residence 5th Ave

Number of Burial Certificate  
Cause of Death Chronic Nephritis  
(Primary) (Secondary)

Date of Death June 6, 1927  
Occupation of the Deceased Not known  
Single or Married Mar. Religion Prot.  
Date of Birth Not known  
Age 68 Years 0 Months 0 Days

Name of Father Edward Wrothner  
His Birthplace Germany  
Name of Mother Catherine Broedel  
(Maiden Name)  
Her Birthplace Germany  
Body to be Shipped to

Size and Style of Casket or Coffin 6/3  
Manufactured by Opp  
Interment at South Side Cemetery



Lot No.  
Grave No.  
Section No.

Casket or Coffin	\$	165.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		25.00
Burial Slippers and Hose		5.50
Engraving Plate		
Embalming Body (with Fluid)		20.00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	4.00
Hearse		14.00
Auto Limousines to Cemetery, @ \$		3.15
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		2.00
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	15.00
Other Decorations		
Outlay for Lot		60.00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		20.00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$	362.00
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page		

To Funeral Charges	Total, \$	By Cash	\$
<u>Gregg &amp; Heane</u>			
<u>Robinson Auto</u>			
<u>M. G. Autos</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$  
Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

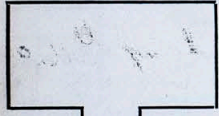
Total No. 196 Yearly No. 36 Date June 11, 1927.

Name of Deceased Henry Joseph Rutledge (What Race) w (Where Born) Pa.  
Husband---  
Wife---Widow  
Son---Daughter of }

Charge to Miss Teresa Rutledge  
Address 426 E. 36th St. New York City  
Order Given by same  
How Secured John A. Rutledge  
Date of Funeral June 27th St. Honesdale, Pa.  
Residence Carnegie Pa.  
Place of Death Mercy Hosp  
Funeral Services at Honesdale, Pa.  
Time of Funeral Service.....  
Clergyman.....  
Certifying Physician Mercy H.

Casket or Coffin.....	\$ 250 00
Metallic Lining.....	
Outside Box <u>Shipping Case</u> .....	50 00
Grave Vault.....	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body \$..... Shaving \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	
Auto Limousines to Cemetery @ \$.....	
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service <u>Auto Service</u> .....	25 00
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
(Names of Newspapers).....	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	10 00
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<u>Flower Blanket</u> .....	15 00
Total Footing of Bill.....	\$ 375 00
By Amount Paid in Advance.....	\$.....
Balance <u>July 10, 1927</u> .....	\$.....
Entered into ledger by <u>[Signature]</u> or below.....	

His Residence.....  
Number of Burial Certificate.....  
Cause of Death Pleuritic Anemia  
(Primary) (Secondary)  
Date of Death June 11, 1927  
Occupation of the Deceased Lab  
Single or Married..... Religion Cath.  
Date of Birth Sept 17, 1870  
Age 56 Years 7 Months 24 Days  
Name of Father Andrew Rutledge  
His Birthplace Pa.  
Name of Mother Mary Carey  
(Maiden Name)  
Her Birthplace Pa.  
Body to be Shipped to Carbondale, Pa.  
Size and Style of Casket or Coffin.....  
Manufactured by.....  
Interment at Honesdale, Pa. Cemetery



Lot No.....  
Grave No.....  
Section No.....

To Funeral Charges..... Total, \$				
Cash..... \$				
<u>Paid in full</u>				
<u>[Signature]</u>				

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

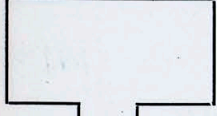
# RECORD OF FUNERAL

Total No. 197 Yearly No. 37 Date June 11, 1927

Name of Deceased Henry F. O'Connor (What Race) American  
 Husband---  
 Wife---Widow  
 Son---Daughter of } Elizabeth Donovan (Where Born)

Charge to Mrs. H. F. O'Connor  
 Address 746 Madison Ave  
 Order Given by Levinton, Pa.  
 How Secured \_\_\_\_\_  
 Date of Funeral June 14, 1927  
 Residence \_\_\_\_\_  
 Place of Death Shrewsbury, Pa.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence Shrewsbury, Pa.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Prod. of 1st Lun. last auto  
 (Primary) (Secondary)  
 Date of Death June 11, 1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married M Religion Cath.  
 Date of Birth \_\_\_\_\_  
 Age 37 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 (Maiden Name)  
 Her Birthplace \_\_\_\_\_  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at St. Phillips Cemetery

Casket or Coffin.....	\$	
Metallic Lining.....		
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Burial Suit or Dress.....	(State Kind)	
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body. \$.....	Shaving. \$.....	
Hair Dressing.....		
Use of Folding Chairs.....		
"    Candelabrum, \$.....	Candles, \$.....	4 00
Door Badge, \$.....	Gloves, \$.....	4 00
Hearse.....		16 00
Auto Limousines to Cemetery...@ \$.....		36 00
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....		1 00
(Names of Newspapers)		
Flowers, \$.....	Rental of Plants, \$.....	20 00
Other Decorations.....		
Outlay for Lot.....		
Opening Grave or Vault.....		10 00
Lining Grave with Evergreen or Muslin.....		
Matting, \$.....	Tent Rental, \$.....	
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....		50 00
Singers.....		
Church Charges, \$.....	Minister, \$.....	5 00
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....		<u>Paid in full 146 00</u>
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....		or below.....



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Diagram of Lot or Vault

To Funeral Charges.....	Total, \$					By Cash.....	\$
<u>Frevozal</u>		<u>16 00</u>				<u>Paul Harris</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 198 Yearly No. 38 Date June 18, 1927  
 Name of Deceased Mr. M. Thais Regina Abel (What Race) W. Pa. (Where Born)  
 Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to.....  
 Address.....  
 Order Given by.....  
 How Secured.....  
 Date of Funeral June 20, 1927  
 Residence Mary Hos  
 Place of Death.....  
 Funeral Services at.....  
 Time of Funeral Service 9 a.m.  
 Clergyman.....  
 Certifying Physician.....  
 His Residence Mary Hos  
 Number of Burial Certificate.....  
 Cause of Death Apoplexy (Primary) (Secondary)  
 Date of Death June 18, 1927  
 Occupation of the Deceased.....  
 Single or Married S. Religion Cath.  
 Date of Birth Aug 26, 1868  
 Age 58 Years 9 Months 22 Days  
 Name of Father Mary Abel  
 His Birthplace Germany  
 Name of Mother Margt. (Maiden Name) Germany  
 Her Birthplace.....  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin 6/0  
 Manufactured by Murphy  
 Interment at St. Pauls. Bthg. Cemetery

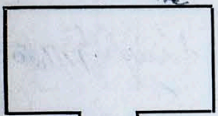


Diagram of Lot or Vault

Lot No.....  
 Grave No.....  
 Section No.....

Casket or Coffin.....	\$ 7.00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	15.00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15.00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
"    Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	8.00
Hearse.....	40.00
Auto Limousines to Cemetery..@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	3.00
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 146.00
By Amount Paid in Advance.....	\$
Balance <u>Paid</u> .....	\$
Entered into Ledger, Page..... of below	

To Funeral Charges..... Total, \$	<u>John Freywald</u>	<u>50.00</u>	By Cash..... \$	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 199 Yearly No. 39 Date July 2 1927  
 Name of Deceased George Haddad (What Race) Syria (Where Born)

Charge to Amin Haddad  
 Address 2247 Hayson St.  
 Order Given by Amin Haddad  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Residence 2247 Hayson St.  
 Place of Death Union Township  
 Funeral Services at Syrian Beth  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician A. S. Hanson  
 His Residence Dumont, Pa.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Stroke  
 (Primary) (Secondary)  
 Date of Death July 2, 1927  
 Occupation of the Deceased Merchant  
 Single or Married Both both  
 Date of Birth March 25, 1873  
 Age 54 Years 3 Months 7 Days  
 Name of Father Michael Haddad  
 His Birthplace Syria  
 Name of Mother Paula Sayal  
 (Maiden Name)  
 Her Birthplace Syria  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Pgh. Co.  
 Interment at Misericordie Cemetery

Casket or Coffin	\$ 370.00
Metallic Lining	175.00
Outside Box	20.00
Grave Vault	
Burial Suit or Dress	
Burial Slippers and Hose	4.00
Engraving Plate	
Embalming Body (with Fluid)	25.00
Dressing Body, \$	
Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	4.00
Candles, \$	6.00
Door Badge, \$	1.60
Gloves, \$	1.60
Hearse	1.60
Auto Limousines to Cemetery @ \$	4.60
Autos to R. R. Station @ \$	50.00
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$	20.00
Rental of Plants, \$	
Other Decorations	1.20
ASAC Badge	30.00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	
Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25.00
Singers	
Church Charges, \$	
Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 397.50
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page _____ or below _____	

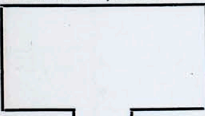


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total \$	By Cash	\$
<u>Harwayne H.</u>	<u>14.00</u>	<u>Said in full</u>	
<u>1 Miller</u>	<u>8.10</u>	<u>[Signature]</u>	
<u>2 m. G.</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

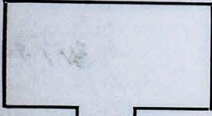
Total No. 200 Yearly No. 40 Date July 7, 1927

Name of Deceased Infant Miller (What Race) w. (Where Born) Pa.

Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to Mrs. Frances Miller  
 Address #612 Westminister Ave Philadelphia, Pa.  
 Order Given by Philadelphia, Pa.  
 How Secured \_\_\_\_\_  
 Date of Funeral July 1927  
 Residence \_\_\_\_\_  
 Place of Death Mercy Hosp.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. M. A. Glat  
 His Residence W. M. A. Glat - Mercy Hosp.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Ca. of Spinal Meningeal Rupt  
(Primary) (Secondary)  
 Date of Death July 7, 1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion Prot.  
 Date of Birth July 4, 1927  
 Age 0 Years 0 Months 3 Days  
 Name of Father Walter G. Miller  
 His Birthplace Pa.  
 Name of Mother Frances Parroy  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at Lebanon Mt. Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_



Casket or Coffin.....	\$
Metallic Lining.....	(State Kind)
Outside Box.....	(State Kind)
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	
Auto Limousines to Cemetery..@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
<hr/>	
Total Footing of Bill.....	\$
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page.....	or below

	To Funeral Charges.....	Total, \$			
				By Cash.....	\$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 201 Yearly No. 41 Date July 20, 1927

Name of Deceased Caroline V. Warden  
Husband David A. Warden (What Race) W (Where Born) Pa  
Wife--Widow  
Son--Daughter of

Charge to David A. Warden  
Address 62 Van Braam St.  
Order Given by  
How Secured  
Date of Funeral July 23, 1927  
Residence  
Place of Death 62 Van Braam St.  
Funeral Services at " " " "  
Time of Funeral Service 2:30 P.M.

Clergyman  
Certifying Physician L. V. O'Donnell  
His Residence 5th ave.  
Number of Burial Certificate  
Cause of Death St. Hemiplegia  
(Primary) (Secondary)  
Date of Death July 20, 1927  
Occupation of the Deceased Housewife  
Single or Married M Religion R.C.

Date of Birth October 10, 1861  
Age 65 Years 9 Months 10 Days  
Name of Father John Fox  
His Birthplace France  
Name of Mother Louise Garber  
(Maiden Name)  
Her Birthplace Baltimore, Md.  
Body to be Shipped to

Size and Style of Casket or Coffin  
Manufactured by Murphy  
Interment at Honewald Cemetery

Diagram of Lot or Vault  
Lot No.  
Grave No.  
Section No. 9

Casket or Coffin		\$ 67.00
Metallic Lining		390.00
Outside Box	(State Kind)	25.00
Grave Vault	(State Kind)	
Burial Suit or Dress		30.00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		25.00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	6.00
Hearse		14.00
Auto Limousines to Cemetery, @ \$		52.50
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		10.00
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	20.00
Other Decorations	<u>Door Badge</u>	12.00
Outlay for Lot		
Opening Grave or Vault		16.00
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	4.00
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		25.00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Slumber Blanket</u>		20.00
Total Footing of Bill		\$ 649.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page <u>947</u> or below		

To Funeral Charges	Total, \$
<u>Freeway</u>	<u>14.00</u>
<u>3.7</u>	<u>31.50</u>
<u>1 Miller</u>	<u>8.10</u>
<u>2 mca</u>	

By Cash	\$

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$  
Other Insurance, \$  
Names of Near Relatives  
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1923.

# RECORD OF FUNERAL

Total No. 202      Yearly No. 42      Date July 28, 1927  
 Name of Deceased Miss Anna Glinesky (Where Buried) Pa. (Where Born)

Husband-  
 Wife--Widow  
 Son--Daughter of

Charge to Mrs. Agnes Glinesky  
 Address 143 Forest St. Baltzger Pa.  
 Order Given by  
 How Secured

Date of Funeral  
 Residence 823 Sandvaley St.  
 Place of Death Wagon West  
 Funeral Services at Baltzger Pa.  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician Wm J. M. Coakley  
 His Residence Mesky  
 Number of Burial Certificate

Cause of Death Empyrial Sepsis  
 (Primary) (Secondary)  
 Date of Death July 28 1927  
 Occupation of the Deceased waitress  
 Single or Married Single Religion Cath

Date of Birth Feb 5 1927  
 Age 25 Years 5 Months 23 Days  
 Name of Father Andrew Glinesky  
 His Birthplace Poland  
 Name of Mother Agnes Shungar  
 (Maiden Name) Poland  
 Her Birthplace

Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Samphs  
 Interment at Baltzger Pa. Cemetery

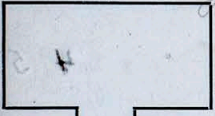


Diagram of Lot or Vault

Lot No.  
 Grave No.  
 Section No.

Casket or Coffin	\$ 310.00
Metallie Lining (State Kind)	
Outside Box (State Kind)	25.00
Grave Vault (State Kind)	
Burial Suit or Dress	30.00
Burial Slippers and Hose <u>und</u>	4.50
Engraving Plate	4.00
Embalming Body (with <u>Slippers</u> Fluid)	25.00
Dressing Body \$ Shaving \$	
Hair Dressing	5.00
Use of Folding Chairs	
" " Candelabrum, \$ Candles \$	
Door Badge \$ Gloves \$	
Hearse	
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	20.00
Other Vehicle Service	
Aeroplane Service	
Death Notices in (Names of Newspapers)	
Flowers \$ Rental of Plants \$	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting \$ Tent Rental \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25.00
Singers	
Church Charges \$ Minister \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill <u>Aug 16 1927</u>	\$ 458.50
By Amount Paid in Advance	
Balance <u>Samphs</u>	
Entered into Ledger, page <u>571</u> or below	

	Total, \$		By Cash	

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$      Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 203 Yearly No. 43 Date July 31 1927  
 Name of Deceased Patrick J. Collins (What Race) Irish (Where Born) Ireland

Husband--  
 Wife--Widow  
 Son--Daughter of  
 Charge to J.P. Collins  
 Address 220 Swope St.  
 Order Given by  
 How Secured  
 Date of Funeral Aug 3, 1927  
 Residence 220 Swope St.  
 Place of Death Home of aged J. S.P.  
 Funeral Services at Second Street  
 Time of Funeral Service 9 A.M.

Clergyman  
 Certifying Physician Dr. Hayden M.O.  
 His Residence 4810 Liberty  
 Number of Burial Certificate  
 Cause of Death late Bright Disease  
 (Primary) (Secondary)  
 Date of Death July 31, 1927  
 Occupation of the Deceased Ret.  
 Single or Married W Religion Cath.

Date of Birth  
 Age 72 Years Months Days  
 Name of Father James Collins  
 His Birthplace Ireland  
 Name of Mother Mary Cleary  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to

Size and Style of Casket or Coffin 6/3  
 Manufactured by J.P.  
 Interment at Calvary Cemetery

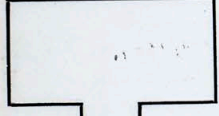


Diagram of Lot or Vault

Lot No.  
 Grave No.  
 Section No.

Casket or Coffin	\$ 150.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	25.00
Burial Slippers and Hose <u>und.</u>	2.50
Engraving Plate	
Embalming Body (with Fluid)	25.00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	3.50
Hearse	14.00
Auto Limousines to Cemetery, @ \$	31.00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplano Service	
Death Notices in Newspapers	2.00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15.00
Other Decorations <u>Dark B.</u>	10.00
Outlay for Lot	
Opening Grave or Vault	15.00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10.00
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	20.00
Total Footing of Bill	\$ 326.50
By Amount Paid in Advance <u>43.27</u>	\$ 100.00
<u>8/10/27</u>	\$ 100.00
Entered into Ledger, page or below	

To Funeral Charges	Total, \$	By Cash	\$
<u>Freewood</u>	14.00		
<u>1 Ball</u>	10.10		
<u>2 m. ca.</u>			

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 204 Yearly No. 44 Date Aug 4 1927

Name of Deceased William J. Kennedy (What Race) W (Where Born) Me.  
 Husband---  
 Wife---Widow  
 Son---Daughter of Rachel D. Kennedy

Charge to Oliver D. Kennedy  
 Address 4836 Nansen St.

Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Aug 8, 1927  
 Residence \_\_\_\_\_  
 Place of Death 4836 Nansen St.  
 Funeral Services at St. Stephens  
 Time of Funeral Service 9 A.M.

Clergyman \_\_\_\_\_  
 Certifying Physician W. M. Gregor  
 His Residence \_\_\_\_\_

Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Chr. myocarditis  
 (Primary) (Secondary)  
 Date of Death Aug 4, 1927  
 Occupation of the Deceased Painter

Single or Married \_\_\_\_\_ Religion Cath  
 Date of Birth Feb 12, 1861  
 Age 66 Years 5 Months 23 Days

Name of Father John A. Kennedy  
 His Birthplace Ireland  
 Name of Mother not known  
 (Maiden Name)  
 Her Birthplace Ireland

Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 2022  
6/3

Manufactured by Murphy  
 Interment at Calvary Cemetery

Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin	\$ 175 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	30 00
Burial Slippers and Hose	<del>10 00</del>
Engraving Plate	
Embalming Body (with _____ Fluid)	25 00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ _____ Candles, \$ _____	4 00
Door Badge, \$ _____ Gloves, \$ _____	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$ _____	31 50
Autos to R. R. Station, @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	8 00
(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	15 00
Other Decorations <u>Door 13</u>	12 00
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	18 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
<b>Total Footing of Bill</b>	<b>\$ 433.50</b>
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below _____	

To Funeral Charges		Total, \$	By Cash		\$
2	<u>Maeradi</u>	21 00	Sept 6	<u>Rebeck</u>	322.75
1	<u>Roney</u>	10 50	Nov 18	<u>By Cash</u>	10 00
	<u>Hearns Freyough</u>	14 00			

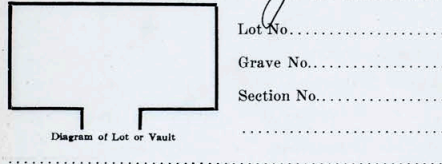
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 205 Yearly No. 45 Date Aug 17 1927  
 Name of Deceased Infant Francis Mullen (What Race) W (Where Born) Pa  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to James Mullen  
 Address 1926 Forbes St  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Aug 19, 1927  
 Residence .....  
 Place of Death Magee Hos  
 Funeral Services at .....  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician H. J. Bickerstaff  
 His Residence Magee Hos  
 Number of Burial Certificate .....  
 Cause of Death Overactivity (7 mo)  
 (Primary) (Secondary)  
 Date of Death Aug 17, 1927  
 Occupation of the Deceased .....  
 Single or Married S Religion Cath  
 Date of Birth Aug 16, 1927  
 Age 0 Years 0 Months 1 Days  
 Name of Father James Mullen  
 His Birthplace Pa  
 Name of Mother Kate M. Conrath  
 (Maiden Name) Pa  
 Her Birthplace .....  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin 2/0 S.P.B.  
 Manufactured by Murphy  
 Interment at Calvary Cemetery

Casket or Coffin		\$	10.00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)		
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with	Fluid)		
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse			
Auto Limousines to Cemetery	@ \$		3.00
Autos to R. R. Station	@ \$		
Other Vehicle Service			
Aeroplane Service			
Death Notices in	Newspapers		
	(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$		
Other Decorations			
Outlay for Lot			20.00
Opening Grave or Vault			
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill		\$	35.00
By Amount Paid in Advance		\$	25.00
Balance		\$	10.00
Entered into Ledger, page			or below



To Funeral Charges	Total, \$	<u>Aug 19</u>	By Cash	\$	3.00

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

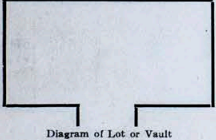
# RECORD OF FUNERAL

Total No. 206 Yearly No. 46 Date Aug 19 1927  
 Name of Deceased Infant Foster (What Race) W. (Where Born) Pa.

Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral .....  
 Residence 1810 Dustin St.  
 Place of Death "  
 Funeral Services at .....  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician Dr. Marcus  
 His Residence 5th Ave  
 Number of Burial Certificate .....  
 Cause of Death Stillborn  
 (Primary) (Secondary)  
 Date of Death Aug 13, 1927  
 Occupation of the Deceased .....  
 Single or Married ..... Religion .....  
 Date of Birth .....  
 Age Stillborn Months ..... Days .....  
 Name of Father Frank Foster  
 His Birthplace Pa.  
 Name of Mother Ely Brown  
 (Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Cremation Co. Cemetery

Casket or Coffin	\$
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below



Lot No. ....  
 Grave No. ....  
 Section No. ....

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....



# RECORD OF FUNERAL

Total No. 208 Yearly No. 48 Date Aug 28, 1927

Name of Deceased James La Rosa (What Race) w (Where Born) Italy  
 Husband--  
 Wife--Widow  
 Son--Daughter of Frances La Rosa

Charge to Frances La Rosa  
 Address 1338 4th Ave

Order Given by  
 How Secured  
 Grave Vault Truly (State Kind) 6 1.00 00

Date of Funeral Aug 31, 1927  
 Residence  
 Burial Suit or Dress 4 50

Place of Death 1338 5th Ave  
 Engraving Plate  
 Embalming Body (with Fluid) 25 00

Funeral Services at St. Peters Station  
 Time of Funeral Service 10 A.M.  
 Dressing Body, \$ Shaving, \$

Clergyman  
 Certifying Physician W.D. M. Gregory, M.D.  
 Use of Folding Chairs  
 " Candelabrum, \$ Candles, \$ 4 50

His Residence Allegh Co. Maryland  
 Auto Limousines to Cemetery @ \$ 73 50  
 Autos to R. R. Station @ \$

Number of Burial Certificate  
 Cause of Death Anger & overexposure to sun did  
 Date of Death Aug 28, 1927  
 (Mental of Heart Failure - infarct. myocardium)

Occupation of the Deceased Merchant  
 Single or Married m Religion Cath.  
 (Names of Newspapers)

Date of Birth Aug 30, 1892  
 Age 34 Years 11 Months 28 Days  
 Flowers, \$ Rental of Plants, \$ 20 00  
 Other Decorations None 1.20 00

Name of Father Frank La Rosa  
 His Birthplace Italy  
 Outlay for Lot 50.00 00

Name of Mother Not known  
 Her Birthplace Italy  
 Opening Grave or Vault 38 00  
 Lining Grave with Evergreen or Muslin

Body to be Shipped to  
 Matting, \$ Tent Rental, \$  
 Use of Lowering Device  
 Rental of Vault

Her Birthplace  
 Outlay for Shipping Charges  
 Removal Charges 10 00  
 Incineration

Size and Style of Casket or Coffin  
 Personal Services 50 00  
 Singers  
 Church Charges, \$ Minister, \$ 30 00

Manufactured by Shammy  
 Interment at Calvary Cemetery  
 Pall Bearer Service  
 Blanket 20 00

Diagram of Lot or Vault  
 Lot No.  
 Grave No.  
 Section No.

Total Footing of Bill 1387 50  
 By Amount Paid in Advance 21 00

Balance 1366 50  
 Entered into Ledger, page or below

To	Funeral Charges	Total	By Cash
	<u>Frances C. H.</u>	<u>14 00</u>	
	<u>2 Frank</u>		
	<u>1 Friend</u>		
	<u>1 J. J. McCabe</u>		
	<u>1 Mooney</u>		
	<u>1 Miller</u>		
	<u>1 M. A.</u>		

Names of Pall Bearers  
 Names of Lodges

Lodge Insurance, \$ Other Insurance, \$ 2000 n.Y.

Names of Near Relatives

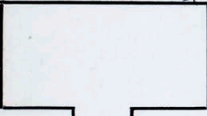
# RECORD OF FUNERAL

Total No. 209 Yearly No. 49 Date Aug 30, 1927  
 Name of Deceased Sr. M. Anselm (Mary Roberts)  
Husband--  
Wife--Widow  
Son--Daughter of (What Race) (Where Born)

Charge to Fr. Peter Superior  
 Address Mt. Mercy  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Sept 1, 1927  
 Residence St. Francis Xavier Convent  
 Place of Death \_\_\_\_\_  
 Funeral Services at Mt. Mercy  
 Time of Funeral Service 9 a.m.  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. J. McHugh  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Ch. Myocarditis  
(Primary) (Secondary)  
 Date of Death Aug 30, 1927  
 Occupation of the Deceased Housekeeper St. M.  
 Single or Married \_\_\_\_\_ Religion Cath.  
 Date of Birth Mar. 21, 1861  
 Age 66 Years 5 Months 15 Days  
 Name of Father Philip Roberts  
 His Birthplace Ireland  
 Name of Mother Anthony Daugherty  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_

Casket or Coffin	\$ 60.00
Metallic Lining	(State Kind)
Outside Box	15.00 (State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
Candelabrum, \$ _____ Candles, \$ <u>4.00</u>	3.00
Door Badge, \$ _____ Gloves, \$ _____	
Hearse	4.00
Auto Limousines to Cemetery @ \$ _____	
Autos to R. R. Station @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	2.00
(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill <u>135.00</u>	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Manufactured by Murphy  
 Interment at St. Francis Cemetery



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$	<u>35.00</u>	By Cash	\$	00

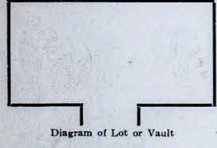
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 210 Yearly No. 50 Date Sept 6 1927

Name of Deceased Mario Fredianelli (What Race) Italy (Where Born)

Charge to Guissuffi Fredianelli  
 Address 309 Manning ave.  
 Order Given by Guissuffi Fredianelli  
 How Secured           
 Date of Funeral Sept 8, 1927  
 Residence 309 Manning ave.  
 Place of Death Mercy Hosp.  
 Funeral Services at St. Peter's Italian  
 Time of Funeral Service 2:30  
 Clergyman           
 Certifying Physician W.P. Busby  
 His Residence Mercy  
 Number of Burial Certificate           
 Cause of Death Tubercular Pneumonia  
 (Primary) (Secondary)  
 Date of Death Sept 6, 1927  
 Occupation of the Deceased Laborer  
 Single or Married Married Religion Cath  
 Date of Birth Nov 21, 1898  
 Age 28 Years 10 Months 16 Days  
 Name of Father Guissuffi Fredianelli  
 His Birthplace Italy  
 Name of Mother Amelia Nardi  
 (Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to           
 Size and Style of Casket or Coffin W.G. 6/3  
 Manufactured by           
 Interment at Calvary Cemetery  
 Lot No.           
 Grave No.           
 Section No.         



Casket or Coffin	\$ 1.50 00
Metallie Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	4 50
Hearse	1.6 00
Auto Limousines to Cemetery, @ \$	12.0 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	2 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations	10 00
Outlay for Lot	
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslim	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10 00
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	5 00
Telegrams and Telephone Charges	
Pall Bearer Service	
<b>Total Footing of Bill</b>	<b>\$ 396 50</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page <u>        </u> or book <u>        </u>	

To Funeral Charges	Total, \$	Aut	By Cash	Check	\$
Ceslick Nease	16 00				
3. Baker	31 50				
2. Harinski	21 00				
2. Colligan	21 00				
1. Miller	8 10				
1. Lehmgat.	10 50				
1. m.a.					
<b>Total</b>		<b>10</b>		<b>200 00</b>	

Names of Pall Bearers           
 Names of Lodges           
 Lodge Insurance, \$          Other Insurance, \$           
 Names of Near Relatives

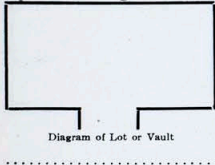
# RECORD OF FUNERAL

Total No. 211      Yearly No. 51      Date Sept 6, 1927

Name of Deceased. Regis Morgan      W.      Pa.  
Husband---  
Wife---Widow      (What Race)      (Where Born)  
Son---Daughter of

Charge to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral. Sept 9, 1927  
 Residence \_\_\_\_\_  
 Place of Death. Mercy Hs.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician. R. C. Kramer  
 His Residence. Mercy  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death. Fatal Pneumonia  
(Primary)                                  (Secondary)  
 Date of Death. Sept 6, 1927  
 Occupation of the Deceased. Janitor  
 Single or Married. \_\_\_\_\_ Religion Cath.  
 Date of Birth. Mar 6, 1904  
 Age. 26 Years. 06 Months. 0 Days  
 Name of Father. John J. Morgan  
 His Birthplace Pa.  
 Name of Mother. Mary Moon  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin. W/S G.C.  
 Manufactured by Pgh.  
 Interment at Calvary Cemetery

Casket or Coffin	..... \$	<u>70.00</u>
Metallic Lining	.....	
	(State Kind)	
Outside Box	.....	<u>20.00</u>
	(State Kind)	
Grave Vault	.....	
	(State Kind)	
Burial Suit or Dress	.....	
Burial Slippers and Hose	.....	
Engraving Plate	.....	
Embalming Body (with _____ Fluid)	.....	<u>15.00</u>
Dressing Body, \$ _____ Shaving, \$ _____	.....	
Hair Dressing	.....	
Use of Folding Chairs	.....	
“ “ Candelabrum, \$ _____ Candles, \$ _____	.....	<u>2.00</u>
Door Badge, \$ _____ Gloves, \$ _____	.....	<u>3.00</u>
Hearse	.....	<u>1.40</u>
Auto Limousines to Cemetery... @ \$ _____	.....	<u>1.05</u>
Autos to R. R. Station... @ \$ _____	.....	
Other Vehicle Service	.....	
Aeroplane Service	.....	
Death Notices in _____ Newspapers	.....	
	(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	.....	
Other Decorations	.....	
Outlay for Lot	.....	<u>32.50</u>
Opening Grave or Vault	.....	
Lining Grave with Evergreen or Muslin	.....	
Matting, \$ _____ Tent Rental, \$ _____	.....	
Use of Lowering Device	.....	
Rental of Vault	.....	
Outlay for Shipping Charges	.....	
Removal Charges	.....	
Incineration	.....	
Personal Services	.....	
Singers	.....	
Church Charges, \$ _____ Minister, \$ _____	.....	
Telegrams and Telephone Charges	.....	
Pall Bearer Service	.....	
Total Footing of Bill		..... \$ <u>167.00</u>
By Amount Paid in Advance		..... \$ <u>50.00</u>
Balance		..... \$ <u>117.00</u>
Entered into Ledger, page _____		or below _____



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges..... Total, \$	<u>14.00</u>	By Cash..... \$	
<u>Cash</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 297... Yearly No. 52... Date Sept. 8 1927.

Name of Deceased L. M. Patrick (bank business) (What Race) W. (Where Born) Pa.

Charge to L. M. Rose  
 Address Mersey Has.  
 Order Given by L. M. Rose  
 How Secured Sept 10, 1927.  
 Date of Funeral Sept 10, 1927.  
 Residence Mersey Has.  
 Place of Death " "  
 Funeral Services at " "  
 Time of Funeral Service 9 a.m.  
 Clergyman M. G. Miller  
 Certifying Physician M. G. Miller  
 His Residence Mersey Has.  
 Number of Burial Certificate 1  
 Cause of Death Subacute embolism  
obstructive thrombosis (Secondary)  
 Date of Death Sept. 8, 1927.  
 Occupation of the Deceased S. of M.  
 Single or Married Single Religion Catholic  
 Date of Birth Sept 8, 1872  
 Age 55 Years 0 Months 0 Days  
 Name of Father Chas. Curran  
 His Birthplace Ireland  
 Name of Mother Bridget McHenna  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to \_\_\_\_\_

Casket or Coffin.....	\$ 60.00
Metallic Lining.....	(State Kind)
Outside Box.....	15.00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15.00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	40.00
Auto Limousines to Cemetery..@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	3.00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill..... \$ 133.00	
By Amount Paid in Advance.....	Oct 13, 27
Balance.....	
Entered into Ledger.....	Paid in full

Size and Style of Casket or Coffin.....  
 Manufactured by Murphy  
 Interment at St. Tabernas Cemetery

Diagram of Lot or Vault	Lot No.....
	Grave No.....
	Section No.....

To Funeral Charges..... Total, \$	Freyauff 35.00	By Cash.....	\$

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 213 Yearly No. 53 Date Sept. 10, 1927

Name of Deceased Baptista Valenti (What Race) W (Where Borne) Italy

Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to Mining Union 2, 1355  
 Address Avella Pa.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Sept. 13, 1927  
 Residence Avella Pa.  
 Place of Death .....  
 Funeral Services at Chapel  
 Time of Funeral Service 5 PM  
 Clergyman .....  
 Certifying Physician R. C. Brewer  
 His Residence Mercy  
 Number of Burial Certificate .....  
 Cause of Death baso-carcinoma of stomach  
(Primary) (Secondary)  
 Date of Death Sept 10, 1927  
 Occupation of the Deceased miner  
 Single or Married W Religion Cath  
 Date of Birth .....  
 Age 52 Years Months Days  
 Name of Father Filipp Valenti  
 His Birthplace Italy  
 Name of Mother Mat. Knauer  
(Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by Mumph  
 Interment at St. Marys Cemetery

Casket or Coffin	\$	75	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)		
Grave Vault	(State Kind)		
Burial Suit or Dress			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)		20	00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$	2	00
Door Badge, \$	Gloves, \$	3	00
Hearse		14	00
Auto Limousines to Cemetery, @ \$		21	00
Autos to R. Station, @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in	Newspapers		
	(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$		
Other Decorations		32	50
Outlay for Lot			
Opening Grave or Vault			
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			
Singers			
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill	\$	167	50
By Amount Paid in Advance	\$	17	50
Balance	\$		
Entered into Ledger, page			or below

Lot No. ....  
 Grave No. ....  
 Section No. ....

Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$
<u>Emmanuel Rossi</u>			
<u>1626 Forbes St.</u>			
<u>Free. No. 90.1 Year</u>	<u>14 00</u>		
<u>1. H. E. E. L.</u>	<u>11 50</u>		
<u>1. m</u>			

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 214 Yearly No. 54 Date Sept 16 1927

Name of Deceased Albert E. Frank (What Race) w. (Where Born) Pa.

Husband---  
Wife---Widow  
Son---Daughter of }  
Charge to Estate of A. E. Frank

Address .....  
Order Given by.....  
How Secured.....

Date of Funeral. Sept 19 1927  
Residence 1502 Westfield St  
Place of Death. " " " " " "

Funeral Services at. " " " "  
Time of Funeral Service. 2:30 P.M.  
Clergyman.....

Certifying Physician. J. J. Morgan  
His Residence. 177 Stratford ave  
Number of Burial Certificate.....

Cause of Death. Chy. myocarditis  
(Primary) (Secondary)  
Date of Death. Sept 16, 1927

Occupation of the Deceased. Ret.  
Single or Married. M. Religion. Cath.

Date of Birth. Oct 5, 1842  
Age. 84 Years. 11 Months. 11 Days

Name of Father. Henry Frank  
His Birthplace. Germany

Name of Mother. Wilhelmina  
(Maiden Name)  
Her Birthplace. Germany

Body to be Shipped to.....  
Size and Style of Casket or Coffin.....

Manufactured by. Murphy  
Interment at Union Ball Cemetery

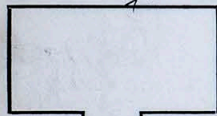


Diagram of Lot or Vault

Lot No. ....  
Grave No. ....  
Section No. ....

Casket or Coffin.....	\$ 250 00
Metallic Lining.....	(State Kind)
Outside Box.....	25 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	6 00
Hearse.....	16 00
Auto Limousines to Cemetery...@ \$.....	48 00
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in..... Newspapers.....	6 00
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations... <u>Door Badge</u>	12 00
Outlay for Lot.....	
Opening Grave or Vault.....	<del>15 00</del>
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device... <u>Cen Chgs.</u>	44 00
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 477 00
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger page.....	

To Funeral Charges..... Total, \$	
<u>Frings</u>	
<u>2 Habinski</u>	
<u>1 Muller</u>	
<u>1 Ernest</u>	
By Cash..... \$	

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....



# RECORD OF FUNERAL

Total No. 216 Yearly No. 56 Date Sept 29 1927  
 Name of Deceased St. M. Isabel (Elizabeth Dunn) (What Race) Ir (Where Born)

Husband---  
 Wife---Widow  
 Son---Daughter of  
 Charge to St. M. Rose  
 Address Mercy Hos.  
 Order Given by  
 How Secured  
 Date of Funeral Oct 1, 1927  
 Residence Mercy Hos.  
 Place of Death " "  
 Funeral Services at " "  
 Time of Funeral Service 9 a.m.  
 Clergyman  
 Certifying Physician  
 His Residence  
 Number of Burial Certificate  
 Cause of Death Gen. Carcinomatosis  
(Primary) (Secondary)  
 Date of Death Sept 29, 1927  
 Occupation of the Deceased Teacher  
 Single or Married S Religion Cath  
 Date of Birth Dec 9, 1860  
 Age 66 Years 9 Months 20 Days  
 Name of Father Francis Dunn  
 His Birthplace Ireland  
 Name of Mother Cath. Simmons  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin 32 30 6/6  
 Manufactured by Murphy  
 Interment at St. Patrick's Cemetery

Casket or Coffin.....	\$ 60 00
Metallic Lining.....	(State Kind)
Outside Box.....	15 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	40 00
Auto Limousines to Cemetery..@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	2 00
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	10/3/27 \$ 732 00
By Amount Paid in Advance.....	\$
Balance.....	Paid in full
Entered into Ledger, page..... or below.....	

Diagram of Lot or Vault

Lot No.....  
 Grave No.....  
 Section No.....

	To Funeral Charges..... Total, \$		By Cash..... \$
	<u>inc Hearse</u>		

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 27 Yearly No. 57 Date Oct 8, 1927  
 Name of Deceased Albertus A. Snowden w. Mrs. Alice Snowden  
 Husband--Wife--Widow--Daughter of }  
 (What Race) (Where Born)

Charge to Mrs. Albertus Snowden  
 Address 316 W. 72nd St. New York N.Y.  
 Order Given by Mr. Knapp  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Residence Post. Pitt. Hotel  
 Place of Death " " " "  
 Funeral Services at New York N.Y.  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. M. Gregor Burns  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cardiac Hemorrhage  
 (Primary) (Secondary)  
 Date of Death Oct 8, 1927  
 Occupation of the Deceased Organizer  
 Single or Married M Religion Prot.  
 Date of Birth \_\_\_\_\_  
Oct 60 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery

Casket or Coffin	\$ 490.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	190.00
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	50.50
Dressing Body, Shaving	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, Candles	
Door Badge, Gloves	
Hearse	
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, Rental of Plants	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, Tent Rental	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	27.68
Removal Charges	20.00
Incineration	
Personal Services	25.00
Singers	
Church Charges, Minister	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 802.68
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

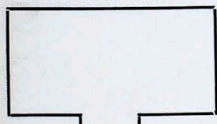


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

	To Funeral Charges. Total, \$		By Cash \$

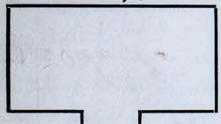
Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 218      Yearly No. 58      Date Oct 14 1927

Name of Deceased Dorothy Davis Cascani      Ind.  
(What Race)      (Where Born)

Charge to Mr. Cascani  
 Address 207 Jumanville St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Oct 17, 1927  
 Residence 207 Jumanville St.  
 Place of Death 2 " "  
 Funeral Services at " "  
 Time of Funeral Service 2 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. J. Probst  
 His Residence 5th Ave  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Diphtheria  
(Primary)      (Secondary)  
 Date of Death Oct 14, 1927  
 Occupation of the Deceased at school  
 Single or Married \_\_\_\_\_ Religion Cat.  
 Date of Birth Dec 4, 1915  
 Age 11 Years 10 Months 10 Days  
 Name of Father Ralph Davis  
 His Birthplace Ind.  
 Name of Mother Anna Hawkins  
(Maiden Name)  
 Her Birthplace Ind.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at Winnemville Cemetery



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin.....	\$ 135 00
Metallic Lining.....	(State Kind)
Outside Box.....	20 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	9 30
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	20 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	9 00
Hearse.....	14 00
Auto Limousines to Cemetery, @ \$.....	42 00
Auto to R. R. Station..... @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	2 00
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	15 00
Other Decorations..... <u>Nov. 13</u>	8 00
Outlay for Lot.....	38 00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 296 50
By Amount Paid in Advance.....	\$ 100 00
Balance.....	\$ 196 50
Entered into Ledger, page..... or below.....	

	To Funeral Charges..... Total, \$				
2	Boke	Nov. 18	By Cash	\$ 50 00	
1	Miller	Dec 24	" "	50 00	
1	McG	Jan 23	" "	50 00	
1	McG Heare				
<p style="font-size: 2em; font-family: cursive;">Paid in full</p> <p style="font-size: 1.5em; font-family: cursive;">Oct 17 1927</p>					

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 219 Yearly No. 59 Date Oct. 17, 1927

Name of Deceased James Jenkes (What Race) w (Where Born) Pa  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Rose Manaway  
 Address 803 Watson St.  
 Order Given by  
 How Secured  
 Date of Funeral Oct. 17, 1927  
 Residence 803 Watson St.  
 Place of Death " " "  
 Funeral Services at Johnstown, Pa.  
 Time of Funeral Service 10 A.M.  
 Clergyman  
 Certifying Physician A. R. Beathy  
 His Residence Carcinoma of Intestines  
 Number of Burial Certificate  
 Cause of Death Carcinoma of Intestines  
 (Primary) (Secondary)  
 Date of Death Oct. 17, 1927  
 Occupation of the Deceased watchman  
 Single or Married S Religion Cath  
 Date of Birth Dec. 25, 1864  
 Age 63 Years 10 Months 8 Days  
 Name of Father Thomas Jenkes  
 His Birthplace Ireland  
 Name of Mother Ellen Clark  
 (Maigén Name)  
 Her Birthplace Ireland  
 Body to be Shipped to Johnstown, Pa.  
 Size and Style of Casket or Coffin 3232  
 Manufactured by Murphy  
 Interment at Johnstown, Pa. Cemetery

Casket or Coffin	\$ 1.00 00
Metallic Lining	
Outside Box <u>S.C.</u>	35 00
Grave Vault	
Burial Suit or Dress	22 50
Burial Slippers and Hose	
Engraving Plate	
Embalmng Body (with <u>Fluid</u> )	20 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	2 00
Door Badge, \$ Gloves, \$	
Hearse	
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	1 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	15 00
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 195 50
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, paid or below	

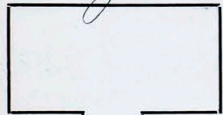


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 220..... Yearly No. 60..... Date... Oct 26..... 1927.  
 Name of Deceased Sr. M. Philomena (Elizabeth) Moore w. Buffalo, N.Y.  
(What Race) (Where Born)

Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to Murphy Superior  
 Address Mt. Mercy  
 Order Given by.....  
 How Secured.....  
 Date of Funeral Oct 28, 1927  
 Residence Mt. Mercy  
 Place of Death Mt. Mercy N.Y.  
 Funeral Services at Mt. Mercy  
 Time of Funeral Service 9 a.m.  
 Clergyman.....  
 Certifying Physician J. W. Spielman  
 His Residence Mt. Mercy N.Y.  
 Number of Burial Certificate.....  
 Cause of Death Acute Nephritis  
(Primary) (Secondary)  
 Date of Death Oct 26, 1927  
 Occupation of the Deceased.....  
 Single or Married S Religion C  
 Date of Birth Oct 9, 1849  
 Age 68 Years 8 Months 17 Days  
 Name of Father Louis Moore  
 His Birthplace Maryland  
 Name of Mother Anna Moran  
(Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to.....

Casket or Coffin.....	\$ 60 00
Metallic Lining.....	
Outside Box.....	15 00
Grave Vault.....	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	15 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	40 00
Auto Limousines to Cemetery..@ \$.....	
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	1 00
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill..... <u>Paid</u> \$ 131 00	
By Amount Paid in Advance..... \$	
Balance..... \$	
Entered into Ledger, page..... or below.....	

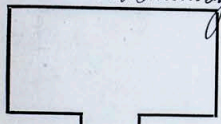


Diagram of Lot or Vault

Lot No.....  
 Grave No.....  
 Section No.....

	To Funeral Charges..... Total, \$		By Cash..... \$
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL

Total No. 222 Yearly No. 62 Date Nov 6, 1927

Name of Deceased William H Crowell (What Race) Pa (Where Born)

Husband--Wife--Widow Son--Daughter of Mary Bensch Crowell

Charge to Mrs. Mary Crowell

Address 21 Maple St.

Order Given by

How Secured

Date of Funeral Nov 10, 1927

Residence 21 Maple St.

Place of Death Chapel

Funeral Services at Episcopal

Time of Funeral Service 9 A.M.

Clergyman

Certifying Physician W. J. McKeown

His Residence all his merged

Number of Burial Certificate

Cause of Death Inf. pneumonia (Primary) Septicemia (Secondary)

Date of Death Nov 6, 1927

Occupation of the Deceased Bank Buyer

Single or Married m. Religion Cath.

Date of Birth Jan 8, 1895

Age 32 Years 9 Months 28 Days

Name of Father Alexander Crowell

His Birthplace Pa.

Name of Mother Susan Shelden (Maiden Name)

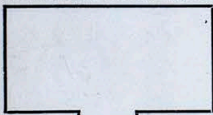
Her Birthplace Pa.

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by W. G. Cas

Interment at Calvary Cemetery



Lot No. R 5

Grave No. 53

Section No. 13

Diagram of Lot or Vault

Casket or Coffin	\$ 1.90 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Grave Vault (State Kind)	
Burial Suit or Dress	27 50
Burial Slippers and Hose	3 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse	14 00
Auto Limousines to Cemetery @ \$	21 00
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	3 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations <u>Flowers</u>	8 00
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	10 00
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 373 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page or below	

To Funeral Charges Total, \$ 21 00

By Cash \$

Names of Pall Bearers

Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives

# RECORD OF FUNERAL

Total No. 223      Yearly No. 63      Date Nov 9, 1927

Name of Deceased Baby Munday      (What Race) W      (Where Born) Pg

Charge to Martin Munday  
Address 13 Ballymore Ave.  
Order Given by \_\_\_\_\_

How Secured \_\_\_\_\_  
Date of Funeral Nov 9, 1927  
Residence \_\_\_\_\_

Place of Death Mercy Hos.  
Funeral Services at \_\_\_\_\_  
Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_  
Certifying Physician J.P. Henry  
His Residence Mercy Hos.

Number of Burial Certificates \_\_\_\_\_  
Cause of Death Stillborn  
(Primary) (Secondary)  
Date of Death Nov 9, 1927

Occupation of the Deceased \_\_\_\_\_  
Single or Married \_\_\_\_\_ Religion Prot.  
Date of Birth \_\_\_\_\_

Age 3 Years 0 Months 0 Days  
Name of Father Martin Munday  
His Birthplace America

Name of Mother Jane Munday  
(Maiden Name)  
Her Birthplace America  
Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin 2/5  
Manufactured by Mumpsby

Interment at Mercy Hos. Cemetery



Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
Grave No. \_\_\_\_\_  
Section No. \_\_\_\_\_

Casket or Coffin	\$	8.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
"    Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse		
Auto Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	
Other Decorations		
Outlay for Lot		10.00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		5.00
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$	23.00
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page	or below	

*Paid in full*  
*JPM*

To Funeral Charges	Total, \$		By Cash	\$	

Names of Pall Bearers \_\_\_\_\_  
Names of Lodges \_\_\_\_\_  
Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 224, Yearly No. 64, Date. Nov 12, 1927

Name of Deceased Mary M. Elroy (What Race) Pa. (Where Born)

Husband—  
Wife—Widow  
Son—Daughter of

Charge to Hanna Alges  
Address 1045 Berkshire Ave.  
Order Given by  
How Secured  
Date of Funeral Nov. 14, 1927  
Residence  
Place of Death 1045 Berkshire Ave.  
Funeral Services at 11 " " " "  
Time of Funeral Service

Clergyman  
Certifying Physician Edward M. Adams  
His Residence St. Josephs Hosp.  
Number of Burial Certificate  
Cause of Death Intestinal neoplasm  
(Primary) (Secondary)  
Date of Death Nov. 12, 1927  
Occupation of the Deceased Ret. Prot.

Single or Married S. Religion Prot.  
Date of Birth not known  
abt. 82 Years Months Days  
Name of Father Katajick, M. Elroy  
His Birthplace Ireland  
Name of Mother Eliz M. Adams  
(Maiden Name)  
Her Birthplace Ireland  
Body to be Shipped to  
Size and Style of Casket or Coffin

Manufactured by Murphy  
Interment at Spindale Cemetery

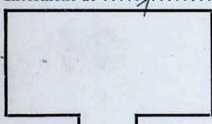


Diagram of Lot or Vault

Lot No. ....  
Grave No. ....  
Section No. ....

Casket or Coffin	\$ 420	
Metallie Lining	200 00	
Outside Box	20 00	(State Kind)
Grave Vault	27 50	(State Kind)
Burial Suit or Dress	25 00	
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse	3 00	
Auto Limousines to Cemetery, @ \$	16 00	
Autos to R. R. Station, @ \$	48 00	
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers	2 00	(Names of Newspapers)
Flowers, \$	20 00	Rental of Plants, \$
Other Decorations	12 00	
Outlay for Lot		
Opening Grave or Vault	28 00	
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services	25 00	
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Flowers</u>	20 00	
<b>Total Footing of Bill</b>	<b>446 50</b>	
By Amount Paid in Advance	445 50	
Balance		
Entered into Ledger, page	or below	

To Funeral Charges	Total, \$				By Cash	\$
<u>7.00 H.</u>						
<u>1.00 Miller</u>						
<u>1.00 Koplodowski</u>						

Names of Pall Bearers.....  
Names of Lodges.....  
Lodge Insurance, \$..... Other Insurance, \$.....  
Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 225      Yearly No. 65      Date Nov. 15, 1927

Name of Deceased Benjamin F. Hermon      W.      md.  
(What Race)      (Where Born)

Husband--  
 Wife--Widow  
 Son--Daughter of

Charge to Mrs. Benj. F. Hermon  
 Address 3304 Calhoun Ave.  
 Order Given by Baltimore, Md.  
 How Secured Miss

Date of Funeral  
 Residence Baltimore, Md.  
 Place of Death North Penn Hotel, Pgh.  
 Funeral Services at Baltimore, Ind.  
 Time of Funeral Service

Clergyman  
 Certifying Physician W. J. McGeary, M.D.  
 His Residence

Number of Burial Certificate  
 Cause of Death Tuberc. Pneumonia  
(Primary)      (Secondary)

Date of Death Nov. 15, 1927  
 Occupation of the Deceased Salesman  
 Single or Married M.      Religion Prot.

Date of Birth Nov. 11, 1876  
 Age 51 Years, 0 Months, 4 Days

Name of Father Wm. Hermon  
 His Birthplace Baltimore

Name of Mother Mrs. M. Hermon  
(Maiden Name)  
 Her Birthplace Pa.

Body to be Shipped to  
 Size and Style of Casket or Coffin

Manufactured by Nat. C. Co.  
 Interment at Baltimore, Md.      Cemetery

Lot No.  
 Grave No.  
 Section No.  
Diagram of Lot or Vault  
W. J. Diemer, North Penn Ave. Baltimore, Md.

Casket or Coffin	\$ 625.00
Metallic Lining	(State Kind)
Outside Box	35.00
Grave Vault	(State Kind)
Burial Suit or Dress	(State Kind)
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	50.00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Other Vehicle Service	
Acroplane Service	
Death Notices in	Newspapers
<small>(Names of Newspapers)</small>	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	20.00
Incineration	
Personal Services	50.00
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 780.00
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below

To Funeral Charges	Total, \$		By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$      Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 226 Yearly No. 66 Date Nov. 19, 1927

Name of Deceased Charles M. Davis (What Race) W (Where Born) Pa.

Husband---  
Wife---Widow  
Son---Daughter of Wm Davis

Charge to Wm Davis

Address .....

Order Given by .....

How Secured .....

Date of Funeral Nov. 22, 1927

Residence 1451 Island of Allis

Place of Death Mercy, Pa.

Funeral Services at Chapel

Time of Funeral Service 2 p.m.

Clergyman .....

Certifying Physician L. H. Smitterbaugh

His Residence Mercy, Pa.

Number of Burial Certificate .....

Cause of Death Lobar Pneumonia  
(Primary) (Secondary)

Date of Death Nov. 19, 1927

Occupation of the Deceased Light Building

Single or Married S Religion Prot.

Date of Birth not known

Age 54 Years Months Days

Name of Father John W. Davis

His Birthplace Pa.

Name of Mother Susan Wray  
(Maiden Name)

Her Birthplace Pa.

Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by W. H. Liberman

Interment at W. H. Liberman Cemetery

Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Casket or Coffin \$ 200 00

Metallie Lining (State Kind) .....

Outside Box (State Kind) 20 00

Grave Vault (State Kind) .....

Burial Suit or Dress .....

Burial Slippers and Hose 45 00

Engraving Plate .....

Embalming Body (with Fluid) 25 00

Dressing Body, \$ Shaving, \$ .....

Hair Dressing .....

Use of Folding Chairs .....

" " Candelabrum, \$ Candles, \$ .....

Door Badge, \$ Gloves, \$ .....

Hearse 16 00

Auto Limousines to Cemetery @ \$ 24 00

Autos to R. R. Station @ \$ .....

Other Vehicle Service .....

Aeroplane Service .....

Death Notices in Newspapers 5 00

(Names of Newspapers) .....

Flowers, \$ Rental of Plants, \$ 20 00

Other Decorations .....

Outlay for Lot 35 00

Opening Grave or Vault .....

Lining Grave with Evergreen or Muslin .....

Matting, \$ Tent Rental, \$ .....

Use of Lowering Device .....

Rental of Vault .....

Outlay for Shipping Charges .....

Removal Charges .....

Incineration .....

Personal Services 25 00

Singers .....

Church Charges, \$ Minister, \$ .....

Telegrams and Telephone Charges .....

Pall Bearer Service .....

Total Footing of Bill \$ 374 50

By Amount Paid in Advance \$ 270 00

Balance \$ .....

Entered into Ledger, page Guid or below .....

To Funeral Charges	Total, \$	By Cash	\$
<u>W. H. Liberman</u>		<u>Guid</u>	
<u>21 S. Mason Ave.</u>		<u>M. B. Hoyt</u>	
<u>Chicago, Ill.</u>			
<u>Harcuski</u>	<u>10 50</u>		

Names of Pall Bearers .....

Names of Lodges .....

Lodge Insurance, \$ .....

Other Insurance, \$ .....

Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 227.. Yearly No. 67.. Date. Nov. 23, 1927.  
 Name of Deceased. Rose A. Crofton W. Ireland.  
 Husband--  
 Wife--Widow } Martin Crofton (What Race) (Where Born)  
 Son--Daughter of

Charge to Mrs. Cath. Markey  
 Address 605 Natchez St.  
 Order Given by.....  
 How Secured.....

Date of Funeral. Nov. 25, 1927.  
 Residence 605 Natchez St.  
 Place of Death " " " "  
 Funeral Services at. St. Justins.  
 Time of Funeral Service.....

Clergyman.....  
 Certifying Physician John O'Honnell  
 His Residence 3 Boggs Ave.  
 Number of Burial Certificates.....  
 Cause of Death Chc. nephritis.  
 (Primary) (Secondary)

Date of Death Nov. 22, 1927.  
 Occupation of the Deceased Act.  
 Single or Married widowed Religion Cath.  
 Date of Birth.....  
 Age 44 Years Months Days

Name of Father Patrick Brady  
 His Birthplace Ireland  
 Name of Mother Catherine Boyle  
 (Maiden Name)  
 Her Birthplace Ireland.  
 Body to be Shipped to.....

Size and Style of Casket or Coffin H26  
 Manufactured by J.P.H.  
 Interment at St. Marys Cemetery

Diagram of lot or Vault  
 Owned by Milligan  
 Lot No. 568  
 Grave No. 6  
 Section No. 0

Casket or Coffin.....	\$	175 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Burial Suit or Dress.....		27 50
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		20 00
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
" " Candelabrum, \$..... Candles, \$.....		3 00
Door Badge, \$..... Gloves, \$.....		3 00
Hearse.....		16 00
Auto Limousines to Cemetery @ \$.....		24 00
Autos to R. R. Station @ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....	(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....		15 00
Other Decorations.....	<u>near B.</u>	10 00
Outlay for Lot.....		
Opening Grave or Vault.....		15 00
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....		20 00
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$	328 50
By Amount Paid in Advance <u>Jan 3</u> .....	\$	158 50
Balance.....	\$	170 00
Entered into Ledger, page..... or below.....		

To Funeral Charges.....	Total, \$		By Cash.....	\$
<u>M. A. H.</u>				
<u>Kopfydewski</u>				

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 228 Yearly No. 68 Date Nov 27 1927

Name of Deceased William J. Teeters (What Race) W (Where Born) Pa.  
 Husband--  
 Wife--Widow  
 Son--Daughter of }

Charge to Joseph H. Teeters  
 Address 2017 Blvd of Allies

Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_

Date of Funeral Nov. 29, 1927

Residence 2017 Blvd of Allies

Place of Death Mercy Hospital

Funeral Services at Home

Time of Funeral Service 2 P.M.

Clergyman \_\_\_\_\_  
 Certifying Physician W. A. Rote

His Residence Mercy Hos

Number of Burial Certificate \_\_\_\_\_

Cause of Death Subsidiary meningitis  
 (Primary) (Secondary)

Date of Death Nov. 27, 1927

Occupation of the Deceased \_\_\_\_\_

Single or Married sf Religion both

Date of Birth Sept. 27, 1926

Age 1 Years 2 Months 0 Days

Name of Father Joseph H. Teeters

His Birthplace Pa.

Name of Mother Oliver M. Summer  
 (Maiden Name)

Her Birthplace Pa.

Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin 75  
Regl.

Manufactured by Regl.

Interment at St. Mary's Cemetery

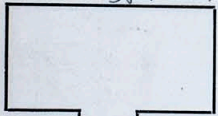


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. 99  
 Section No. T  
Row # 9

Casket or Coffin	\$ 65.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	10.00
Grave Vault (State Kind)	
Burial Suit or Dress	5.50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	10.00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	2.00
Door Badge, \$ Gloves, \$	
Hearse	
Auto Limousines to Cemetery, @ \$	21.00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers (Names of Newspapers)	3.00
Flowers, \$ Rental of Plants, \$	15.00
Other Decorations <u>Carry B.</u>	8.00
Outlay for Lot	20.00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	10.00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Flowers</u>	5.00
Total Footing of Bill	\$ 164.50
By Amount Paid in Advance <u>Dec 20</u>	\$ 67.00
Balance	\$
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	
<u>St. Mary's</u>		
<u>Prorog. 1</u>		

Mar 27 Paid in full  
AM

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 229.      Yearly No. 69.      Date. Nov 29, 1927  
 Name of Deceased. Ella Bancroft W Pa.  
(What Race)      (Where Born)

Charge to Chas. S. Bancroft  
 Address 4614 Fifteenth Ave.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral.....  
 Residence 4614 5th Ave  
 Place of Death Philadelphia  
 Funeral Services at Philadelphia  
 Time of Funeral Service.....  
 Clergyman.....  
 Certifying Physician.....

His Residence W. Weaker  
 Number of Burial Certificate 5 Ave. aft.  
 Cause of Death Anterior Sclerosis  
(Primary)      (Secondary)  
 Date of Death Nov. 29, 1927  
 Occupation of the Deceased.....

Single or Married W Religion Prot.  
 Date of Birth Dec. 31, 1866  
 Age 66 Years 10 Months 28 Days  
 Name of Father Stephen Bancroft  
 His Birthplace Pa.  
 Name of Mother Judith Woodrow  
(Maiden Name)  
 Her Birthplace Pa.

Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by Murphy  
 Interment at Philadelphia Cemetery

Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin.....	\$ <u>625</u>
Metallic Lining.....	\$ <u>525 00</u>
Outside Box.....	<u>40 00</u>
Grave Vault.....	
Burial Suit or Dress.....	<u>37 50</u>
Burial Slippers and Hose.....	<u>4 50</u>
Engraving Plate.....	
Embalming Body (with Fluid).....	<u>25 00</u>
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
"    Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse.....	
Auto Limousines to Cemetery, @ \$.....	
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	
..... (Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	
Other Decorations.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	<u>41 79</u>
Removal Charges.....	<u>10 00</u>
Incineration.....	
Personal Services.....	<u>25 00</u>
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill <u>Dec 8</u> .....	<u>7.08 49</u>
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

To Funeral Charges.....	Total, \$	By Cash.....	\$
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.....			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 230 Yearly No. 70 Date Dec 1 1927  
 Name of Deceased Infant Vanicci (What Race) W. (Where Born) Pa.

Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to Harry Vanicci  
 Address 1. P. Road St.

Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_

Date of Funeral Dec 2, 1927  
 Residence \_\_\_\_\_

Place of Death Mercy Hosp  
 Funeral Services at \_\_\_\_\_

Time of Funeral Service 10:30 a.m.  
 Clergyman \_\_\_\_\_

Certifying Physician J.P. Henry  
 His Residence Mercy Hosp

Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Stillborn  
(Primary) (Secondary)

Date of Death Dec 1, 1927  
 Occupation of the Deceased \_\_\_\_\_

Single or Married \_\_\_\_\_ Religion Cath

Date of Birth Stillborn  
 Age \_\_\_\_\_ (Years) (Months) (Days)

Name of Father Harry  
 His Birthplace Italy

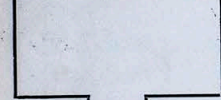
Name of Mother Jenna Maffey  
(Maiden Name)

Her Birthplace Italy  
 Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_

Interment at \_\_\_\_\_ Cemetery



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin	\$ <u>10.00</u>
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse	
Auto Limousines to Cemetery, @ \$ _____	10.00
Autos to R. R. Station, @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations	
Outlay for Lot	10.00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ <u>30.00</u>
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 231..... Yearly No. 71..... Date. Dec 4, 1927  
 Name of Deceased Infant Wise..... (What Race) W..... (Where Born) Pa  
 Husband---  
 Wife---Widow of {  
 Son---Daughter of {

Charge to Frank E. Weise  
 Address 609. Bress Av.  
 Order Given by Birdsville, Pa  
 How Secured .....

Date of Funeral Dec 4, 1927  
 Residence .....

Place of Death Mercy Hos.  
 Funeral Services at .....

Time of Funeral Service .....

Clergyman .....

Certifying Physician J. O. Henry  
 His Residence Mercy

Number of Burial Certificate .....

Cause of Death Stillborn  
 (Primary) (Secondary)

Date of Death Dec 3, 1927  
 Occupation of the Deceased .....

Single or Married .....

Religion Prot.  
 Date of Birth .....

Age Stillborn Years .....

Months .....

Days .....

Name of Father Frank E.  
 His Birthplace Pa.

Name of Mother Carrie Stork  
 (Maiden Name)

Her Birthplace Pa.  
 Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by .....

Interment at .....

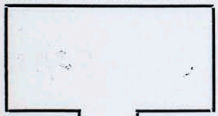


Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin.....	\$	10.00
Metallic Lining.....		
(State Kind)		
Outside Box.....		
(State Kind)		
Grave Vault.....		
(State Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$.....	Shaving, \$.....	
Hair Dressing.....		
Use of Folding Chairs.....		
"    Candelabrum, \$.....	Candles, \$.....	
Door Badge, \$.....	Gloves, \$.....	
Hearse.....		
Auto Limousines to Cemetery..@ \$.....		
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers, \$.....	Rental of Plants, \$.....	
Other Decorations.....		
Outlay for Lot.....		10.00
Opening Grave or Vault.....		
Lining Grave with Evergreen or Muslin.....		
Matting, \$.....	Tent Rental, \$.....	
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		5.00
Incineration.....		
Personal Services.....		
Singers.....		
Church Charges, \$.....	Minister, \$.....	
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....		
		<u>Paid</u> 25.00
By Amount Paid in Advance.....		\$.....
Balance.....		\$.....
Entered into Ledger, page..... or below.....		

To Funeral Charges.....	Total, \$				By Cash.....	\$
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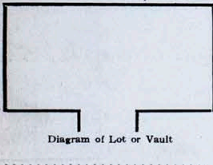
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 232 Yearly No. 73 Date. Dec 7, 1927

Name of Deceased Margaret Koehn (What Race) W. (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of Gredenroks

Charge to Estate of  
 Address w. C. Steele  
 Order Given by 7210. Upland St.  
 How Secured  
 Date of Funeral Dec 9, 1927.  
 Residence 7210. Upland  
 Place of Death 639. Whittier St.  
 Funeral Services at 7210. Upland  
 Time of Funeral Service 2:30 P.M.  
 Clergyman John D. Shand  
 Certifying Physician Leoline Marshall  
 His Residence 7045. Hamilton Ave.  
 Number of Burial Certificate  
 Cause of Death Can. Carcinoma of Uterus  
 (Primary) (Secondary)  
 Date of Death Dec 7, 1927  
 Occupation of the Deceased Ret.  
 Single or Married W. Religion Prot.  
 Date of Birth Mar 1, 1848  
 Age 79 Years 9 Months 6 Days  
 Name of Father Nuber  
 His Birthplace  
 Name of Mother (Maiden Name) Not known  
 Her Birthplace  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Murphy  
 Interment at W. Steele Cemetery



Casket or Coffin	\$ <u>780</u> 00
Metallie Lining	\$ <u>550</u> 00
Outside Box	\$ <u>25</u> 00
Grave Vault	
Burial Suit or Dress	\$ <u>27</u> 50
Burial Slippers and Hose	\$ <u>6</u> 50
Engraving Plate	
Embalming Body (with Fluid)	\$ <u>25</u> 00
Dressing Body, Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, Candles, \$	
Door Badge, Gloves, \$	\$ <u>6</u> 00
Hearse	\$ <u>14</u> 00
Auto Limousines to Cemetery @ \$	\$ <u>31</u> 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	\$ <u>4</u> 00
Flowers, Rental of Plants, \$	\$ <u>20</u> 00
Other Decorations	\$ <u>12</u> 00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	\$ <u>25</u> 00
Singers	
Church Charges, Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Flowers	\$ <u>20</u> 00
Flowers	\$ <u>35</u> 00
Total Footing of Bill	\$ <u>801</u> 50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ of below	

To Funeral Charges	Total, \$	By Cash	\$
<u>M. A. Hanson</u>			
<u>2 Boker</u>			

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 233...

Yearly No. 73

Date Dec. 14, 1927

Name of Deceased Albert H. Richards W. Pa.  
(What Race) (Where Born)

Husband...  
Wife...Widow  
Son...Daughter of

Charge to Elizabeth Richards

Address 2022 7th Ave.

Order Given by

How Secured

Date of Funeral Dec. 18, 1927

Residence

Place of Death 2022 7th Ave

Funeral Services at " " "

Time of Funeral Service 2 P.M.

Clergyman

Certifying Physician W. J. M. Gregor

His Residence

Number of Burial Certificate

Cause of Death Cholera  
(Primary) (Secondary)

Date of Death Dec. 14, 1927

Occupation of the Deceased carpenter

Single or Married Married Religion Prot.

Date of Birth Mar. 4, 1881

Age 46 Years 9 Months 10 Days

Name of Father Daniel

His Birthplace Wales

Name of Mother Elizabeth Kidney  
(Maiden Name)

Her Birthplace Pa.

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by Deh

Interment at Valleau Cemetery

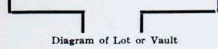


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Casket or Coffin	\$ 1.65	.00
Metallic Lining		
Outside Box	20	00
Grave Vault		
Burial Suit or Dress	5	50
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	25	00
Dressing Body, Shaving		
Hair Dressing		
Use of Folding Chairs		
" Candelabrum, Candles		
Door Badge, Gloves	4	00
Hearse	20	00
Auto Limousines to Cemetery	32	00
Autos to R. R. Station		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers	6	00
Flowers, Rental of Plants	20	00
Other Decorations	10	00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, Tent Rental		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services	25	00
Singers		
Church Charges, Minister		
Telegrams and Telephone Charges		
Pall Bearer Service		
Flowers	15	00
<b>Total Footing of Bill</b>	<b>\$ 347</b>	<b>50</b>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		

To Funeral Charges Total \$

W. J. M. Gregor  
1. First  
1. J. M. Verbeke

By Cash Mar \$ 300.00

Names of Pall Bearers Mr. Albert H. Leo

Names of Lodges Union Trust

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives

# RECORD OF FUNERAL

Total No. 234 Yearly No. 74 Date Dec 18, 1927.  
 Name of Deceased Catherine Kearns (What Race) Irish (Where Born) Ireland.

Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to J. J. Kearns  
 Address 1524 Tucker St.

Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_

Date of Funeral Dec 21, 1927  
 Residence 57.67. Columbus St.

Place of Death St. Lawrence's

Funeral Services at St. Lawrence's  
 Time of Funeral Service 9 a.m.

Clergyman \_\_\_\_\_  
 Certifying Physician James W. Clarke

His Residence Beant Pacific

Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Ch. Myocarditis  
(Primary) (Secondary)

Date of Death Dec 18, 1927

Occupation of the Deceased Per

Single or Married Mar. Religion Cath.

Date of Birth Oct 81 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Name of Father John O'Connell

His Birthplace Ireland

Name of Mother Not Known  
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_

Interment at \_\_\_\_\_ Cemetery

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

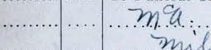


Diagram of Lot or Vault

Casket or Coffin.....	\$ 210.00	360
Metallic Lining.....		
(State Kind)		
Outside Box.....		
(State Kind)		
Grave Vault.....		
(State Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)	25.00	
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
"    Candelabrum, \$..... Candles, \$.....	4.00	
Door Badge, \$..... Gloves, \$.....	4.00	
Hearse.....	1.40	
Auto Limousines to Cemetery...@ \$.....	42.00	
Autos to R. R. Station...@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....	6.00	
(Name of Newspaper)		
Flowers, \$..... Rental of Plants, \$.....	15.00	
Other Decorations.....	12.00	
Outlay for Lot.....		
Opening Grave or Vault.....	15.00	
Lining Grave with Evergreen or Muslin.....	13.00	
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....	20.00	
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$ 380.00	
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.....		

To Funeral Charges..... Total, \$		By Cash.....	
<u>M.A. Kearns</u>			
<u>Miller</u>			
<u>Thompson</u>			
<u>Baker</u>			
<u>Frost</u>			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 235      Yearly No. 75      Date Dec 20, 1927

Name of Deceased Mary Recchioni (What Race) Italy  
 Husband---  
 Wife---Widow Joseph Recchioni (When Born)  
 Son--- Daughter of

Charge to Joseph Recchioni  
 Address 1631 Colwell St.  
 Order Given by  
 How Secured  
 Date of Funeral Dec 23, 1927  
 Residence  
 Place of Death 1631 Colwell St.  
 Funeral Services at St. Peter's Station  
 Time of Funeral Service 9:30  
 Clergyman  
 Certifying Physician A. Dipani  
 His Residence 31 Chatham St.  
 Number of Burial Certificate  
 Cause of Death Branchitis, Myocarditis  
 (Primary) (Secondary)  
 Date of Death Dec 20, 1927  
 Occupation of the Deceased H.W.  
 Single or Married M Religion Cath  
 Date of Birth  
 Age 70 Years      Months      Days  
 Name of Father Donato Angelilli  
 His Birthplace Italy  
 Name of Mother Rosalia Otavio  
 (Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by  
 Interment at Calvary Cemetery

Casket or Coffin	\$ 400 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	25 00
Grave Vault (State Kind)	
Burial Suit or Dress	21 00
Burial Slippers and Hose	5 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery @ \$	147 00
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	8 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations <u>Dark Wood</u>	12 00
Outlay for Lot	100 00
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	18 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service <u>Jan 5, 1928</u>	
Total Footing of Bill	\$ 840 50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

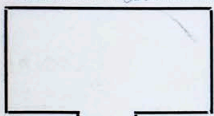


Diagram of Lot or Vault

Lot No. 750  
 Grave No. 6  
 Section No. M

	To Funeral Charges	Total, \$		By Cash	\$
1	Cole	52 50			
3	Havenski	31 00			
2	Furst	21 00			
2	Baker	21 00			
1	Rehner	10 50			
1	Mello	10 50			
	M. A. von Heune	14 00			
		161 00			

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$      Other Insurance, \$  
 Names of Near Relatives

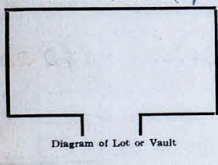
# RECORD OF FUNERAL

Total No. 236 Yearly No. 1 Date Jan 4 1928

Name of Deceased Frances Maguin (2 infants)  
 Husband--- Leo. F. Maguin  
 Wife---Widow  
 Son---Daughter  
 Charge to Leo. F. Maguin  
 Address 832 N. Lincoln Ave.  
 Order Given by 5100 Liberty Ave.  
 How Secured Albany Bedding Co.  
 Date of Funeral Chicago, Ill.  
 Residence 832 N. Lincoln Ave.  
 Place of Death Jan 4, 1928, Mercy Hos.  
 Funeral Services at Fond Du Lac, Wis.  
 Time of Funeral Service

Casket or Coffin	\$ 125 00
Metallic Lining	(State Kind)
Outside Box	35 00
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	25 00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	
Hearse	
Auto Limousines to Cemetery, @ \$ _____	
Autos to R. R. Station, @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	
Flowers, \$ _____ Rental of Plants, \$ _____	
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$ _____ Minister, \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 205 00
By Amount Paid in Advance	\$ 20 00
Balance	\$ 185 00
Entered into Ledger, page _____ or below _____	

Clergyman \_\_\_\_\_  
 Certifying Physician H. Heintzelman  
 His Residence Mercy Hos.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Eclampsia Pregnancy  
 (Primary) (Secondary)  
 Date of Death Jan 4, 1928  
 Occupation of the Deceased Housewife  
 Single or Married M Religion Cath.  
 Date of Birth Jan 31, 1901  
 Age 26 Years 11 Months 4 Days  
 Name of Father Wm. F. Boland  
 His Birthplace Wis.  
 Name of Mother Isabelle Langson  
 (Maiden Name)  
 Her Birthplace Wis.  
 Body to be Shipped to Fond Du Lac, Wis.  
Wis.  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Murphy  
 Interment at Fond Du Lac, Wis. Cemetery



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$				
			Mar 2	By Cash <u>check</u>	\$ 30 00
			Apr		30 -
			Aug 27 1930		25 00
			June 25 1952		50 00
				Bal 50	50 00

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 237 Yearly No. 2 Date Jan. 14, 1928  
 Name of Deceased Patrick E. Stack (What Race) Irish (Where Born) Ireland  
 Husband of Ellen Higgins  
 Wife of Widow  
 Son of Daughter of

Charge to Mrs. Patrick E. Stack  
 Address 72 Marion St.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Jan. 17, 1928  
 Residence 72 Marion St.  
 Place of Death .....  
 Funeral Services at St. Anthony  
 Time of Funeral Service .....  
 Clergyman Rev. J. O'Connell  
 Certifying Physician .....  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death .....  
 Date of Death Jan. 14, 1928  
 Occupation of the Deceased Engineer  
 Single or Married M Religion Cath.  
 Date of Birth Jan. 14, 1864  
 Age 64 Years 0 Months 0 Days  
 Name of Father Edw. Stack  
 His Birthplace Ireland  
 Name of Mother Catherine Millane  
 Her Birthplace Ireland  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by Murphy  
 Interment at Calvary Cemetery

Casket or Coffin	.....	\$	660
Metallic Lining	.....	\$	500 00
Outside Box	.....		20 00
Grave Vault	.....		
Burial Suit or Dress	.....		
Burial Slippers and Hose	.....		
Engraving Plate	.....		
Embalming Body (with Fluid)	.....		25 00
Dressing Body, \$	Shaving, \$		
Hair Dressing	.....		
Use of Folding Chairs	.....		
" " Candelabrum, \$	Candles, \$		4 00
Door Badge, \$	Gloves, \$		6 00
Hearse	.....		14 00
Auto Limousines to Cemetery, @ \$	.....		52 50
Autos to R. R. Station, @ \$	.....		
Other Vehicle Service	.....		
Aeroplane Service	.....		
Death Notices in	Newspapers		6 00
(Names of Newspapers)			
Flowers, \$	Rental of Plants, \$		20 00
Other Decorations	<u>Quor. B.</u>		12 00
Outlay for Lot	.....		
Opening Grave or Vault	.....		15 00
Lining Grave with Evergreen or Muslin	.....		
Matting, \$	Tent Rental, \$		18 00
Use of Lowering Device	.....		
Rental of Vault	.....		
Outlay for Shipping Charges	.....		
Removal Charges	.....		
Incineration	.....		
Personal Services	.....		
Singers	.....		
Church Charges, \$	Minister, \$		
Telegrams and Telephone Charges	.....		
Pall Bearer Service	.....		
Total Footing of Bill	<u>Murphy</u>	\$	692 50
By Amount Paid in Advance	<u>Stack</u>	\$	
Balance	<u>Stack</u>	\$	
Entered into Ledger, page	.....	or below	.....

Lot No. 295  
 Grave No. 2  
 Section No. JK

To Funeral Charges	Total, \$	By Cash	\$
<u>Heard</u>			
<u>3. Harusker</u>			
<u>1. Frenst</u>			
<u>1. McCabe JF.</u>			

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....



# RECORD OF FUNERAL

Total No. 239 Yearly No. 4 Date Jan. 18, 1928

Name of Deceased Onesta Donatelli (What Race) It (Where BORN) Italy

Charge to Antonina Donatelli  
 Address 709 Stewart St  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Jan 21, 1928  
 Residence 709 Stewart St  
 Place of Death Epiphany  
 Funeral Services at Epiphany  
 Time of Funeral Service 10 Am  
 Clergyman .....  
 Certifying Physician E.B. Wickham  
 His Residence Honewood & Kelly  
 Number of Burial Certificate .....  
 Cause of Death Chr. Myocarditis  
 (Primary) (Secondary)  
 Date of Death Jan 18, 1928  
 Occupation of the Deceased Wm  
 Single or Married m Religion Cath  
 Date of Birth July 3, 1893  
 Age 73 Years 6 Months 15 Days  
 Name of Father Carmine Donatelli  
 His Birthplace Italy  
 Name of Mother Angelina Libatore  
 (Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by Murphy  
 Interment at Mt. Carmel Cemetery

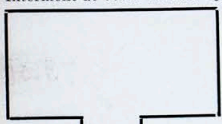


Diagram of Lot or Vault

Lot No. ....  
Grave No. ....  
Section No. ....

Casket or Coffin		\$ 435 00
Metallic Lining		
Outside Box	<u>Loak</u> (State Kind)	75 00
Grave Vault	(State Kind)	
Burial Suit or Dress		30 00
Burial Slippers and Hose		5 50
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	4 00
Door Badge, \$	Gloves, \$	6 00
Hearse		14 00
Auto Limousines to Cemetery @ \$		18 00
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		6 00
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	20 00
Other Decorations	<u>Door 12</u>	12 00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Flowers		25 00
<u>Slumber Case</u>		15 00
Total Footing of Bill		886 00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

To Funeral Charges	Total \$	By Cash	\$
<u>Hargrave 3</u>		<u>Schwarz 1</u>	
<u>Baker 3</u>		<u>Miller 1</u>	
<u>Grind 2</u>		<u>Eagle 2</u>	
<u>J.M. Lake 2</u>			
<u>Abramson 2</u>			
<u>Campbell 1</u>			
<u>King 1</u>			
<u>M. Young 1</u>			

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ .....  
 Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 240 Yearly No. 5 Date Jan. 19, 1928  
 Name of Deceased Thomas J. Coyne (What Race) W. (Where Born) Pa.

Husband--  
 Wife--Widow  
 Son--Daughter of  
664

Charge to Anna Moore Coyne  
 Address 1030 Gilman St.

Order Given by  
 How Secured

Date of Funeral Jan. 23, 1928  
 Residence 80 N. Forbes St.

Place of Death East of Ohio, Vol. Nos.  
 Funeral Services at Epiphany

Time of Funeral Service 10:00 A.M.  
 Clergyman J. H. O'Connell

Certifying Physician W. J. M. Gregor Corcoran  
 His Residence

Number of Burial Certificate

Cause of Death Encephalitis  
 (Primary) (Secondary)

Date of Death Jan. 19, 1928  
 Occupation of the Deceased Standard Iron worker

Single or Married M. Religion Cath.  
 Date of Birth

Age 56 Years Months Days  
 Name of Father Thomas Coyne

His Birthplace Ireland  
 Name of Mother Ellen Muller

Her Birthplace Ireland (Maiden Name)  
 Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at Calvary Cemetery

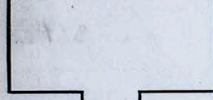


Diagram of Lot or Vault

Lot No. 339  
 Grave No. 3  
 Section No. I

Casket or Coffin	\$ 4.00 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	2.00 00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	8.4 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	5 00
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations	12 00
Outlay for Lot	
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	18 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ Minister, \$	25 00
Telegrams and Telephone Charges	
Pall Bearer Station	
<del>Funeral Home</del>	<del>15 00</del>
Total Footing of Bill	\$ 678.00
By Amount Paid in Advance	
Balance	Paid in full
Entered into Ledger, page	211

To Funeral Charges	Total, \$		By Cash	
Haninger	2	2/8/28	2.00	100 00
Leavitt	2	2/13/28	4.00	400 00
Colligan	1	2/15/28	1.00	100 00
Campbell	1		.76	150 -
Rodney	1			
Muller	1			

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 241 Yearly No. 6 Date Jan. 22, 1928  
 Name of Deceased Mary Devine (What Race) Irish (Where Born) Ireland  
 Husband Joseph Devine  
 Wife - Widow  
 Son - Daughter of

Charge to James Devine  
 Address 1708 Locust St. Rear  
 Order Given by  
 How Secured  
 Date of Funeral Jan. 25, 1928  
 Residence 1708 Locust  
 Place of Death Mercy Hos.  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman  
 Certifying Physician A.R. Woodbourne  
 His Residence Mercy Hos.  
 Number of Burial Certificate  
 Cause of Death Chc. Nephritis  
 (Primary) (Secondary)  
 Date of Death Jan. 22, 1928  
 Occupation of the Deceased Housewife  
 Single or Married W. Religion Cath.  
 Date of Birth not known  
Oct 60 Years          Months          Days  
 Name of Father  
 His Birthplace  
 Name of Mother  
 (Maiden Name)  
 Her Birthplace  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Murphy  
 Interment at Calvary Cemetery

Casket or Coffin		\$	200.00
Metallic Lining			
Outside Box	(State Kind)		25.00
Grave Vault	(State Kind)		
Burial Suit or Dress	(State Kind)		27.50
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)			25.00
Dressing Body, \$	Shaving, \$		
Hair Dressing			
Use of Folding Chairs			
" " Candelabrum, \$	Candles, \$		4.00
Door Badge, \$	Gloves, \$		6.00
Hearse			14.00
Auto Limousines to Cemetery, @ \$			31.50
Autos to R. R. Station, @ \$			
Other Vehicle Service			
Aeroplane Service			
Death Notices in Newspapers			2.00
(Names of Newspapers)			
Flowers, \$	Rental of Plants, \$		15.00
Other Decorations			
Outlay for Lot			50.00
Opening Grave or Vault			
Lining Grave with Evergreen or Muslin			
Matting, \$	Tent Rental, \$		
Use of Lowering Device			
Rental of Vault			
Outlay for Shipping Charges			
Removal Charges			
Incineration			
Personal Services			25.00
Singers			
Church Charges, \$	Minister, \$		10.00
Telegrams and Telephone Charges			
Pall Bearer Service			
Total Footing of Bill		\$	435.00
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page			or below

Diagram of Lot or Vault  
 Lot No. \_\_\_\_\_  
 Grave No. 24  
 Section No. 13  
Row 6

To Funeral Charges	Total, \$		By Cash	\$
1. Hearse				
1. Hearse				
2. Hearse				

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 242 Yearly No. 7 Date. Feb 2, 1928

Name of Deceased Mrs. E. Elizabeth Rice (Where Born) Pa.

Husband... J. F. Rice  
Wife---Widow  
Son---Daughter of

Charge to John F. Rice  
Address 31 Marion St.

Order Given by		Casket or Coffin	\$ 285 00
How Secured		Metallic Lining (State Kind)	
Date of Funeral <u>Feb 6, 1928</u>		Outside Box (State Kind)	20 00
Residence <u>31 Marion St.</u>		Grave Vault (State Kind)	
Place of Death <u>"</u>		Burial Suit or Dress	27 00
Funeral Services at <u>Epiphany</u>		Burial Slippers and Hose	
Time of Funeral Service <u>9 a.m.</u>		Engraving Plate	
Clergyman		Embalsming Body (with Fluid)	20 00
Certifying Physician <u>P. H. Murray MD</u>		Dressing Body, \$ Shaving, \$	
His Residence <u>5th and</u>		Hair Dressing	
Number of Burial Certificate		Use of Folding Chairs	
Cause of Death <u>Carcinoma of Dec. Colon</u>		" " Candelabrum, \$ Candles, \$	4 00
Date of Death <u>Feb 2, 1928</u>		Door Badge, \$ Gloves, \$	6 00
Occupation of the Deceased <u>Wife</u>		Hearse	14 00
Single or Married <u>M</u> Religion <u>Cath</u>		Auto Limousines to Cemetery @ \$	42 00
Date of Birth <u>Jan 7, 1866</u>		Autos to R. R. Station @ \$	
Age <u>62</u> Years <u>0</u> Months <u>25</u> Days		Other Vehicle Service	
Name of Father <u>Thomas Hornell</u>		Aeroplane Service	
His Birthplace <u>Pa.</u>		Death Notices in Newspapers <u>3 d. 5.</u>	16 80
Name of Mother <u>Margt. Fox</u>		(Names of Newspapers)	
Her Birthplace <u>Ireland</u>		Flowers, \$ Rental of Plants, \$	20 00
Body to be Shipped to		Other Decorations	12 00
Size and Style of Casket or Coffin		Outlay for Lot	
Manufactured by <u>Murphy</u>		Opening Grave or Vault	15 00
Interment at <u>Calvary</u> Cemetery		Lining Grave with Evergreen or Muslin	
		Mattng, \$ Tent Rental, \$	18 00
		Use of Lowering Device	
		Rental of Vault	
		Outlay for Shipping Charges	
		Removal Charges	
		Incineration	
		Personal Services	20 00
		Singers	
		Church Charges, \$ Minister, \$	
		Telegrams and Telephone Charges	
		Pall Bearer Service	
		Total Footing of Bill <u>Feb 9</u>	\$ 519 80
		By Amount Paid in Advance	
		Entered into Ledger, page <u>14</u> or below	

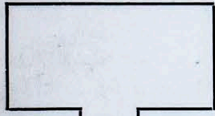


Diagram of Lot or Vault

Lot No. 410  
Grave No. 3  
Section No. H

To Funeral Charges	Total, \$	By Cash	\$
<u>1 M. C. F. Co.</u>			
<u>2 Hanover</u>			
<u>1 Trust</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 243 Yearly No. 8 Date Feb. 7, 1928

Name of Deceased James J. Casgrove (What Race) W (Where Born) Pa.

Husband--  
Wife--Widow  
Son--Daughter of

Charge to John Casgrove  
Address 1114 Veckersy St  
Order Given by

How Secured  
Date of Funeral Feb 11, 1928

Residence 1114 Veckersy  
Place of Death Mayview

Funeral Services at Epiphany  
Time of Funeral Service 9 A.M.

Clergyman  
Certifying Physician

His Residence Mayview  
Number of Burial Certificate

Cause of Death Cerebral Paresis  
(Primary) (Secondary)

Date of Death Feb 7, 1928  
Occupation of the Deceased

Single or Married S Religion Cath

Date of Birth  
Age 27 Years Months Days

Name of Father John  
His Birthplace Pa.

Name of Mother Jennie Duffy  
Her Birthplace Pa. (Maternal Name)

Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by Bgh

Interment at Calvary Cemetery

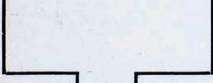


Diagram of Lot or Vault

Lot No.  
Grave No.  
Section No.

Casket or Coffin		<u>410.00</u>
Metallic Lining	(State Kind)	<u>175.00</u>
Outside Box	(State Kind)	<u>25.00</u>
Grave Vault	(State Kind)	
Burial Suit or Dress		<u>27.50</u>
Burial Slippers and Hose		<u>6.50</u>
Engraving Plate		
Embalming Body (with Fluid)		<u>25.00</u>
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	<u>4.00</u>
Door Badge, \$	Gloves, \$	<u>6.00</u>
Hearse		<u>14.00</u>
Auto Limousines to Cemetery, @ \$		<u>42.00</u>
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Acroplane Service		
Death Notices in Newspapers		<u>9.60</u>
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	<u>20.00</u>
Other Decorations		<u>12.00</u>
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		<u>33.00</u>
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		<u>10.00</u>
Incineration		
Personal Services		<u>20.00</u>
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
<u>Feb 23</u>		
Total Footing of Bill		<u>429.60</u>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

To Funeral Charges	Total, \$		By Cash	\$
<u>2. Faevot</u>	<u>✓</u>			
<u>1. Rooney</u>	<u>✓</u>			
<u>Miller</u>	<u>✓</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 244 Yearly No. 9 Date Feb 21 1928

Name of Deceased Candido Pacini (What Race) (Where Born)

Husband--  
Wife--Widow  
Son--Daughter of 390

Charge to <u>Adelfo Pacini</u> Address <u>1835 Watson</u> Order Given by How Secured Date of Funeral <u>Feb 24, 1928</u> Residence <u>700 7th Ave N</u> Place of Death <u>Cassdome, Kas</u> Funeral Services at <u>St. Peter's</u> Time of Funeral Service <u>10 A.M.</u> Clergyman Certifying Physician <u>Femia Caprine</u> His Residence <u>St.</u> Number of Burial Certificate Cause of Death <u>Colerary the</u> (Primary) (Secondary) Date of Death <u>Feb 21, 1928</u> Occupation of the Deceased <u>mech</u> Single or Married <u>S</u> Religion <u>Cath</u> Date of Birth <u>May 11, 1892</u> Age <u>35</u> Years <u>9</u> Months <u>11</u> Days Name of Father <u>Carolina Pacini</u> His Birthplace <u>Italy</u> Name of Mother <u>Virginia Inesouchi</u> (Maiden Name) Her Birthplace <u>Italy</u> Body to be Shipped to Size and Style of Casket or Coffin Manufactured by <u>P.H.</u> Interment at <u>Calvary</u> Cemetery Lot No. Grave No. <u>41</u> Section No. <u>13</u> Row <u>6</u>	Casket or Coffin \$ <u>160 00</u> Metallic Lining (State Kind) Outside Box (State Kind) Grave Vault (State Kind) Burial Suit or Dress Burial Slippers and Hose Engraving Plate Embalming Body (with Fluid) <u>25 00</u> Dressing Body, \$ Shaving, \$ Hair Dressing Use of Folding Chairs " " Candelabrum, \$ Candles, \$ <u>4 00</u> Door Badge, \$ Gloves, \$ <u>6 00</u> Hearse <u>14 00</u> Auto Limousines to Cemetery, @ \$ <u>115 50</u> Autos to R. R. Station, @ \$ Other Vehicle Service Aeroplane Service Death Notices in Newspapers Flowers, \$ Rental of Plants, \$ <u>20 00</u> Other Decorations Outlay for Lot <u>50 00</u> Opening Grave or Vault Lining Grave with Evergreen or Muslin Matting, \$ Tent Rental, \$ Use of Lowering Device Rental of Vault Outlay for Shipping Charges Removal Charges Incineration Personal Services Singers Church Charges, \$ Minister, \$ Telegrams and Telephone Charges Pall Bearer Service Total Footing of Bill <u>April 12</u> \$ <u>394 50</u> By Amount Paid in Advance \$ <u>205 00</u> Balance <u>Paid in full</u> \$ Entered into Ledger, page or below
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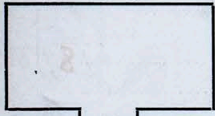


Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash
<u>Meat Autos &amp; H</u>		
<u>2. Flaminio</u>		
<u>2. J. M. Leake</u>		
<u>2. W. Suber</u>		
<u>1. Scutte</u>		
<u>1. Calligan</u>		
<u>1. Miller</u>		
<u>1. Rooney</u>		

Names of Pall Bearers  
 Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives

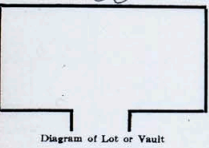
# RECORD OF FUNERAL

Total No. 245 Yearly No. 10 Date Feb. 26 1928

Name of Deceased Armando Marani W Italy  
(What Race) (Where Born)

Husband—  
 Wife—Widow  
 Son—Daughter of }

Charge to Estate of  
 Address Italian Council  
 Order Given by Mr. Capeleni  
 How Secured  
 Date of Funeral Feb. 29, 1928  
 Residence  
 Place of Death Mayview Hqs.  
 Funeral Services at St. Peters  
 Time of Funeral Service 9 A.M.  
 Clergyman  
 Certifying Physician W. J. M. Greger  
 His Residence Mayview Hqs.  
 Number of Burial Certificate  
 Cause of Death Strangulation during  
(Primary) (Secondary)  
 Date of Death Feb. 26, 1928  
 Occupation of the Deceased book  
 Single or Married S Religion Cath  
 Date of Birth  
 Age 42 Years Months Days  
 Name of Father  
 His Birthplace  
 Name of Mother  
(Maiden Name)  
 Her Birthplace  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by P. H. Cas.  
 Interment at Calvary Cemetery



Lot No.  
 Grave No.  
 Section No.

Casket or Coffin	\$ 1.75 00
Metallic Lining	
Outside Box <small>(State Kind)</small>	20 00
Grave Vault <small>(State Kind)</small>	
Burial Suit or Dress <small>(State Kind)</small>	27 50
Burial Slippers and Hose	8 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$ 4 00
Door Badge, \$	Gloves, \$ 4 00
Hearse	1.4 00
Auto Limousines to Cemetery @ \$	2.1 00
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
<small>(Names of Newspapers)</small>	
Flowers, \$	Rental of Plants, \$ 20 00
Other Decorations	
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10 00
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$ 10 00
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 386 00
By Amount Paid in Advance	\$ 386 -
Balance <u>David S. / w. ps.</u>	
Entered into Ledger, page	or below

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

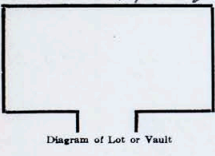


# RECORD OF FUNERAL

Total No. 247: Yearly No. 12: Date March 9, 1928  
 Name of Deceased John O'Keefe (What Race) W. (Where Born)  
 Husband-Wife--Widow }  
 Son--Daughter of }

Charge to Mr. Haban  
 Address 53 Congress St.  
 Order Given by .....  
 How Secured .....  
 Date of Funeral March 12, 1928  
 Residence 53 Congress St.  
 Place of Death Merch. Hous.  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 AM  
 Clergyman .....  
 Certifying Physician J.P. Budy  
 His Residence Money Hds.  
 Number of Burial Certificate .....  
 Cause of Death Pulmonary tbc  
 (Primary) (Secondary)  
 Date of Death March 9, 1928  
 Occupation of the Deceased Lab.  
 Single or Married S. Religion C  
 Date of Birth Nov. 18, 1877  
 Years ..... Months ..... Days .....  
 Name of Father .....  
 His Birthplace .....  
 Name of Mother .....  
 Her Birthplace Not known  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by Murphy  
 Interment at St. Mary's Cemetery

Casket or Coffin	\$ 70.00	00
Metallic Lining		
Outside Box	15.00	00
Grave Vault		
Burial Suit or Dress	13.00	00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	20.00	00
Dressing Body, \$ Shaving, \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$	4.00	00
Hearse	14.00	00
Auto Limousines to Cemetery, @ \$	21.00	00
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Acroplane Service		
Death Notices in Newspapers	7.60	
Flowers, \$ Rental of Plants, \$	15.00	00
Other Decorations		
Outlay for Lot	32.50	
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ Tent Rental, \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$ Minister, \$	1.00	00
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	\$ 254.10	
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		



To Funeral Charges	Total, \$	By Cash	\$
<u>10.50</u>			

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 248 Yearly No. 13 Date March 10 1928  
 Name of Deceased Joseph R. Barnes (What Race) W (Where Born) Pa  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Margaret Barnes  
 Address 1419 Watson St.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral March 13, 1928  
 Residence 1326 5th Ave.  
 Place of Death Mercy Hos.  
 Funeral Services at Epiph. Home  
 Time of Funeral Service.....  
 Clergyman Father Hasbems  
 Certifying Physician W. M. Greer M.D.  
 His Residence Allegh. W. Va.  
 Number of Burial Certificates one following  
 Cause of Death Leading from the spleen. Was to fall  
on pavement & strike head (Secondary)  
 Date of Death March 10, 1928  
 Occupation of the Deceased.....  
 Single or Married S Religion C  
 Date of Birth June 8, 1924  
 Age 3 Years 9 Months 2 Days  
 Name of Father John Barnes  
 His Birthplace England  
 Name of Mother Margaret Haber  
 (Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by Murphy  
 Interment at Calvary Cemetery

Casket or Coffin.....	\$ 7.00	00
Metallic Lining.....		
(What Kind)		
Outside Box.....	1.00	00
(What Kind)		
Grave Vault.....		
(What Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)	15.00	
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
"    Candelabrum, \$..... Candles, \$.....	3.00	
Door Badge, \$..... Gloves, \$.....		
Hearse.....	1.40	00
Auto Limousines to Cemetery @ \$.....	2.10	00
Autos to R. R. Station @ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....	4.20	
(Names of Newspapers)		
Flowers, \$..... Rental of Plants, \$.....	15.00	
Other Decorations..... <u>hearse B</u>	8.00	
Outlay for Lot.....		
Opening Grave or Vault.....	1.00	00
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....	1.00	00
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
<u>Flowers</u>	1.90	
<b>Total Footing of Bill.....</b>	<b>\$ 199.20</b>	
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page..... or below.....		

Diagram of Lot or Vault

Lot No. 447  
 Grave No.....  
 Section No. 2

	To Funeral Charges..... Total, \$	By Cash..... \$
<p style="text-align: center;"><u>T. A. ...</u> <u>I. ...</u></p>		

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL

Total No. 250 Yearly No. 15 Date Mar 1930

Name of Deceased Michael J. Mooney (What Race) Englnd (Where Born)

Charge to Mrs Roy Van Buskirk  
Address 21 Manhattan St

Order Given by  
How Secured

Date of Funeral March 16, 1930  
Residence 21 Manhattan St  
Place of Death St. Paul's Chh

Funeral Services at St. Paul's Chh  
Time of Funeral Service 9:30  
Clergyman

Certifying Physician M. Fishman  
His Residence St. Paul's Chh

Number of Burial Certificate  
Cause of Death Arteriosclerosis  
(Primary) (Secondary)

Date of Death Mar 13, 1928  
Occupation of the Deceased Lab

Single or Married m Religion Cath  
Date of Birth May 3, 1886  
Age 41 Years 11 Months 11 Days

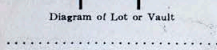
Name of Father Wm Mooney  
His Birthplace Ireland  
Name of Mother Mary White  
(Maiden Name)

Her Birthplace Ireland  
Body to be Shipped to

Size and Style of Casket or Coffin 6/3  
Manufactured by Murphy

Interment at Calvary Cemetery

Lot No.  
Grave No.  
Section No.



Casket or Coffin	\$ 175 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	42 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	9 50
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations <u>Flowers</u>	10 00
Outlay for Lot	
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	10 00
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Flowers	15 00

Total Footing of Bill 355 50  
By Amount Paid in Advance  
Balance  
Entered into Ledger, page

To Funeral Charges	Total, \$	By Cash	\$
1. Rooney			
1. Harmsick			
1. Winsteers			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives











# RECORD OF FUNERAL

Total No. 256 Yearly No. 21 Date April 11 1928

Name of Deceased Fred Mulman (What Race) W (Where Born) Pa

Husband--  
Wife--Widow  
Son--Daughter of 1 258

Charge to Mrs Mable Mulman  
Address Mrs Edw Mooney  
Order Given by  
How Secured  
Date of Funeral April 14 1928  
Residence Coventry St  
Place of Death St. Francis Hos  
Funeral Services at Epiphany  
Time of Funeral Service 9 A.M.  
Clergyman L. A. Clewett  
Certifying Physician J. H. Barnard  
His Residence St. Francis Hos  
Number of Burial Certificate  
Cause of Death Myocardial The (Primary) (Secondary)  
Date of Death April 11 1928  
Occupation of the Deceased Electrician  
Single or Married M Religion Cath  
Date of Birth Aug 5 1880  
Age 47 Years 8 Months 6 Days  
Name of Father Frank Mulman  
His Birthplace Pa  
Name of Mother Mary (Maiden Name)  
Her Birthplace Pa  
Body to be Shipped to  
Size and Style of Casket or Coffin  
Manufactured by Murphy  
Interment at Lebanon Cemetery  
Diagram of Lot or Vault

Casket or Coffin	\$ 1.00 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	20 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	4 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	21 00
autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	2 20
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations	
Outlay for Lot	15 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	15 00
Singers	
Church Charges, \$ Minister, \$	10 00
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>May 9 1928</u>	
Total Footing of Bill	\$ 264 20
By Amount Paid in Advance <u>Paid</u>	
Balance	
Entered into Ledger, page _____ or below _____	

	To Funeral Charges	Total, \$		By Cash	\$
1	<u>Room</u>				
1	<u>2.00</u>				

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives





# RECORD OF FUNERAL

Total No. 259 Yearly No. 24 Date April 13 1928  
 Name of Deceased John P. O'Brien (What Race) W. (Where Born)

Charge to.....  
 Address.....  
 Order Given by.....  
 How Secured.....  
 Date of Funeral April 17, 1928  
 Residence Orange N.J.  
 Place of Death.....  
 Funeral Services at.....  
 Time of Funeral Service 2:30 P.M.  
 Clergyman.....  
 Certifying Physician Livingston  
 His Residence Orange N.J.  
 Number of Burial Certificate.....  
 Cause of Death Arteriosclerosis  
 (Primary) (Secondary)  
 Date of Death April 13, 1928  
 Occupation of the Deceased Ret.  
 Single or Married M. Religion Cath.  
 Date of Birth April 14, 1848  
 Age 79 Years 11 Months 29 Days  
 Name of Father.....  
 His Birthplace.....  
 Name of Mother.....  
 (Maiden Name)  
 Her Birthplace.....  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....

Casket or Coffin.....	\$	
Metallic Lining.....		
(State Kind)		
Outside Box.....		
(State Kind)		
Grave Vault.....		
(State Kind)		
Burial Suit or Dress.....		
Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Dressing Body, \$..... Shaving, \$.....		
Hair Dressing.....		
Use of Folding Chairs.....		
"    Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse.....		14.00
Auto Limousines to Cemetery..@ \$.....		10.50
Autos to R. R. Station.....@ \$.....		
Other Vehicle Service.....		
Aeroplane Service.....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers, \$..... Rental of Plants, \$.....		
Other Decorations.....		
Outlay for Lot.....		
Opening Grave or Vault.....		33.00
Lining Grave with Evergreen or Muslin.....		
Matting, \$..... Tent Rental, \$.....		
Use of Lowering Device.....		
Rental of Vault.....		
Outlay for Shipping Charges.....		
Removal Charges.....		
Incineration.....		
Personal Services.....		25.00
Singers.....		
Church Charges, \$..... Minister, \$.....		
Telegrams and Telephone Charges.....		
Pall Bearer Service.....		
Total Footing of Bill.....	\$	82.50
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.....		

Manufactured by.....  
 Interment at Calvary Cemetery  
 Lot No. 112  
 Grave No. 2  
 Section No. H  
 Diagram of Lot or Vault  
Miss Margaret E. O'Brien (owner)

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>100.00</u>			

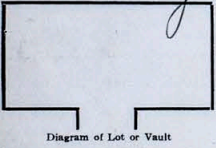
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 260 Yearly No. 25 Date April 21, 1928

Name of Deceased Miss Rosella Smith (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_  
 Husband--- \_\_\_\_\_  
 Wife---Widow \_\_\_\_\_  
 Son---Daughter of { \_\_\_\_\_

Charge to \_\_\_\_\_  
 Address 1512 Locust St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral April 23, 1928  
 Residence 1512 Locust St.  
 Place of Death "Chapel"  
 Funeral Services at "Chapel"  
 Time of Funeral Service 2:30  
 Clergyman Rev. Perkins  
 Certifying Physician Dr. Over  
 His Residence Fifth Avel.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 21, 1928  
 Occupation of the Deceased Ret.  
 Single or Married S Religion Prot.  
 Date of Birth \_\_\_\_\_  
 Age 75 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father John H. Smith  
 His Birthplace England  
 Name of Mother Bridget O'Donnell  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Pgh.  
 Interment at Allegheny Cemetery  
 Lot No. 451  
 Grave No. \_\_\_\_\_  
 Section No. 31



Casket or Coffin	\$ <u>300</u>
Metallie Lining	\$ <u>175 00</u>
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	\$ <u>27 50</u>
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	\$ <u>25 00</u>
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	\$ <u>6 00</u>
Hearse	\$ <u>14 00</u>
Auto Limousines to Cemetery..@ \$ _____	\$ <u>21 00</u>
Autos to R. R. Station ..@ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	\$ <u>4 60</u>
Flowers, \$ _____ Rental of Plants, \$ _____	\$ <u>15 00</u>
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	\$ <u>15 00</u>
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ _____ Minister, \$ _____	\$ <u>10 00</u>
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ <u>313 00</u>
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	By Cash	\$
<u>1. Overst</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 262 Yearly No. 27 Date April 26 1928

Name of Deceased Sadie Ritchie (What Race) Pa (Where Born)

Charge to Mrs. Mary Harper  
 Address 1705 Easton St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_

Date of Funeral April 30, 1928  
 Residence 1705 Easton  
 Place of Death "

Funeral Services at Epiphany  
 Time of Funeral Service 9 a.m.  
 Clergyman \_\_\_\_\_  
 Certifying Physician W. J. Gobel

His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Saba Pneumonia  
(Primary) (Secondary)

Date of Death April 26, 1928  
 Occupation of the Deceased Housewife  
 Single or Married X Religion Cath

Date of Birth \_\_\_\_\_  
Apr 47 Years \_\_\_\_\_ Monthly \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father James Ritchie

His Birthplace Ireland  
 Name of Mother Ellen Brodenck  
(Maiden Name)  
 Her Birthplace Ireland

Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by Worship  
 Interment at Walton Cemetery

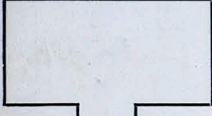


Diagram of Lot or Vault

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Casket or Coffin	\$ 250 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	28 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	21 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	6 20
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations	12 00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	33 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$ Minister, \$	
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	\$ 459 20
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$				
1 Hensler				May 12	By Cash <u>check</u> \$ 258 86
1 Smith				June 20	" " " " 125 00
					350 00
					450 86
					203 44

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

Total No. 263 Yearly No. 28 Date April 27, 1928  
 Name of Deceased Edward Tubano (What Race) W (Where Born) England  
 Husband---  
 Wife---Widow  
 Son---Daughter of

Charge to Mr & Mrs Frank M. Blue  
 Address 27 Lawn St.  
 Order Given by  
 How Secured  
 Date of Funeral May 1, 1928  
 Residence Mesley Ho  
 Place of Death Mesley Ho  
 Funeral Services at Epiphany  
 Time of Funeral Service 10 AM  
 Clergyman  
 Certifying Physician Hutchison  
 His Residence Mesley Ho  
 Number of Burial Certificate  
 Cause of Death Tubercular Pneumonia  
 (Primary) (Secondary)  
 Date of Death 700  
 Occupation of the Deceased Janitor  
 Single or Married Single Religion Cath  
 Date of Birth Oct 10, 1892  
 Age 35 Years Months Days  
 Name of Father  
 His Birthplace  
 Name of Mother May (Maiden Name)  
 Her Birthplace  
 Body to be Shipped to Known  
 Size and Style of Casket or Coffin  
 Manufactured by Murphy  
 Interment at Mesley Ho Cemetery

Casket or Coffin	\$ 200 00
Metallic Lining	(State Kind)
Outside Box	20 00
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	6 50
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$ 3 00
Door Badge, \$	Gloves, \$ 6 00
Hearse	14 00
Auto Limousine to Cemetery, @ \$	21 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplanes Service	
Death Notices in	Newspapers 2 10
(Names of Newspapers)	
Flowers, \$	Rental of Plants, \$ 20 00
Other Decorations	10 00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	33 00
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$	Minister, \$ 1 00
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill <u>885 60</u>	
By Amount Paid in Advance <u>210 00</u>	
Balance <u>1 75 60</u>	
Entered into Ledger, page <u>25</u> or below <u>100 60</u>	

Lot No.  
 Grave No.  
 Section No.

To Funeral Charges	Total, \$	By Cash	\$
2. Scitte			
1. Hannuska			
1. Miller			
1. Fresh			
		4 cars private	42 00
		Flowers Mr. Hanks	10 00
		Rel. S.	10 00

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$  
 Other Insurance, \$  
 Names of Near Relatives



# RECORD OF FUNERAL

Total No. 265 Yearly No. 39 Date May 4, 1928  
 Name of Deceased Elmer C. Swenson (What Race) W. (Where Born) Pa.  
 Husband---  
 Wife---Widow } Margaret Jordan  
 Son---Daughter of }

Charge to .....  
 Address .....  
 Order Given by .....  
 How Secured .....  
 Date of Funeral May 8, 1928  
 Residence 115 Juniper St.  
 Place of Death Mary Hos.  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman J. A. O'Connell  
 Certifying Physician M. Cleary  
 His Residence 5th Ave.  
 Number of Burial Certificate .....  
 Cause of Death Acute Alcoholism  
(Primary) (Secondary)  
 Date of Death May 4, 1928  
 Occupation of the Deceased Lab.  
 Single or Married M. Religion Cath.  
 Date of Birth Feb. 22, 1898  
 Age 30 Years 2 Months 12 Days  
 Name of Father August C. Swenson  
 His Birthplace Sweden  
 Name of Mother Mary A. Brown  
(Maiden Name)  
 Her Birthplace Germany  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by Pgh.  
 Interment at Cemetery Cemetery

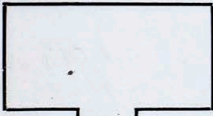


Diagram of Lot or Vault

Lot No. ....  
 Grave No. ....  
 Section No. ....

Casket or Coffin	\$ 175 00
Metallic Lining <small>(State Kind)</small>	
Outside Box <small>(State Kind)</small>	
Grave Vault <small>(State Kind)</small>	
Burial Suit or Dress	22 50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	4 00
Hearse	14 00
Auto Limousines to Cemetery @ \$	31 50
Autos to R. R. Station @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	6 80
<small>(Names of Newspapers)</small>	
Flowers, \$ Rental of Plants, \$	15 00
Other Decorations	10 50
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$ Minister, \$	10 00
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	366 80
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page ..... or below	

To Funeral Charges	Total	By Cash
<u>Our of 4 Auto</u>		20 00
<u>1. Blacker</u>		
<u>1. Miller</u>		

Names of Pall Bearers .....  
 Names of Lodges .....  
 Lodge Insurance, \$ ..... Other Insurance, \$ .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

Total No. 266 Yearly No. 31 Date May 11 1928

Name of Deceased Joan M. Burke (What Race) W (Where Born) Pa.  
Husband---  
Wife---Widow  
Son---Daughter of

Charge to Joseph Burke  
Address 13 Marion St.  
Order Given by

How Secured  
Date of Funeral May 14, 1928  
Residence 31 Marion St.  
Place of Death Concession Home

Funeral Services at Epiphany  
Time of Funeral Service 10 A.M.  
Clergyman F. A. O'Connell  
Certifying Physician

His Residence West View  
Number of Burial Certificate  
Cause of Death Chy. nephritis  
(Primary) (Secondary)

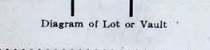
Date of Death May 11, 1928  
Occupation of the Deceased Ret.  
Single or Married S. Religion Cath.

Date of Birth  
Age 72 Years 4 Months 27 Days  
Name of Father William Burke  
His Birthplace Pa.

Name of Mother Alice Milligan  
(Maiden Name)  
Her Birthplace Pa.  
Body to be Shipped to

Size and Style of Casket or Coffin 2600  
Manufactured by Edw. Murphy  
Interment at Calvary Cemetery

Lot No. 158  
Grave No. 3  
Section No. C.



Casket or Coffin		\$ 498
Metallic Lining		250 00
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Burial Suit or Dress		28 00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	6 00
Hearse		14 00
Auto Limousines to Cemetery, @ \$		42 00
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		9 60
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	20 00
Other Decorations		12 00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	33 00
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		25 00
Singers		
Church Charges, \$	Minister, \$	25 00
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ 517 60
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

To Funeral Charges	Total, \$	By Cash	\$
1 Heister			
1 Smullen			
1 Campbell			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 267 Yearly No. 32 Date May 13, 1928  
 Name of Deceased Edward M. Healey (What Race) W (Where Born) Pa.  
 Husband--  
 Wife--Widow  
 Son--Daughter of }

Charge to Mrs. Cath Healey  
 Address 37 Raggan St  
 Order Given by  
 How Secured  
 Date of Funeral May 18, 1928  
 Residence 37 Raggan St  
 Place of Death "  
 Funeral Services at St. Ignace  
 Time of Funeral Service 9 A.M.  
 Clergyman  
 Certifying Physician J. W. Anderson  
 His Residence 6407 Strankamp St  
 Number of Burial Certificate  
 Cause of Death Pulmonary Tuberculosis  
 (Primary) (Secondary)  
 Date of Death May 13, 1928  
 Occupation of the Deceased  
 Single or Married m Religion Cath.  
 Date of Birth Nov. 22, 1876  
 Age 51 Years 6 Months 21 Days  
 Name of Father Patrick Healey  
 His Birthplace Ireland  
 Name of Mother Julia White  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by Murphy  
 Interment at Calvary Cemetery  
 Diagram of Lot or Vault

Casket or Coffin	412	
Metallic Lining	200 00	
Outside Box		
Grave Vault		
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	25 00	
Dressing Body, \$		
Shaving, \$		
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$		
Candles, \$	4 00	
Door Badge, \$		
Gloves, \$	6 00	
Hearse	14 00	
Auto Limousines to Cemetery, @ \$	63 00	
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in <u>Press</u> Newspapers, <u>4</u> <u>times</u>		
(Names of Newspapers)		
Flowers, \$	20 00	
Rental of Plants, \$	12 00	
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin	33 00	
Matting, \$		
Tent Rental, \$		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services	25 00	
Singers		
Church Charges, \$		
Minister, \$		
Telegrams and Telephone Charges		
Pall Bearer Service		
Flowers	30 00	
Total Footing of Bill	432 00	
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below _____		

To Funeral Charges	Total, \$	By Cash	\$
1. <u>Everst</u>			
2. <u>Hannaker</u>			
1. <u>Brecht</u>			

Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

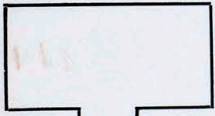


# RECORD OF FUNERAL

Total No. 269 Yearly No. 34 Date June 9, 1928  
 Name of Deceased Infant West (What Race) W (Where Born) Pa.

Husband---  
 Wife---Widow  
 Son---Daughter of }  
 Charge to Hugh West  
 Address 223 E. 4th Ave  
 Order Given by Cassica, Pa.  
 How Secured \_\_\_\_\_  
 Date of Funeral June 12, 1928  
 Residence \_\_\_\_\_  
 Place of Death Mercy Hos  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician Wm. Hutchinson  
 His Residence Mercy Hos  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Stellman  
(Primary) (Secondary)  
 Date of Death June 9, 1928  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion Prot.  
 Date of Birth \_\_\_\_\_  
 Age Stellman Months \_\_\_\_\_ Days \_\_\_\_\_  
 Name of Father Hugh West  
 His Birthplace Pa.  
 Name of Mother Elsie Calsinger  
(Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at Minersville Cemetery

Casket or Coffin	\$ 10	00
Metallic Lining		
<small>(State Kind)</small>		
Outside Box		
<small>(State Kind)</small>		
Grave Vault		
<small>(State Kind)</small>		
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Dressing Body, \$ _____ Shaving, \$ _____		
Hair Dressing		
Use of Folding Chairs		
“ “ Candelabrum, \$ _____ Candles, \$ _____		
Door Badge, \$ _____ Gloves, \$ _____		
Hearse		
Auto Limousines to Cemetery, @ \$ _____		
Autos to R. R. Station, @ \$ _____		
Other Vehicle Service		
Aeroplane Service		
Death Notices in _____ Newspapers		
<small>(Names of Newspapers)</small>		
Flowers, \$ _____ Rental of Plants, \$ _____		
Other Decorations		
Outlay for Lot	10	00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$ _____ Tent Rental, \$ _____		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges	5	00
Incineration		
Personal Services		
Singers		
Church Charges, \$ _____ Minister, \$ _____		
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill	25	00
By Amount Paid in Advance	10	00
Balance	15	00
Entered into Ledger, page _____ or below		



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

Diagram of Lot or Vault

	Total, \$		By Cash		\$
To Funeral Charges					

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

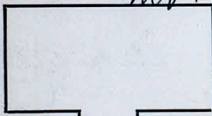
Total No. 270 Yearly No. 35 Date June 17, 1928

Name of Deceased Mary Peripals (What Race) m. (Where Born) Poland  
Husband-  
Wife--Widow  
Son--Daughter of

Charge to Andrew Peripals  
Address 1426 Calwell St  
Order Given by  
How Secured  
Date of Funeral June 20, 1928  
Residence 1426 Calwell St  
Place of Death Marcy Mas  
Funeral Services at Holy Trinity  
Time of Funeral Service  
Clergyman Fr. Sebastiane  
Certifying Physician Dr. Seintzelman  
His Residence St. Louis  
Number of Burial Certificate Marcy H  
Cause of Death Septic Poison  
Septicemia (Primary) (Secondary)  
Date of Death June 17, 1928  
Occupation of the Deceased N.W.  
Single or Married M Religion Cath  
Date of Birth Feb 2, 1890  
Age 38 Years 4 Months 15 Days  
Name of Father Sydick  
His Birthplace Poland  
Name of Mother not known  
(Maiden Name)  
Her Birthplace Poland  
Body to be Shipped to  
Size and Style of Casket or Coffin

Casket or Coffin		\$ 150 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Burial Suit or Dress		25 00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Shaving, \$)	Fluid	20 00
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse		14 00
Auto Limousines to Cemetery, @ \$		31 00
Autos to R. R. Station, @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	20 00
Other Decorations		
Outlay for Lot		35 00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		20 00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		346 50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

Manufactured by Pgh  
Interment at Calwell Cemetery



Lot No. \_\_\_\_\_  
Grave No. 44  
Row 3 C

To Funeral Charges	Total, \$	By Cash	\$
<u>Smullen</u>			
<u>Hensler</u>			

Names of Pall Bearers  
Names of Lodges  
Lodge Insurance, \$ Other Insurance, \$  
Names of Near Relatives

# RECORD OF FUNERAL

Total No. 271 Yearly No. 36 Date June 19, 1928

Name of Deceased Natale F. Rosa (What Race) W (Where Born) Italy

Husband--  
Wife--Widow  
Son--Daughter of } Josephine Rosa

Charge to Mrs. Josephine Rosa  
Address 1630 Forbes St.

Order Given by \_\_\_\_\_  
How Secured \_\_\_\_\_

Date of Funeral June 22, 1928  
Residence 1630 Forbes St.

Place of Death "  
Funeral Services at St. Peter's Seminary

Time of Funeral Service 9 A.M.  
Clergyman \_\_\_\_\_

Certifying Physician W.J. McEggar  
His Residence \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_  
Cause of Death Angina Pectoris

Date of Death June 13, 1928  
Occupation of the Deceased Inspector Helper

Single or Married M Religion Cath.

Date of Birth \_\_\_\_\_  
abt. 40 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Name of Father John Rosa  
His Birthplace Italy

Name of Mother Maria Rosa  
(Maiden Name) Italy

Her Birthplace \_\_\_\_\_  
Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by Murphy

Interment at Calvary Cemetery



Lot No. \_\_\_\_\_  
Grave No. 32  
Section No. 13  
Row # 7

Casket or Coffin	\$ 350 00
Metallie Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Dressing Body, \$ Shaving, \$	
Hair Dressing	
Use of Folding Chairs	
" Candelabrum, \$ Candles, \$	4 00
Door Badge, \$ Gloves, \$	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$	42 00
Autos to R. R. Station, @ \$	
Other Vehicle Service	
Aeroplane Service	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Rental of Plants, \$	20 00
Other Decorations <u>Door Badge</u>	10 00
Outlay for Lot	50 00
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	13 00
Matting, \$ Tent Rental, \$	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	20 00
Singers	
Church Charges, \$ Minister, \$	30 00
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Flowers</u>	12 00
Total Footing of Bill <u>June 30</u>	\$ 616 00
By Amount Paid in Advance	
Balance <u>Paid</u>	
Entered into Ledger, page <u>EM</u> or below	

To Funeral Charges	Total, \$	By Cash	\$
<u>McEggar</u>			
<u>x Calvary</u>	<u>21</u>		
<u>Arthur</u>	<u>10 50</u>		
<u>Hessler</u>			

Names of Pall Bearers \_\_\_\_\_  
Names of Lodges \_\_\_\_\_  
Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_









# RECORD OF FUNERAL

Total No. 276 Yearly No. 46 Date July 4 1928  
 Name of Deceased Nicola Liveneri (What Race) Italy (Where Born)

Husband---  
 Wife---Widow  
 Son---Daughter of Virginia Ciccone

Charge to Francisco Liveneri  
 Address 414 Sanner Ave. Dunleak, Pa.

Order Given by  
 How Secured

Date of Funeral July 7, 1928  
 Residence 1347 Broad St.

Place of Death St. Francis Hosp.  
 Funeral Services at St. Peter's Italian

Time of Funeral Service 9:30 A.M.  
 Clergyman

Certifying Physician Alois Della  
 His Residence St. Francis Hosp.

Number of Burial Certificate  
 Cause of Death San Pas. of Disease Sea Septicemia

Date of Death July 4, 1928  
 Occupation of the Deceased Waiter

Single or Married M. Religion Cath.  
 Date of Birth July 19, 1887

Age 41 Years 1 Months 15 Days  
 Name of Father Antonio Liveneri

His Birthplace Italy  
 Name of Mother Johanna Liveneri

Her Birthplace Italy (Maiden Name)  
 Body to be Shipped to

Size and Style of Casket or Coffin  
 Manufactured by

Interment at Cabary Cemetery

Lot No.  
 Grave No. 23

Section No. 11  
 Row 24

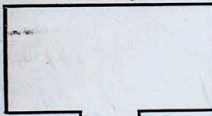


Diagram of Lot or Vault

Casket or Coffin.....	\$ <u>350.00</u>
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	20.00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	22.50
Burial Slippers and Hose.....	3.00
Engraving Plate.....	
Embalming Body (with..... Fluid)	25.00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	3.00
Door Badge, \$..... Gloves, \$.....	4.00
Hearse.....	14.00
Auto Limousines to Cemetery..@ \$.....	9.45
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in <u>2</u> Newspapers. <u>1 P.T.</u>	4.20
Flowers, \$..... Rental of Plants, \$.....	20.00
Other Decorations.....	12.00
Outlay for Lot.....	
Opening Grave or Vault.....	15.00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	18.00
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	20.00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ <u>625.20</u>
By Amount Paid in Advance.....	\$ <u>580.00</u>
Balance.....	\$
Entered into Ledger, page..... or below	

Paid in full  
 J.M.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>2. Hunnishi</u>	
<u>2. Kriest</u>	
<u>2. M. Lake Jf</u>	
<u>1. Spittle</u>	
<u>1. Miller</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 277 Yearly No. 42 Date July 8 1928

Name of Deceased Emma Tambellini (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_  
 Husband--  
 Wife--Widow { Lawrence Tambellini  
 Son--Daughter of

Charge to Joseph Pasquelli  
 Address 112 Townsend St.  
 Order Given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 11, 1928  
 Residence 112 Townsend St.  
 Place of Death Maryland  
 Funeral Services at St. Peters  
 Time of Funeral Service 10:30

Clergyman Father Grapes  
 Certifying Physician Burdishan  
 His Residence Maryland

Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Pancreatic Abscess  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death July 8, 1928

Occupation of the Deceased \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion Catholic  
 Date of Birth not known  
Feb 30 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

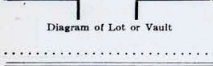
Name of Father Frank Pasquelli  
 His Birthplace Italy  
 Name of Mother \_\_\_\_\_  
 (Maiden Name)

Her Birthplace \_\_\_\_\_  
 Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_

Interment at Calvary Cemetery

Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_



Casket or Coffin.....	\$ 175 00
Metallie Lining..... (State Kind)	
Outside Box..... (State Kind)	25 00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	3 50
Door Badge, \$..... Gloves, \$.....	4 50
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$.....	84 00
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Acroplane Service.....	
Death Notices in..... Newspapers.....	2 40
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	<del>75 00</del>
Other Decorations.....	<del>10 00</del>
Outlay for Lot.....	
Opening Grave or Vault.....	15 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	20 00
Singers.....	
Church Charges, \$..... Minister, \$.....	20 00
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ <del>462 40</del>
By Amount Paid in Advance.....	50 00
Balance.....	337 40
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To Funeral Charges.....	Total, \$	By Cash.....	\$
2 <u>Kierst</u>		<u>Aug</u> '0 " "	20 00
1 <u>Stewart</u>		" 25 " "	20 00
1 <u>J. J. M. Cole</u>			
1 <u>King</u>			
1 <u>Brecht</u>			
2 <u>Glecken</u>			

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 278 Yearly No. 43 Date July 8, 1928

Name of Deceased William Brew (What Race) W (Where Born) England

Husband---  
Wife---Widow  
Son---Daughter of } Alice Brew

Charge to Mrs. Eliz M. Clay  
Address 3743 Edgewood St.

Order Given by \_\_\_\_\_  
How Secured \_\_\_\_\_

Date of Funeral July 11, 1928

Residence 3743 Edgewood St.

Place of Death 3228 Parkview Ave

Funeral Services at St. Pauls Cath.

Time of Funeral Service 10 a.m.

Clergyman \_\_\_\_\_  
Certifying Physician W. J. M. Cregar

His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_

Cause of Death Chr. Myocarditis  
(Primary) (Secondary)

Date of Death July 8, 1928

Occupation of the Deceased Tobacco

Single or Married W Religion Cath.

Date of Birth not known

Age 65 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Name of Father John Brew

His Birthplace England

Name of Mother Cathy (Maiden Name)

Her Birthplace England

Body to be Shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by Mumphy

Interment at Calvary Cemetery

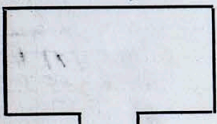


Diagram of Lot or Vault

Lot No. \_\_\_\_\_

Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Casket or Coffin	\$ 4.25 00
Metallic Lining	
Outside Box <u>black</u>	<del>1.25 00</del>
Grave Vault <u>charke</u>	125 00
Burial Suit or Dress	
Burial Slippers and Hose	4 50
Engraving Plate	
Embalming Body (with _____ Fluid)	2.5 00
Dressing Body \$ _____ Shaving \$ _____	
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum \$ _____ Candles \$ _____	3 00
Door Badge \$ _____ Gloves \$ _____	6 00
Hearse	14 00
Auto Limousines to Cemetery @ \$ _____	4.2 00
Autos to R. R. Station @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers <u>2 Pcos</u>	12 00
<u>2 Extra 1 P-D</u>	
(Names of Newspapers)	
Flowers \$ _____ Rental of Plants \$ _____	20 00
Other Decorations	12 00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting \$ _____ Tent Rental \$ _____	38 00
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges \$ _____ Minister \$ _____	
Telegrams and Telephone Charges	
Pall Bearer Service	
<u>Flowers</u>	30 00
Total Footing of Bill	\$ 781.50
By Amount Paid in Advance <u>Oct 17, 1928</u>	\$ 500 00
Balance	\$ 281.50
Entered into Ledger, page <u>41</u> or below _____	

To Funeral Charges	Total \$	By Cash	\$
<u>Smuller Hearse</u>			
<u>" " Auto</u>			
<u>" " Auto</u>			
<u>Lawrence Weeks Auto</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Lodges \_\_\_\_\_

Lodge Insurance \$ \_\_\_\_\_ Other Insurance \$ \_\_\_\_\_

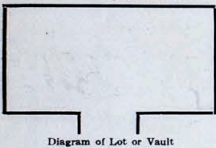
Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 280... Yearly No. 45... Date July 10, 1928  
 Name of Deceased Mary Biesey (What Race) P (Where Born)

Husband---  
 Wife---Widow  
 Son---Daughter of  
 Charge to Frank Blancy  
 Address 1908 Forbes St.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral July 13, 1928  
 Residence 1908 Forbes St.  
 Place of Death St. Agnes  
 Funeral Services at St. Agnes  
 Time of Funeral Service 9 am  
 Clergyman.....  
 Certifying Physician R. J. Estaman  
 His Residence Greenfield Ave  
 Number of Burial Certificate.....  
 Cause of Death Cerebral Hemorrhage  
 (Primary) (Secondary)  
 Date of Death July 10, 1928  
 Occupation of the Deceased Ret  
 Single or Married Wid Religion Cath  
 Date of Birth.....  
 Age 67 Years..... Months..... Days  
 Name of Father Stephen Blancy  
 His Birthplace Ireland  
 Name of Mother Bridget M. Nally  
 (Maiden Name) Ireland  
 Her Birthplace.....  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by.....  
 Interment at St. Marys Cemetery  
 Lot No. 98  
 Grave No. 2  
 Section No. L



Casket or Coffin.....	\$ 175 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Grave Vault..... <u>Hartley</u> (State Kind)	90 00
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	2 00
Door Badge, \$..... Gloves, \$.....	6 00
Hearse.....	14 00
Auto Limousines to Cemetery, @ \$.....	18 50
Autos to R. R. Station, @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers	9 30
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations.....	12 00
Outlay for Lot.....	
Opening Grave or Vault.....	20 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	18 00
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ 426 80
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$	By Cash..... \$
<u>1 Front</u>	

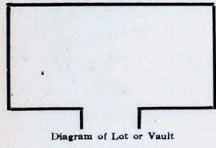
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 281      Yearly No. 46      Date July 16, 1928  
 Name of Deceased Edith Concerini      (What Race) Pa.      (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of }

Charge to Domingick Marchesani  
 Address 1309 Locust St.  
 Order Given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral July 19, 1928  
 Residence 1309 Locust St.  
 Place of Death Mercy Hosp.  
 Funeral Services at St. Peters Italian  
 Time of Funeral Service 9 a.m.  
 Clergyman \_\_\_\_\_  
 Certifying Physician Harry A. Clay  
 His Residence Mercy Hosp.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Typhoid Fever  
 Branches from his (Tertiary) (Secondary)  
 Date of Death July 16, 1928  
 Occupation of the Deceased Stenographer  
 Single or Married Mar.      Religion Catholic  
 Date of Birth Nov 2, 1911  
 Age 16 Years 8 Months 14 Days  
 Name of Father Francesco Concerini  
 His Birthplace Italy  
 Name of Mother Annunzio Jordan  
 (Maiden Name)  
 Her Birthplace Italy  
 Body to be Shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Opk.  
 Interment at Calvary Cemetery

Casket or Coffin	\$ 175 00
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Grave Vault	(State Kind)
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	25 00
Dressing Body, \$ _____ Shaving, \$ _____	
Hair Dressing	
Use of Folding Chairs	
“ “ Candelabrum, \$ _____ Candles, \$ _____	3 75
Door Badge, \$ _____ Gloves, \$ _____	6 00
Hearse	14 00
Auto Limousines to Cemetery, @ \$ _____	94 50
Autos to R. R. Station, @ \$ _____	
Other Vehicle Service	
Aeroplane Service	
Death Notices in _____ Newspapers	8 40
(Names of Newspapers)	
Flowers, \$ _____ Rental of Plants, \$ _____	20 00
Other Decorations	12 00
Outlay for Lot	250 00
Opening Grave or Vault	15 00
Lining Grave with Evergreen or Muslin	
Matting, \$ _____ Tent Rental, \$ _____	
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	25 00
Singers	
Church Charges, \$ _____ Minister, \$ _____	25 00
Telegrams and Telephone Charges	
Pall Bearer Service	
Total Footing of Bill	672 90
By Amount Paid in Advance	\$ _____
Balance	\$ _____
Entered into Ledger, page _____ or below	



Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section No. \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	
2 Baker			
1 Busano			
1 Hensley			
2 St. Michael			
1 Shuller			
1 Glacken			
1 Bolla			
		\$ 507 50	
		50 00	

Names of Pall Bearers \_\_\_\_\_  
 Names of Lodges \_\_\_\_\_  
 Lodge Insurance, \$ \_\_\_\_\_ Other Insurance, \$ \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL

Total No. 283... Yearly No. 48... Date July 30, 1928.  
 Name of Deceased Elizabeth Egan (What Race) W (Where Born)

Husband---  
 Wife---Widow  
 Son---Father of

Charge to Wm. Egan  
 Address 1827 Colwell St.

Order Given by  
 How Secured  
 Date of Funeral Aug 2, 1928

Residence  
 Place of Death 1827 Colwell St.  
 Funeral Services at St. Bridget's  
 Time of Funeral Service 9 A.M.

Clergyman  
 Certifying Physician W.J. Probst  
 His Residence 5th Ave.  
 Number of Burial Certificate

Cause of Death Carcinoma of uterus  
 (Primary) (Secondary)

Date of Death July 30, 1928  
 Occupation of the Deceased Housework  
 Single or Married Single Religion Cath.

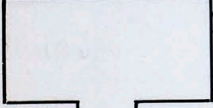
Date of Birth not known  
 Name of Father William Egan

His Birthplace Ireland  
 Name of Mother Elizabeth Delaney  
 (Maiden Name)

Her Birthplace Ireland  
 Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by Murphy  
 Interment at Calvary Cem. Cemetery



Lot No. 392  
 Grave No. 2  
 Section No. 4

Casket or Coffin.....	\$ <u>400 00</u>
Metallic Lining.....	(State Kind)
Outside Box.....	25 00
Grave Vault.....	(State Kind)
Burial Suit or Dress.....	28 00
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
“ “ Candelabrum, \$..... Candles, \$.....	3 50
Door Badge, \$..... Gloves, \$.....	6 00
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$.....	63 00
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	14 40
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations..... <u>Decor. 13</u>	12 00
Outlay for Lot.....	
Opening Grave or Vault.....	15 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	18 00
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Total Footing of Bill.....	\$ <u>643 90</u>
By Amount Paid in Advance.....	\$ <u>00 00</u>
Balance.....	\$ <u>00 00</u>
Entered into Ledger, page <u>104</u> or below	

To Funeral Charges..... Total, \$	By Cash..... \$
2 <u>Hannuski</u>	
1 <u>Rooney</u>	
2 <u>Callaghan</u>	
1 <u>Garrett</u>	
1 <u>Brown</u>	
1 <u>Glusker</u>	

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 284 Yearly No. 49 Date Aug 5, 1928

Name of Deceased Mary Dascola (What Race) USA (Where Born)

Husband--- Frank Dascola  
 Wife---Widow  
 Son---Daughter

Charge to Frank Dascola  
 Address 1306 Gillman St.

Order Given by .....  
 How Secured .....  
 Date of Funeral Aug 8 1928

Residence 1306 Gillman St.  
 Place of Death St. Peter's

Funeral Services at 9 A.M.  
 Time of Funeral Service .....

Clergyman .....  
 Certifying Physician Conelius Mahley

His Residence Mercy Hos  
 Number of Burial Certificate .....

Cause of Death Typhoid Fever  
 (Primary) (Secondary)

Date of Death Aug 5 1928  
 Occupation of the Deceased Housewife

Single or Married M. Religion Cath  
 Date of Birth not known

Age 23 Years Months Days

Name of Father Peter Santmann  
 His Birthplace Italy

Name of Mother Rachel Mona  
 (Maiden Name)

Her Birthplace Italy  
 Body to be Shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by Murphy  
 Interment at ..... Cemetery

Lot No. ....  
 Grave No. 53  
 Section No. 13  
 Row 7

Diagram of Lot or Vault

Casket or Coffin	\$ 3.15	00
Metallic Lining		
(State Kind)		
Outside Box	2.50	00
(State Kind)		
Grave Vault		
(State Kind)		
Burial Suit or Dress	20	00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	2.50	00
Dressing Body		
Shaving		
Hair Dressing		
Use of Folding Chairs		
Candelabrum	3	50
Candles		
Door Badge	6	00
Gloves		
Hearse	14	00
Auto Limousines to Cemetery @ \$	8.40	00
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers	14	40
(Newspapers)		
Flowers	15	00
Rental of Plants		
Other Decorations	1.00	00
Outlay for Lot	5.00	00
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting		
Tent Rental		
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services	2.00	00
Singers		
Church Charges		
Minister		
Telegrams and Telephone Charges		
Pall Bearer Service		
9/21/29 Paid in full		
Total Footing of Bill	\$ 601	90
By Amount Paid in Advance	30	
Balance		
Entered into Ledger, page		or below

To Funeral Charges	Total	\$
27 Harris	Sept 17	250 00
1 Colligan	Oct 10	100 00
1 Brown	Dec 5	90 00
1 Sejute	Jan 1	100 00
1 Stewart		
1 Glacken		
1 Smullen		

Names of Pall Bearers .....

Names of Lodges .....

Lodge Insurance, \$ ..... Other Insurance, \$ .....

Names of Near Relatives .....







# RECORD OF FUNERAL

Total No. 288 Yearly No. 53 Date Aug 28 1928

Name of Deceased Frances Eliza Fleming Ohio  
(Where Born)  
 Husband---  
 Wife---Widow  
 Son---Daughter of David & Harriett

Charge to David A Fleming  
 Address 516 Harrison Ave. Krumpholtz  
 Order Given by  
 How Secured  
 Date of Funeral Aug 30, 1928

Residence  
 Place of Death Mercy Hos. North East, Pa.  
 Funeral Services at  
 Time of Funeral Service  
 Clergyman  
 Certifying Physician W. J. M. Engel  
 His Residence

Number of Burial Certificate  
 Cause of Death Renovated for Consultation  
(Primary) (Secondary)  
 Date of Death Aug 28, 1928  
 Occupation of the Deceased at school  
 Single or Married S Religion Prot.

Date of Birth Oct 20, 1921  
 Age 6 Years 10 Months 8 Days  
 Name of Father David A. Fleming  
 His Birthplace Pa.  
 Name of Mother Henrietta Silkegg  
(Maiden Name)  
 Her Birthplace Pa.

Body to be Shipped to  
 Size and Style of Casket or Coffin 4/6  
 Manufactured by not  
 Interment at North East, Pa. Cemetery

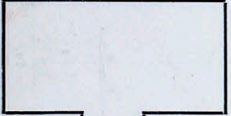


Diagram of Lot or Vault

Lot No.  
 Grave No.  
 Section No.

Casket or Coffin	\$ 75 00
Metallic Lining	
Outside Box	22 00
Grave Vault	
Burial Suit or Dress	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20 00
Dressing Body, \$	Shaving, \$
Hair Dressing	
Use of Folding Chairs	
" " Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse	
Auto Limousines to Cemetery, @ \$	
Autos to R. R. Station, @ \$	10 00
Other Vehicle Service	
Aeroplane Service	
Death Notices in	Newspapers
<small>(Names of Newspapers)</small>	
Flowers, \$	Rental of Plants, \$
Other Decorations	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave with Evergreen or Muslin	
Matting, \$	Tent Rental, \$
Use of Lowering Device	
Rental of Vault	
Outlay for Shipping Charges	
Removal Charges	
Incineration	
Personal Services	
Singers	
Church Charges, \$	Minister, \$
Telegrams and Telephone Charges	33
Pall Bearer Service	
Total Footing of Bill	\$ 127 39
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below

	Total, \$		\$
To Funeral Charges		By Cash	

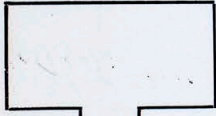
Names of Pall Bearers  
 Names of Lodges  
 Lodge Insurance, \$ Other Insurance, \$  
 Names of Near Relatives

# RECORD OF FUNERAL

Total No. 289      Yearly No. 54      Date Aug 30, 1928  
 Name of Deceased Agreda Arthur      W      Pa  
Husband  
Wife--Widow      John Arthur      (What Race)      (Where Born)  
Son--Daughter of

Charge to Mollie A. Colvies      5.00  
 Address 1729 - 5th Av  
 Order Given by .....  
 How Secured .....  
 Date of Funeral Sept 2 1928  
 Residence 1729 - 5th Av  
 Place of Death Mercy Hos  
 Funeral Services at St. Agnes  
 Time of Funeral Service 8:30 P.M.  
 Clergyman .....  
 Certifying Physician Green S. Selten  
 His Residence Mercy H.  
 Number of Burial Certificate .....  
 Cause of Death mal. tumor of nose      Pneumonia  
(Primary)      (Secondary)  
 Date of Death Aug 30, 1928  
 Occupation of the Deceased HW.  
 Single or Married m      Religion Prot.  
 Date of Birth Aug 31, 1889  
 Age 38 Years 11 Months 29 Days  
 Name of Father Fredrick Colvies  
 His Birthplace Pa.  
 Name of Mother Mollie      (Maiden Name)  
 Her Birthplace Pa.  
 Body to be Shipped to .....  
 Size and Style of Casket or Coffin .....

Casket or Coffin.....	\$ 310.00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	20.00
Grave Vault..... <small>(State Kind)</small>	
Burial Suit or Dress.....	24.25
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25.00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
"    "    Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	4.00
Hearse.....	55.00
Auto Limousines to Cemetery, @ \$.....	45.00
Autos to R. R. Station..... @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	14.40
<small>(Names of Newspapers)</small>	
Flowers, \$..... Rental of Plants, \$.....	20.00
Other Decorations.....	
Outlay for Lot..... <u>Cem. Chg.</u>	15.50
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25.00
Singers.....	
Church Charges, \$..... Minister, \$.....	15.00
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Charges at <u>Johnstown</u> .....	10.00
Total Footing of <u>Sept 21, 1928</u> .....	\$ 583.15
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

Manufactured by .....  
 Interment at Andrew Lee Johnston Pa. Cemetery  
  
 Lot No. ....  
 Grave No. ....  
 Section No. ....

To Funeral Charges..... Total, \$.....	By Cash..... \$.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....



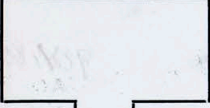
# RECORD OF FUNERAL

Total No. 291..... Yearly No. 56..... Date Sept 4 1928.  
 Name of Deceased Thomas Moore W Ohio  
 Husband..... (What Race)..... (Where Born).....  
 Wife.....  
 Son..... Daughter of Sullivan

Charge to Mrs. Lillian Moore  
 Address 1298 E 3rd St.  
 Order Given by Cincinnati, O.  
 How Secured.....  
 Date of Funeral.....  
 Residence 140 Washington St.  
 Place of Death Mercy Hos.  
 Funeral Services at Cincinnati, O.  
 Time of Funeral Service.....  
 Clergyman.....  
 Certifying Physician W. M. Cregar  
 His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death Fracture skull due to falling  
two days before death (Primary) (Secondary)  
 Date of Death Sept 14, 1928  
 Occupation of the Deceased Structural Iron Worker  
 Single or Married M..... Religion Presb.  
 Date of Birth Aug 7, 1876  
 Age 52 Years 0 Months 28 Days  
 Name of Father Thomas Moore  
 His Birthplace Ohio  
 Name of Mother Eliza  
 (Maiden Name)  
 Her Birthplace Ohio  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....

Casket or Coffin		425
Metallie Lining		220 00
Outside Box	(State Kind)	40 00
Grave Vault	(State Kind)	
Burial Suit or Dress	(State Kind)	
Burial Slippers and Hose		4 50
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse		
Auto Limousines to Cemetery, @ \$		
Autos to R. R. Station, @ \$		20 00
Other Vehicle Service		
Aeroplane Service		
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	
Other Decorations		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		24 80
Removal Charges		
Incineration		
Personal Services		
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		

Manufactured by.....  
 Interment at Cincinnati, Ohio



Lot No.....  
 Grave No.....  
 Section No.....

Diagram of Lot or Vault.....  
Bar Construction Co.

Total Printing of Bill		334 30
By Amount Paid in Advance		94 00
Balance Total		428 30
Entered into Index page		300 00
Cost of Iron Workers below		128 30

To Funeral Charges	Total, \$	By Cash
J. J. Sullivan & Co.		286 00
413 Broadway		
Cincinnati, O.		

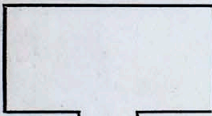
Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Total No. 292 Yearly No. 57 Date Sept. 4 1928  
 Name of Deceased Mary Joyce (What Race) W (Where Born) Ireland  
 Husband-- Patrick Joyce  
 Wife--Widow  
 Son--Daughter--

Charge to Patrick Joyce  
 Address 1601 Blvd. of Allies  
 Order Given by.....  
 How Secured.....  
 Date of Funeral Sept. 7, 1928  
 Residence 1601 Blvd. of Allies  
 Place of Death "  
 Funeral Services at Epiphany  
 Time of Funeral Service 9 A.M.  
 Clergyman.....  
 Certifying Physician W. J. Probst  
 His Residence St. Joe  
 Number of Burial Certificate.....  
 Cause of Death apoplexy  
 (Primary) (Secondary)  
 Date of Death Sept. 4, 1928  
 Occupation of the Deceased Ret.  
 Single or Married M. Religion Cath.  
 Date of Birth not known  
 Age 63 Years Months Days  
 Name of Father Michael Joyce  
 His Birthplace Ireland  
 Name of Mother Kathleen Joyce  
 (Maiden Name)  
 Her Birthplace Ireland  
 Body to be Shipped to.....  
 Size and Style of Casket or Coffin.....  
 Manufactured by Murphy  
 Interment at Cathedral Cemetery

Casket or Coffin.....	\$ 500 00
Metallic Lining.....	(State Kind)
Outside Box.....	(State Kind)
Grave Vault.....	85 00 (State Kind)
Burial Suit or Dress.....	
Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	25 00
Dressing Body, \$..... Shaving, \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles, \$.....	4 00
Door Badge, \$..... Gloves, \$.....	6 00
Hearse.....	14 00
Auto Limousines to Cemetery..@ \$.....	126 00
Autos to R. R. Station.....@ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	16 80
(Names of Newspapers)	
Flowers, \$..... Rental of Plants, \$.....	20 00
Other Decorations.....	12 00
Outlay for Lot.....	
Opening Grave or Vault.....	20 00
Lining Grave with Evergreen or Muslin.....	
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	18 00
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25 00
Singers.....	
Church Charges, \$..... Minister, \$.....	
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Flowers.....	30 00
Total Footing of Bill. <u>Paid in full</u>	908 80
By Amount Paid in Advance <u>GFH</u>	\$
Balance.....	\$
Entered into Ledger, page..... or below.....	



Lot No. 338  
 Grave No. 8 F  
 Section No. 8 F

Diagram of Lot or Vault

To Funeral Charges..... Total, \$ 2 <u>Funeral</u> 1 <u>Scintle</u> 1 <u>Boargo</u> 1 <u>Hanishki</u> 2 <u>J. M. Cate</u> 1 <u>Mooney</u> 2 <u>Smiley</u> 1 <u>Andy Selon</u>	By Cash..... \$ 1 <u>Miller</u> 1 <u>L. M. Baker</u> 1 <u>Freyvogel</u> 1 <u>Spirel</u>
---	---

Names of Pall Bearers.....  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL

Total No. 294 Yearly No. 59 Date Sept 20 1928  
 Name of Deceased John T. Gantland (What Race) W (Where Born) Pa.

Husband---  
 Wife---Widow } Nellie Casey  
 Son---Daughter of

Charge to Mrs Daniel McGrath  
 Address 67. Seventh St. St.

Order Given by  
 How Secured

Date of Funeral Sept 24, 1928  
 Residence 67. Seventh St.

Place of Death St. Johns  
 Funeral Services at St. Johns

Time of Funeral Service 9 a.m.  
 Clergyman

Certifying Physician W. J. Probst  
 His Residence 5th Ave.

Number of Burial Certificate  
 Cause of Death Apoplexy

Date of Death Sept 20, 1928  
 Occupation of the Deceased Machinist

Single or Married W Religion Cath

Date of Birth Jan 21, 1870  
 Age 58 Years 7 Months 19 Days

Name of Father Joseph Gantland  
 His Birthplace England

Name of Mother Katherine Shaw  
 (Maiden Name)

Her Birthplace Pa.  
 Body to be Shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at Calvary Cemetery

Lot No. 199

Grave No. 4

Section No. K

Diagram of Lot or Vault

Casket or Coffin		\$ 400
Metallic Lining	(State Kind)	200 00
Outside Box	(State Kind)	23 00
Grave Vault	(State Kind)	
Burial Suit or Dress		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		25 00
Dressing Body, \$	Shaving, \$	
Hair Dressing		
Use of Folding Chairs		
" " Candelabrum, \$	Candles, \$	4 00
Door Badge, \$	Gloves, \$	6 00
Hearse		14 00
Auto Limousines to Cemetery @ \$		5-2 50
Autos to R. R. Station @ \$		
Other Vehicle Service		
Aeroplane Service		
Death Notices in Newspapers		26 10
(Names of Newspapers)		
Flowers, \$	Rental of Plants, \$	20 00
Other Decorations		13 00
Outlay for Lot		
Opening Grave or Vault		15 00
Lining Grave with Evergreen or Muslin		
Matting, \$	Tent Rental, \$	
Use of Lowering Device		
Rental of Vault		
Outlay for Shipping Charges		
Removal Charges		
Incineration		
Personal Services		20 00
Singers		
Church Charges, \$	Minister, \$	
Telegrams and Telephone Charges		
Pall Bearer Service		
Total Footing of Bill		\$ 419 60
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

To Funeral Charges	Total, \$	By Cash	\$
1 Brass			
1 Slippers			
1 Hearse			
1 Smaller			

Names of Pall Bearers  
 Names of Lodges

Lodge Insurance, \$ Other Insurance, \$

Names of Near Relatives

# RECORD OF FUNERAL

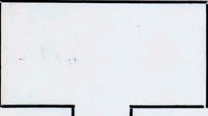
Total No. 295 Yearly No. 60 Date Oct 4 1928

Name of Deceased Charles W. Cox (What Race) W. (Where Born) Pa.  
 Husband---  
 Wife---Widow  
 Son---Daughter of } Anna Stevenson

Charge to Mrs Anna Cox  
 Address 1933 Forbes St.  
 Order Given by.....  
 How Secured.....  
 Date of Funeral Oct 2, 1928  
 Residence 1933 Forbes St.  
 Place of Death Trg St. Yorks B & O R.R.  
 Funeral Services of Caprihang  
 Time of Funeral Service 9 A.M.  
 Clergyman.....  
 Certifying Physician W. J. M. Geyer  
 His Residence.....  
 Number of Burial Certificate.....  
 Cause of Death blow on head due to auto. he was  
crushed in that automobile when he was  
driving on the highway  
 Date of Death Oct 4, 1928  
 Occupation of the Deceased Freight driver  
 Single or Married M Religion Cath.  
 Date of Birth Dec 10, 1904  
 Age 23 Years 9 Months 24 Days  
 Name of Father Wm Bruce Cox  
 His Birthplace Not known  
 Name of Mother Helena Meyer  
 (Maiden Name)  
 Her Birthplace Not known  
 Body to be Shipped to.....

Casket or Coffin.....	\$ <u>175.00</u>
Metallie Lining..... (State Kind)	
Outside Box..... (State Kind)	20.00
Grave Vault..... (State Kind)	
Burial Suit or Dress.....	
Burial Slippers and Hose.....	4.00
Engraving Plate.....	
Embalming Body (with..... Fluid)	25.00
Dressing Body \$..... Shaving \$.....	
Hair Dressing.....	
Use of Folding Chairs.....	
" " Candelabrum, \$..... Candles \$.....	4.00
Door Badge, \$..... Gloves, \$.....	6.00
Hearse.....	14.00
Auto Limousines to Cemetery @ \$.....	31.50
Autos to R. R. Station @ \$.....	
Other Vehicle Service.....	
Aeroplane Service.....	
Death Notices in..... Newspapers.....	10.80
(Names of Newspapers).....	
Flowers, \$..... Rental of Plants, \$.....	20.00
Other Decorations.....	12.00
Outlay for Lot.....	50.00
Opening Grave or Vault.....	
Lining Grave with Evergreen or Muslin.....	16.00
Matting, \$..... Tent Rental, \$.....	
Use of Lowering Device.....	
Rental of Vault.....	
Outlay for Shipping Charges.....	
Removal Charges.....	
Incineration.....	
Personal Services.....	25.00
Singers.....	
Church Charges, \$..... Minister, \$.....	25.00
Telegrams and Telephone Charges.....	
Pall Bearer Service.....	
Flowers.....	12.00
Total Footing of Bill.....	\$ <u>752.30</u>
By Amount Paid in Advance.....	
Balance.....	\$ <u>67</u>
Entered into Ledger, page..... or below.....	

Size and Style of Casket or Coffin.....  
 Manufactured by P.P.H.  
 Interment at Seabury Cemetery



Lot No.....  
 Grave No.....  
 Section No.....

To Funeral Charges..... Total, \$	By Cash..... \$
<u>2 J. J. M. Cole</u>	<u>Flowers Brothers 15.00</u>
<u># Box 97</u>	

Names of Pall Bearers Youngstown Pa.  
West. Woodland Co.  
 Names of Lodges.....  
 Lodge Insurance, \$..... Other Insurance, \$.....  
 Names of Near Relatives.....











Edison Speer.  
Franklin 0513 W.

Chas. Gardner.  
166 1/2 New York Ave.  
Atlantic City N.J.  
Maine 10026.

Mary Kirkwood.  
1118 Southland St.  
Shenandoah

