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McAVOY FUNERAL HOME

VOLUME 3

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YZ

RECORD OF FUNERAL

Total No. 599..... Yearly No. 28..... Date April 12..... 1932

Name of Deceased William J. Hoyle..... W..... Bgh. Pa
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral April 18 - 1932
 Residence 434 - 3rd Ave
 Place of Death.....
 Funeral Services at St. Marys 45 St
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician W. J. Mc Gregor
 His Residence.....
 Cause of Death Found Drowned
(Primary)

Cause of Death.....
(Secondary)
 Date of Death April 12 1932
 Occupation of the Deceased Clerk

Employed.....
 Single or Married Single Religion Catholic
 Date of Birth.....
 Age abt 26 Years..... Months..... Days

Name of Father William J. Hoyle
 His Birthplace Ireland
 Name of Mother Catherine Bush
(Maiden Name)
 Her Birthplace Ireland

Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill & Co
 Interment at St. Marys Cemetery



Diagram of Lot or Vault

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

Casket.....	(State Kind)	150 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	10 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	18 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 50
Door Crepe, \$.....	Gloves, \$.....	4 50
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	21 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 30
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	20 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 295 30
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

	To Funeral Charges..... Total, \$		By Cash..... \$
1	<u>Sixty</u>		

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. ⁶⁰⁰ ~~572~~ Yearly No. 29 Date April 19 1932

Name of Deceased Joseph C. Reeb W Pgh. Pa.
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral April 21 1932
 Residence 303 South Auburn Ave
 Place of Death " " " " " "
 Funeral Services at 726 Cherokee St
 Time of Funeral Service 10:30 A.M.
 Clergyman

His Address
 Certifying Physician W. M. Turheyders
 His Residence 4810 Liberty Ave
 Cause of Death measles
(Primary)
convulsions
(Secondary)
 Cause of Death

Date of Death April 19 1932
 Occupation of the Deceased Infant
 Employed
 Single or Married Single Religion Catholic
 Date of Birth May 25 1931
 Age Years 10 Months 19 Days
 Name of Father Joseph Reeb
 His Birthplace Pgh.
 Name of Mother Margaret Martin
(Maiden Name)
 Her Birthplace Pgh.

Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill & Co
 Interment at Calvary Cemetery



Lot No. 255
 Grave No.
 Section No. 71
 Owner Edna Reeb

Casket.....	(State Kind)	50 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	10 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	2 00
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	10 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	8 00
Rental of Palms, \$.....	Tent Rental, \$.....	12 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		10 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
April 29 1932 J. J. [unclear]		
Total Footing of Bill.....		\$ 102 50
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges.... Total, \$	By Cash..... \$
.....
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Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed:

Signed:

RECORD OF FUNERAL

Total No. 601 Yearly No. 30 Date April 19 1932

Name of Deceased Sarah Bowman (What Race) W (Where Born) Ireland

Husband— } Adam Bowman
Wife—Widow— }
Son—Daughter of }

Charge to Adam Bowman
Address 1305 N. Highland Ave.

Order Given by
How Secured

Date of Funeral April 21 1932
Residence 380 Melwood Ave.

Place of Death
Funeral Services at

Time of Funeral Service 2:30 P.M.
Clergyman

His Address
Certifying Physician John M. Wilson

His Residence Highland Bldg.
Cause of Death Leucaemia

(Primary) Heart Exhaustion
Cause of Death

(Secondary)
Date of Death April 19 1932

Occupation of the Deceased Housewife
Employed

Single or Married Married Religion
Date of Birth Feb. 1 1875

Age 67 Years 2 Months 18 Days
Name of Father James Taylor

His Birthplace Ireland
Name of Mother Mary Martin

(Maiden Name)
Her Birthplace Ireland
Body to be Shipped to

Size and Style of Casket
Manufactured by Hill & Co.

Interment at Callegary Memorial Park Cemetery

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

Casket		300	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	20	00
Grave Vault	(State Kind)		
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$	22	50
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$	4	50
Hearse		16	00
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers	9	60
	(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	25	00
Rental of Palms, \$	Tent Rental, \$	20	00
Rental of Vault, \$	Lowering to <u>to or B.</u>	12	00
Outlay for Lot			
Opening Grave or Vault		20	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			50
Personal Charges, \$	Singers, \$	25	00
Church Charges, \$	Ministers, \$	1.0	00
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill		\$ 510	10
By Amount Paid in Advance		\$	
Balance		\$	

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To Funeral Charges... Total, \$			
	<u>May 16</u>	By Cash	\$ 270 00
	<u>June 4</u>		120 00

Insurance, \$ Names of Lodges
Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed
Witness Signed

RECORD OF FUNERAL

Total No. ⁶⁰²~~614~~ Yearly No. 31 Date April 19, 1932

Name of Deceased St. M. Margaret (Anna C. Moran) (What Race) Pa. (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to Address Turtle Creek, Pa.

Order Given by How Secured Date of Funeral April 22, 1932 Residence Turtle Creek, Pa. Place of Death Mercy Hos. Funeral Services at " " Time of Funeral Service 9 a.m.

Clergyman His Address Certifying Physician E.P. Buchanan His Residence Mercy Hos.

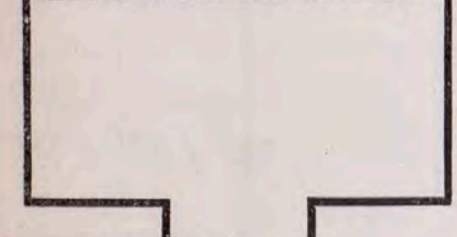
Cause of Death (Primary) Carcinoma R. Breast (Secondary) Streplococic cellulitis of chest wall Cause of Death

Date of Death April 19, 1932 Occupation of the Deceased Sr. of Mercy Employed Single or Married Sing Religion Cath.

Date of Birth June 26, 1869 Age 62 Years 9 Months 23 Days Name of Father Timothy Moran His Birthplace Ireland

Name of Mother Anna C. Keating (Maiden Name) Pa. Her Birthplace Pa.

Body to be Shipped to Size and Style of Casket Manufactured by Hill Interment at St. Xaviers Cemetery



Lot No. Grave No. Section No. Owner

Casket	(State Kind)	60	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	15	00
Grave Vault	(State Kind)		
Embalming Body	with Fluid	15	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$		
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$		
Hearse		35	00
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers	7	20
<small>(Names of Newspapers)</small>			
Flowers, \$	Flower Wagon, \$		
Rental of Palms, \$	Tent Rental, \$		
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot			
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$		
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
<i>Paid of M.</i>			
Total Footing of Bill		\$ 13	20
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page or below			

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

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed: _____
 Witness: _____ Signed: _____

RECORD OF FUNERAL

Total No. 603 ~~645~~ Yearly No. 32 Date April 21 1932
 Name of Deceased Emil A. Noel (What Race) W (Where Born) Pa.

Charge to Sophia Mary Noel
 Address

Order Given by

How Secured

Date of Funeral April 23 - 1932
 Residence 1906 Hopkins Wy.
 Place of Death South side Hospital
 Funeral Services at St. John's
 Time of Funeral Service 10 A.M.
 Clergyman

His Address

Certifying Physician J. B. Anderson
 His Residence South Side Hospital
 Cause of Death Lobar Pneumonia
(Primary)

Cause of Death

Date of Death April - 21 - 1932
 Occupation of the Deceased Laborer
 Employed

Single or Married Married Religion Catholic
 Date of Birth Dec. - 1 - 1894
 Age 37 Years 4 Months 20 Days
 Name of Father Jermin Noel
 His Birthplace France
 Name of Mother Coloise Sabatier
(Maiden Name)
 Her Birthplace France

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill & Co
 Interment at St. Marys Cemetery



Lot No. 45
 Grave No. 1
 Section No. H
 Owner

Diagram of Lot or Vault

Inf. Mrs. C. Chagalou 7209 Maple Way B'k.

Casket	80 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Grave Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulins, \$	
Candelabrum, \$ Candles, \$	3 00
Door Crepe, \$ Gloves, \$	4 50
Hearse	14 00
Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Aeroplane Service, \$ Ambulance, \$	
Getting Remains from	
Taking Body to Inquest	
Delivering Box to	
Delivering Remains to	
Death Notices in Newspapers	4 80
Flowers, \$ Flower Wagon, \$ <u>P.B.</u>	10 00
Rental of Palms, \$ Tent Rental, \$	
Rental of Vault, \$ Lowering Device, \$	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Removal Charges, \$ Cremation, \$	
Getting Burial Permit	
Certified Copies of Death Certificate	
Personal Charges, \$ Singers, \$	20 00
Church Charges, \$ Ministers, \$	
Pall Bearer Service	
Telegr., Telephone, Cable or Radio Charges	
Railroad Tickets	
Cash Advanced	
<i>Paid</i>	
Total Footing of Bill	\$ 191 80
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page	or below

To Funeral Charges... Total, \$	By Cash \$
	75 00
	100 00
	175 00

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

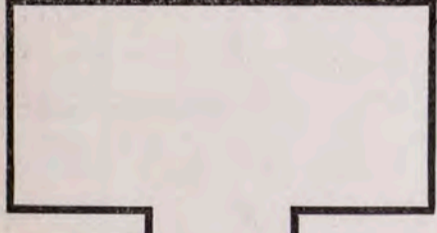
Witness

RECORD OF FUNERAL

Total No. 604 Yearly No. 33 Date April 26 1932
 Name of Deceased James Ward (What Race) W (Where Born) Penna

Husband—
 Wife—Widow—
 Son—Daughter of } Mary Tracey
 Charge to
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral April - 29 - 1932
 Residence 36 East Street
 Place of Death " " " " " "
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician J. A. Murray
 His Residence 1432 Fifth Ave.
 Cause of Death Myocardial Regeneration
(Primary)

Cause of Death.....
(Secondary)
 Date of Death April 26 - 1932
 Occupation of the Deceased Locomotive Engineer
 Employed.....
 Single or Married Married Religion Catholic
 Date of Birth May - 30 - 1876
 Age 55 Years 10 Months 26 Days
 Name of Father Alennis Ward
 His Birthplace Ireland
 Name of Mother Not known
(Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill & Co
 Interment at Calvary Cemetery

Diagram of Lot or Vault  Lot No.....
 Grave No.....
 Section No.....
 Owner.....
Inf. Mrs. Mary Ward #36 East St.

Casket.....	(State Kind)	200 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body..... with Fluid		25 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		19 50
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		3 00
Door Crepe, \$..... Gloves, \$.....		4 50
Hearse.....		14 00
Limousines to Cemetery..... @ \$.....		31 50
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		10 80
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....		12 00
Rental of Palms, \$..... Tent Rental, \$.....		20 00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		68 00
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate <u>affidavits</u>		1 00
Personal Charges, \$..... Singers, \$.....		25 00
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 459 30
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges... Total, \$	By Cash..... \$
1 O'Toole	
1 Fiene	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed :.....
 Witness :..... Signed :.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

7

RECORD OF FUNERAL

Total No. 605... Yearly No. 34... Date. April - 29 1932

Name of Deceased Elizabeth A. Shaner... (What Race) W... (Where Born) Pgh Pa.

Husband— } Samuel M. Shaner
Wife—Widow—*
Son—Daughter of

Charge to Andrew M. Shaner
Address 7504 Bennett St.

Order Given by
How Secured

Date of Funeral May - 2 - 1932

Residence 1643 Forbes Street

Place of Death " " "

Funeral Services at Chapel

Time of Funeral Service 3 P.M.

Clergyman Rev. C. S. Johnson

His Address

Certifying Physician J. A. Murray

His Residence 1634 Fifth Ave.

Cause of Death Myocardial Degeneration (Primary)
Paralysis Agitans (Secondary)

Date of Death April - 29 - 1932

Occupation of the Deceased At Home

Employed

Single or Married Widowed Religion D

Date of Birth April 20 - 1857

Age 75 Years 0 Months 9 Days

Name of Father Andrew Moon

His Birthplace Pgh Pa.

Name of Mother Mary (Maiden Name)

Her Birthplace Pgh Pa.

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill & Co

Interment at Allegheny Cemetery

Lot No.
Grave No.
Section No.
Owner

Diagram of Lot or Vault

Casket.....	(State Kind)	500	240.00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)	75	75.00
Embalming Body.....	with	Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....	19.50
.....	Undergarment		4.00
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....		4.50
Hearse.....			14.00
Limousines to Cemetery..	@ \$.....		21.00
Autos to R. R. Station..	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....	Blanket		16.00
Delivering Remains to.....			
Death Notices in.....	Newspapers		16.80
(Names of Newspapers)			
Flowers, \$.....	Flower Wagon, \$.....		10.50
Rental of Palms, \$.....	Tent Rental, \$.....		25.00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		30.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		25.00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....			\$ 526.30
By Amount Paid in Advance.....			\$
Balance.....			\$
Entered into Ledger, page..... or below			

Paid June 3 1932
[Signature]

To Funeral Charges.... Total, \$	By Cash..... \$
1 Blank	
1 Kosinski	

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Signed.....
Witness.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 606..... Yearly No. 35..... Date May 21 - 1932
 Name of Deceased Catherine Madden ^W Ireland
(What Race) (Where Born)

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral May-25-1932
 Residence 2016 Forbes St.
 Place of Death " " "
 Funeral Services at St. Agnes
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician B.B. Wood
 His Residence 2118 Fifth Ave.
 Cause of Death Intestinal Obstruction
(Primary)
 Cause of Death.....
(Secondary)
 Date of Death May 21 - 1932
 Occupation of the Deceased at home
 Employed.....
 Single or Married Widowed Religion Catholic
 Date of Birth Nov - 1 - 1846
 Age 85 Years 6 Months 20 Days
 Name of Father James Dougherty
 His Birthplace Ireland
 Name of Mother Catherine Welsh
(Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill & Co
 Interment at St. Marys Cemetery

Casket.....	<small>(State Kind)</small>	560 335 00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	25 00
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body..... with..... Fluid		25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....	Suit or Dress, \$.....	Hose, \$.....
Slippers, \$.....		
Folding Chairs, \$.....		
Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	4 50
Hearse.....		14 00
Limousines to Cemetery..... @ \$.....		42 00
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers		16 80
	<u>Roanoke</u> <small>(Names of Newspapers)</small>	15 00
Flowers, \$.....	Flower Wagon, \$.....	30 00
Rental of Palms, \$.....	Tent Rental, \$.....	25 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
		<u>593 30</u>
Total Footing of Bill.....	\$	
By Amount Paid in Advance.....	\$	
Balance.....	\$	

<p style="font-size: small; margin-top: 5px;">Diagram of Lot or Vault</p>		Lot No.....	
		Grave No.....	
		Section No.....	
		Owner.....	

To Funeral Charges... Total, \$	By Cash..... \$
1 <u>Sirlin</u>	
1 <u>Sping</u>	
1 <u>Leslie</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 607.....

Yearly No. 26.....

Date June - 1 - 1932

Name of Deceased Cecilia Glover Powell

W
(What Race)

Penna
(Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Charge to Mrs. N. Brown

Address 912 Fordham Ave

Order Given by Brookline Pgh. Pa

How Secured

Date of Funeral June - 4 - 1932

Residence 2004 Mountford St. N.S.

Place of Death

Funeral Services at St. Peter's

Time of Funeral Service

Clergyman

His Address

Certifying Physician Wm. J. Mc Gregor

His Residence

Cause of Death Stomach Poisoning
(Primary)

Cause of Death Heart Attack
(Secondary)

Date of Death June 1 - 1932

Occupation of the Deceased Housework

Employed

Single or Married Married Religion Catholic

Date of Birth Nov. - 28 - 1884

Age 47 Years 5 Months 3 Days

Name of Father Anton Hammer

His Birthplace Germany

Name of Mother Anna St. Baum
(Maiden Name)

Her Birthplace Penna

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill & Co

Interment at North Side Catholic Cemetery



Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Wm. Egan Powell 2004 Mountford St. N.S.

Casket.....		175	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	25	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	23	00
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	4	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	10	00
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	7	30
	(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....	20	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		37	00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	25	00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Road Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		377	20
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page.....	or below		

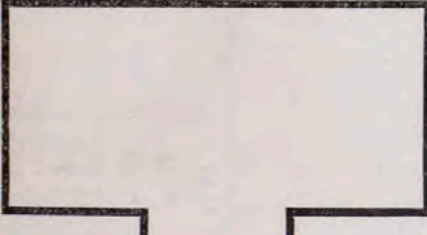
To Funeral Charges... Total, \$	By Cash..... \$
<u>1. J. Marzani</u>	

Mrs. Nora H. Brown -
912 Fordham Ave,
Brookline Pgh. Pa.
Grant
4300
Line 247 R2
Lehigh 3438 W.

Insurance, \$..... Names of

RECORD OF FUNERAL

Total No. 608 Yearly No. 37 Date June 12, 1932
 Name of Deceased Wm B. Seabright (What Race) W (Where Born) W. Va.
 Charge to Mrs. Elizabeth Levy Seabright
 Address 1722 Forbes St
 Order Given by
 How Secured
 Date of Funeral June 14, 1932
 Residence 1722 Forbes St
 Place of Death Mayview Ho.
 Funeral Services at Wheeling W. Va.
 Time of Funeral Service 2:30 P.M.
 Clergyman
 His Address
 Certifying Physician Mayview
 His Residence Cardnoma of Face
 Cause of Death (Primary)

Cause of Death (Secondary)
 Date of Death June 12, 1932
 Occupation of the Deceased
 Employed
 Single or Married M Religion P
 Date of Birth Age 59 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
 Manufactured by
 Interment at Cemetery
 Diagram of Lot or Vault 
 Lot No.
 Grave No.
 Section No.
 Owner

Casket		200 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$.	Hair Dressing, \$.	
Dressing Body		
Suit or Dress, \$.	Hose, \$.	2 50
	Underwear, \$.	
Folding Chairs, \$.	Tarpaulins, \$.	
Candelabrum, \$.	Candles, \$.	
Door Crepe, \$.	Gloves, \$.	
Hearse		40 00
Limousines to Cemetery	@ \$.	
Autos to R. R. Station	@ \$.	
Aeroplane Service, \$.	Ambulance, \$.	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	2 10
	(Names of Newspapers)	
Flowers, \$.	Flower Wagon, \$.	
Rental of Palms, \$.	Tent Rental, \$.	15 00
Rental of Vault, \$.	Lowering Device, \$.	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$.	Matting, \$.	
Outlay for Shipping Charges		
Removal Charges, \$.	Cremation, \$.	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$.	Singers, \$.	25 00
Church Charges, \$.	Ministers, \$.	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
	<u>Exp. at Wheeling W. Va.</u>	104 00
Total Footing of Bill		413 60
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

309.60
 113

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

Signed: :

RECORD OF FUNERAL

Total No. 609 Yearly No. 38 Date June 15, 1932

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

Husband—
Wife—Widow—
Son—Daughter of }
Charge to Mrs. Nancie Lewis

Address 3006 Cobden St.

Order Given by
How Secured

Date of Funeral June 18, 1932

Residence 3006 Cobden St.

Place of Death Bassavant Hos-
pital

Funeral Services at Chapel
Time of Funeral Service 2:30 P.M.

Clergyman
His Address

Certifying Physician Dr. B. Gold

His Residence Bassavant Hos-
pital

Cause of Death Lobar Pneumonia
(Primary)

Cause of Death Chr. Alch.
(Secondary)

Date of Death June 15, 1932

Occupation of the Deceased Sub.

Employed

Single or Married S. Religion Prot.

Date of Birth Feb 22, 1898

Age 34 Years 3 Months 23 Days

Name of Father Arthur Pa.

His Birthplace

Name of Mother Jemil Parker
(Maiden Name)

Her Birthplace Pa.

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Uniondale Cemetery

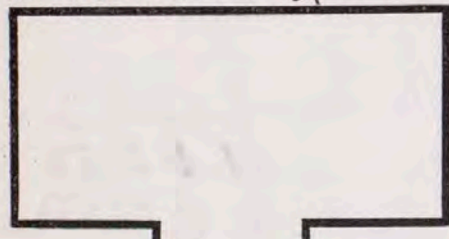


Diagram of Lot or Vault

Lot No.
Grave No. 3908
Section No. A. Div 3
Owner

Casket		150 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Embaling Body	with Fluid	16 50
Barber, \$	Hair Dressing, \$	25 00
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	4 50
Hearse		14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	4 80
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		50 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		2 50
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 317 80
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

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

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness: Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 610 Yearly No. 39 Date June 17, 1932

Name of Deceased John F. Ennis (What Race) Pa (Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Charge to John F. Ennis
Address 1844 Forbes St.

Order Given by J
How Secured J

Date of Funeral June 19, 1932
Residence 1844 Forbes St.

Place of Death Mercy Hos.
Funeral Services at

Time of Funeral Service
Clergyman

His Address
Certifying Physician W. J. M. Gregor

His Residence
Cause of Death Retropharyngeal abscess (Primary)

Cause of Death Broncho pneumonia (Secondary)

Date of Death June 17, 1932
Occupation of the Deceased

Employed
Single or Married S Religion C

Date of Birth Jan 31, 1932
Age 0 Years 4 Months 16 Days

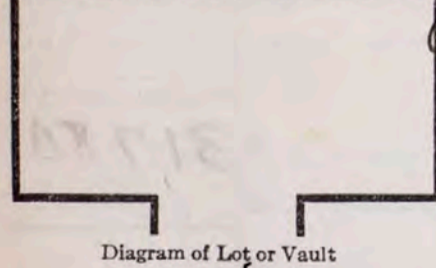
Name of Father John F.
His Birthplace Pa

Name of Mother Mary Daly (Maiden Name)
Her Birthplace Pa.

Body to be Shipped to
Size and Style of Casket

Manufactured by
Interment at Calvary Cemetery

Lot No. 246
Grave No. 4
Section No. M. N.
Owner John F. Ennis



Casket.....		50 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	10 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	10 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	4 50
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	
Door Crepe, \$.....	Gloves, \$	
Hearse.....		
Limosines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	3 00
Flowers, \$.....	(Names of Newspapers)	
Rental of Palms, \$.....	Flower Wagon, \$ <u>Don't</u>	8 00
Rental of Vault, \$.....	Tent Rental, \$	1 50
Outlay for Lot.....	Lowering Device, \$	
Opening Grave or Vault.....		10 00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 160 50
By Amount Paid in Advance.....		\$ 50 00
Balance.....		\$ 60 00

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Witness..... Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 611 Yearly No. 40 Date July 6 1932
Name of Deceased Elsie R McManus (What Race) w. l. (Where Born) Pa.

Husband— } Owen McManus
Wife—Widow— }
Son—Daughter of }
Charge to Owen McManus

Address
Order Given by

How Secured

Date of Funeral July 9, 1932

Residence 56 Pusecum St. -

Place of Death Mercy Hos

Funeral Services at Church of Nativity

Time of Funeral Service 9 am

Clergyman J. J. O'Connor

His Address Nativity

Certifying Physician Mullens

His Residence Mercy Hos

Cause of Death Rheumatic Heart

Cause of Death Pulmonary Embolism

Date of Death July 6, 1932

Occupation of the Deceased HW

Employed

Single or Married m Religion Cath

Date of Birth June 8, 1897

Age 35 Years Months 28 Days

Name of Father Robert Clark

His Birthplace Ireland

Name of Mother Elizabeth Wiseman

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at N. S. Cath Cemetery

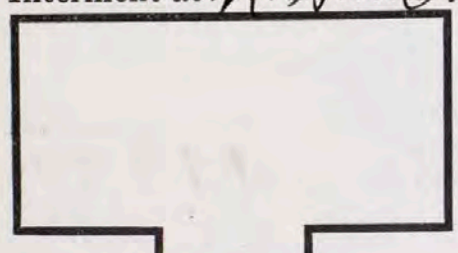


Diagram of Lot or Vault

Lot No. 464
Grave No. 5
Section No. H
Owner Mrs. Mary McManus

Casket.....	(State Kind)	4.50 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	6 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	31 50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	10 80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	15 00
Rental of Palms, \$.....	Tent Rental, \$	20 00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....	<u>Cem. Exp</u>	33 00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	25 00
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill		\$ 658 30
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page.....		or below

To Funeral Charges... Total, \$

By Cash..... \$

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness.....

RECORD OF FUNERAL

Total No. *6121* Yearly No. *41* Date *July - 13* 19*32*

Name of Deceased *Margaret Catherine Cashey* (What Race) *Germany* (Where Born)

Husband--
Wife--Widow--
Son--Daughter of } *James B. Cashey*

Charge to
Address

Order Given by
How Secured

Date of Funeral *July - 16 - 1932*

Residence *1 Ridgeway St*

Place of Death " " " "

Funeral Services at " " " " Time of Funeral Service *2:30 P.M.*

Clergyman
His Address

Certifying Physician *J. P. Hegarty*

His Residence *Med-art Bldg*

Cause of Death *Apoplexy* (Primary)

Cause of Death (Secondary)

Date of Death *July - 13 - 1932*

Occupation of the Deceased *Housewife*

Employed
Single or Married *Married* Religion *A.*

Date of Birth *Aug - 5 - 1872*

Age *59* Years *11* Months *8* Days

Name of Father *Dora*

His Birthplace *Germany*

Name of Mother *Not known* (Maiden Name)

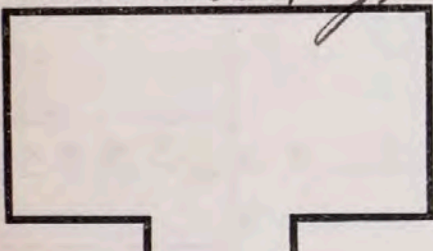
Her Birthplace *Germany*

Body to be Shipped to

Size and Style of Casket

Manufactured by *Hill & Co*

Interment at *Allegheny* Cemetery



Lot No.
Grave No.
Section No.
Owner *J. James B. Cashey, 1 Ridgeway St*

Casket.....	(State Kind)	<i>150</i>	<i>00</i>
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)	<i>80</i>	<i>00</i>
Embalming Body.....	with..... Fluid	<i>25</i>	<i>00</i>
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$ <i>12</i>	Hose, \$ <i>1</i>	<i>13</i>	<i>00</i>
Slippers, \$.....			
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....	<i>4</i>	<i>50</i>
Hearse.....		<i>14</i>	<i>00</i>
Limousines to Cemetery.....	@ \$.....	<i>21</i>	<i>00</i>
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	<i>11</i>	<i>40</i>
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	<i>10</i>	<i>00</i>
Rental of Palms, \$.....	Tent Rental, \$.....	<i>20</i>	<i>00</i>
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		<i>18</i>	<i>00</i>
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation \$.....		
Getting Burial Permit.....	<i>Blanket</i>	<i>8</i>	<i>00</i>
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	<i>25</i>	<i>00</i>
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			

Paul Hill

Total Footing of Bill.....	\$ <i>399</i>	<i>90</i>
By Amount Paid in Advance <i>50.00</i>	\$	<i>379 90</i>
Balance.....	\$	

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To Funeral Charges.....	Total, \$	By Cash.....	\$
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Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Witness..... Signed.....

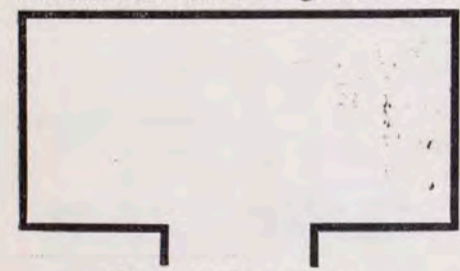
RECORD OF FUNERAL

Total No.. 613.... Yearly No. 42... Date July 17 1933
 Name of Deceased Mary M Geady (What Race) w (Where Born) Ireland
 Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to Estate of Mary M Geady
 Address Peoples Bgh. Trust Co. Bldg
 Order Given by
 How Secured
 Date of Funeral July - 19 - 1933
 Residence 1833 Forbes St
 Place of Death
 Funeral Services at St Agnes
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address

Certifying Physician B.B. Wood
 His Residence 2118 Fifth Ave.
 Cause of Death Chronic Bronchitis
 (Primary)
Broncho Pneumonia
 Cause of Death
 (Secondary)
 Date of Death July - 17 - 1933
 Occupation of the Deceased Dress-maker
 Employed

Single or Married Single Religion Catholic
 Date of Birth Jan 1873
 Age 49 Years 6 Months Days
 Name of Father Shane M Geady
 His Birthplace Ireland
 Name of Mother Luna M Gye
 (Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hills Co
 Interment at Caldvary Cemetery



Lot No. 44
 Grave No. 16 Row
 Section No. 13
 Owner

Inf John M Geady 1933 Forbes St.

Casket.....		255 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.	
Dressing Body.....		
Suit or Dress, \$....	Hose, \$... Slippers, \$.	
Folding Chairs, \$....	Tarpaulins, \$.	
Candelabrum, \$....	Candles, \$.	3 00
Door Crepe, \$....	Gloves, \$.	4 50
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	42 00
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$....	Ambulance, \$.	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	7 Newspapers	9 20
Flowers, \$....	(Names of Newspapers) Flower Wagon, \$	12 00
Rental of Palms, \$....	Tent Rental, \$	20 00
Rental of Vault, \$....	Lowering Device, \$.	
Outlay for Lot.....		68 00
Opening Grave or Vault.....		
Lining Grave, \$....	Matting, \$.	
Outlay for Shipping Charges.....	Blanket	8 00
Removal Charges, \$....	Cremation, \$.	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$....	Singers, \$.	25 00
Church Charges, \$....	Ministers, \$.	25 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		55
Railroad Tickets.....		
Cash Advanced.....	Sept 28, 1932	
Total Footing of Bill.....		\$ 531 25
By Amount Paid in Advance.....		\$
Balance.....		\$
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Paid in full
 Total Footing of Bill..... \$ 531 25
 By Amount Paid in Advance..... \$
 Balance..... \$
 Entered into Ledger, page..... or below

To Funeral Charges... Total, \$	By Cash..... \$
1 Leslie	
1 Freyvogel	
1 J. Harschel	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....
 Signed.....
 Witness.....

49315

RECORD OF FUNERAL

Total No. 614..... Yearly No. 43..... Date July 31..... 1932

Name of Deceased Baby Herman.....
(What Race)..... (Where Born) Penna.

Husband--
Wife--Widow--
Son--Daughter of } Edward Herman

Charge to.....

Address.....

Order Given by Edward Herman

How Secured.....

Date of Funeral Aug. 1 - 1932

Residence 203 Wick St

Place of Death Maglee Hospital

Funeral Services at.....

Time of Funeral Service..... 2 P.M.

Clergyman.....

His Address.....

Certifying Physician Dr. D.B. Martin

His Residence Maglee Hospital

Cause of Death Pulmonary arteriosclerosis
(Primary)

Cause of Death.....
(Secondary)

Date of Death July 31 - 1932

Occupation of the Deceased None

Employed.....

Single or Married Single. Religion Catholic

Date of Birth July 30 - 1932

Age..... Years..... Months 12 hrs Days

Name of Father Edward Herman

His Birthplace Penna.

Name of Mother Edna Copeland
(Maiden Name)

Her Birthplace Penna.

Body to be Shipped to.....

Size and Style of Casket.....

Manufactured by Hill & Co

Interment at St. Marys Cemetery

Lot No. Row 11

Grave No. 9

Section No. T

Owner.....

Diagram of Lot or Vault

Casket.....	(State Kind).....	10 00
Metallic Lining.....	(State Kind).....	
Outside Box.....	(State Kind).....	
Grave Vault.....	(State Kind).....	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	5 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		2 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 35 00
By Amount Paid in Advance <u>Aug 27, 1932</u>		\$ 25 00
Balance.....		\$ 10 00
Entered into Ledger, page.....		or below

To Funeral Charges..... Total, \$.....	By Cash..... \$.....
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Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 615..... Yearly No. 44..... Date Aug-17..... 1932

Name of Deceased Americo Parsi..... W..... Italy
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to Carlo Mazza
Address Naples Rest. Webster Ave.
Order Given by.....
How Secured.....

Date of Funeral Aug-17 1932
Residence 2. Fernando St
Place of Death Mayview Hospital
Funeral Services at St. Peters
Time of Funeral Service 9. A.M.

Clergyman.....
His Address.....
Certifying Physician.....
His Residence Mayview Hospital
Cause of Death Chronic Myocarditis
(Primary)

Cause of Death.....
(Secondary)
Date of Death Aug-14 1932
Occupation of the Deceased waiter

Employed.....
Single or Married Single Religion Catholic
Date of Birth Jan 16 1887
Age 45 Years..... Months..... Days
Name of Father Frank Parsi
His Birthplace Italy
Name of Mother Ginevra Giorgetti
(Maiden Name)
Her Birthplace Italy

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill & Co.
Interment at Cabary Cemetery

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

Casket.....	1.50 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	20 00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Crepe, \$..... Gloves, \$.....	4 50
Hearse.....	1.40 00
Limousines to Cemetery..... @ \$.....	10 50
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from..... <u>mayview</u>	10 00
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	
(Names of Newspapers) <u>Blanket</u>	8 00
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	20 00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	50 00
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	25 00
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
<hr/>	
Total Footing of Bill.....	\$ 340 00
By Amount Paid in Advance.....	\$ 75 00
Balance.....	\$ 265 00

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To Funeral Charges.... Total, \$				By Cash..... \$	
				<u>Nov 15</u>	<u>25 00</u>
				<u>Mar 11</u>	<u>10 00</u>

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies :.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Signed.....
Witness:.....

RECORD OF FUNERAL

Total No. 616..... Yearly No. 45..... Date Aug 20..... 1932
 Name of Deceased Mrs Sara Carroll..... (What Race) W..... (Where Born) Penna

Husband—
 Wife—Widow ✓
 Son—Daughter of } James E. Carroll
 Charge to... Mrs. G. A. Kredell
 Address... Centers Ave. Allison Park Pa.
 Order Given by.....
 How Secured.....
 Date of Funeral Aug - 23 - 1932
 Residence 4313 Ludwig St. S.H.
 Place of Death Mercy Hospital
 Funeral Services at St. Philomena
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician Dr. Robinson
 His Residence Mercy Hospital
 Cause of Death Carcinoma of Colon
 (Primary)

Cause of Death..... (Secondary)
 Date of Death Aug - 20 - 1932
 Occupation of the Deceased Retired
 Employed.....
 Single or Married Widow... Religion Catholic
 Date of Birth April - 3 - 1866
 Age 66 Years 4 Months 17 Days
 Name of Father Michael E. Carroll
 His Birthplace Ireland
 Name of Mother Anna Crosby
 (Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill & Co.
 Interment at Calvary Cemetery

Casket.....	(State Kind)	359.00
Metallic Lining.....	(State Kind)	200.00
Outside Box.....	(State Kind)	20.00
Grave Vault.....	(State Kind)	25.00
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	3.00
Candelabrum, \$.....	Candles, \$.....	4.50
Door Crepe, \$.....	Gloves, \$.....	14.00
Hearse.....		10.50
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	10.80
Flowers, \$.....	(Names of Newspapers) <u>Post B.</u> Flower Wagon, \$.....	12.00
Rental of Palms, \$.....	Tent Rental, \$.....	20.00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		33.00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		377.80
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page..... or below		

*Said in full
 G. M.
 of*

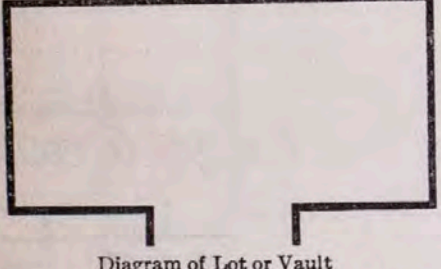


Diagram of Lot or Vault

Owner Inf. James E. Carroll, 927 Vickroy St. Dpt.

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. *617*.....

Yearly No. *46*.....

Date *Aug 25*..... 19*32*

Name of Deceased *Sister Mary M. Ricci, O'Hanlon* *or* *Ph. Pa.*
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to

Address

Order Given by

How Secured

Date of Funeral *Aug - 27 - 1932*

Residence *St. Mary's Convent*

Place of Death *Mercy Hospital*

Funeral Services at

Time of Funeral Service *9, A.M.*

Clergyman

His Address

Certifying Physician *W. J. Fetter*

His Residence *Mercy Hospital*

Cause of Death *Myocardial Degeneration*
(Primary)

Pulmonary edema
(Secondary)

Cause of Death

Date of Death *Aug - 25 - 1932*

Occupation of the Deceased *Sister of Mercy*

Employed

Single or Married *Single* Religion *Catholic*

Date of Birth *April 14 - 1864*

Age *68* Years *4* Months *11* Days

Name of Father *Peter O'Hanlon*

His Birthplace *Ireland*

Name of Mother *Mary Hanley*
(Maiden Name)

Her Birthplace *Ireland*

Body to be Shipped to

Size and Style of Casket

Manufactured by *Hill & Co.*

Interment at *St. Xavier's* Cemetery



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Inf. S. M. Rose, Mercy Hospital

Casket.....		75 00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	20 00
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	with..... Fluid	15 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		40 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 10
<small>(Names of Newspapers)</small>		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Paid E. J. M.</i>		
Total Footing of Bill <i>Dec 10, 1932</i>	\$.....	159 10
By Amount Paid in Advance.....	\$.....	
Balance.....	\$.....	
Entered into Ledger, page.....	or below.....	

.....	To Funeral Charges.... Total, \$	By Cash.....	\$
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Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Witness:..... Signed.....

RECORD OF FUNERAL

Total No. 618 Yearly No. 47 Date Aug. - 29 - 1932

Name of Deceased Francesco Sabaselli (What Race) rr (Where Born) Pgh. Pa.

Husband—
Wife—Widow—
X Son—Daughter of } Leo Sabaselli

Charge to

Address

Order Given by

How Secured

Date of Funeral Aug. - 31 - 1932

Residence 1324 Gibbon St

Place of Death " " " "

Funeral Services at St. Peters

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician Dr. Murray

His Residence 1434 - Fifth Ave

Cause of Death Intestinal peritonitis
(Primary)

Pulmonary Congestion
(Secondary)

Date of Death Aug. - 29 - 1932

Occupation of the Deceased Infant

Employed

Single or Married Single Religion Catholic

Date of Birth Nov. 15 - 1931

Age .. Years 8 Months 13 Days

Name of Father Leo Sabaselli

His Birthplace Italy

Name of Mother Susie Giacuzzi
(Maiden Name)

Her Birthplace Italy

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill & Co

Interment at St. Michael's Cemetery

Lot No. 153

Grave No.

Section No. R. St.

Owner Thomas J. Ross

Diagram of Lot or Vault

Inf. Mrs. Leo Sabaselli, 1324 Gibbon St

Casket.....	(State Kind)	<u>45 00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>10 00</u>
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	<u>10 00</u>
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	<u>2 00</u>
Door Crepe, \$.....	Gloves, \$	
Hearse.....		<u>14 00</u>
Limousines to Cemetery.....	@ \$	<u>10 50</u>
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	
Flowers, \$.....	(Names of Newspapers) Flower Wagon	<u>8 00</u>
Rental of Palms, \$.....	Tent Rental, \$	<u>12 00</u>
Rental of Vault, \$.....	Lowering Device, \$	<u>10 00</u>
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		

Total Footing of Bill.....	\$	<u>121 50</u>
By Amount Paid in Advance <u>Sept 2</u>	\$	<u>45 00</u>
Balance.....	\$	<u>76 50</u>
Entered into Ledger, page..... or below		

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 619..... Yearly No. 48..... Date Aug. - 31..... 1932

Name of Deceased Rose Blattner..... W..... Pgh Pa.
(What Race) (Where Born)

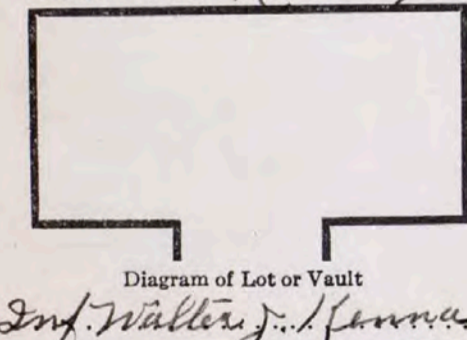
Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Walter J. Kenna
 Address.....

Order Given by.....
 How Secured.....
 Date of Funeral Sept. - 3 - 1932
 Residence 1425 Blvd. of Allies
 Place of Death Mercy Hospital
 Funeral Services at Epiphany
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician Dr. Mullins
 His Residence Mercy Hospital
 Cause of Death Rheumatic Heart Disease
(Primary)

Cause of Death.....
(Secondary)
 Date of Death Aug. 31 - 1932
 Occupation of the Deceased At Home
 Employed.....
 Single or Married Single Religion Catholic
 Date of Birth Mar. 5 - 1894
 Age 38 Years 5 Months 26 Days
 Name of Father William Blattner
 His Birthplace Pgh Pa.
 Name of Mother Wilma Schuck
(Maiden Name)
 Her Birthplace Pgh Pa.
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill & Co.
 Interment at North Side Catholic Cemetery

Casket.....	75 ⁰⁰
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	20 ⁰⁰
Grave Vault..... <small>(State Kind)</small>	
Embalming Body..... with..... Fluid	25 ⁰⁰
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	8 ⁵⁰
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	2 ⁰⁰
Door Crepe, \$..... Gloves, \$.....	3 ⁰⁰
Hearse.....	14 ⁰⁰
Limousines to Cemetery..... @ \$.....	10 ⁵⁰
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	4 ⁸⁰
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	15 ⁰⁰
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	15 ⁰⁰
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	20 ⁰⁰
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
<i>W. J. Kenna</i>	
Total Footing of Bill.....	\$ 222 ⁵⁰
By Amount Paid in Advance.....	\$.....
Balance.....	\$.....

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

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. *620*.....

Yearly No. *49*.....

Date *Sept - 1 -*..... 19*32*

Name of Deceased *Antonia Garcia*

(What Race) *W*

(Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to.....

Address.....

Order Given by.....

How Secured.....

Date of Funeral *Sept - 1 - 1932*

Residence *76 Whiteside road*

Place of Death *West Gen Hospital*

Funeral Services at *Chapel*

Time of Funeral Service.....

Clergyman.....

His Address.....

Certifying Physician *Wm Weinburg*

His Residence *West Gen Hospital*

Cause of Death *Tumor of Brain*
(Primary)

Cause of Death.....
(Secondary)

Date of Death *Sept - 1 - 1932*

Occupation of the Deceased *Cook*

Employed.....

Single or Married *Married* Religion *P*

Date of Birth *June 13 - 1877*

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

Name of Father *Juan Portillo Garcia*

His Birthplace *Spain*

Name of Mother *Maria*
(Maiden Name)

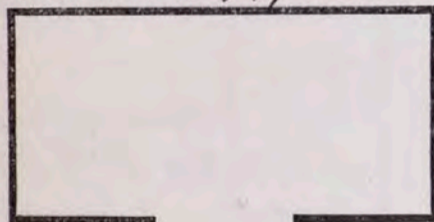
Her Birthplace *Spain*

Body to be Shipped to.....

Size and Style of Casket.....

Manufactured by *Hill & Co*

Interment at *Minersville* Cemetery



Lot No.

Grave No. *8*

Section No. *Row 9*

Sec. *2*

Diagram of Lot or Vault

Inf. Joseph Garcia 76 Whiteside Rd

Casket.....	(State Kind)	75 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body..... with..... Fluid		25 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		13 50
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Crepe, \$..... Gloves, \$.....		3 00
Hearse.....		14 00
Limousines to Cemetery..... @ \$.....		10 50
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
Flowers, \$..... Flower Wagon, \$.....	(Names of Newspapers)	15 00
Rental of Palms, \$..... Tent Rental, \$.....		
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		32 00
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		25 00
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 233 00
By Amount Paid in Advance.....		\$ 200 00
Balance.....		\$
Entered into Ledger, page..... or below		

To Funeral Charges..... Total, \$		By Cash..... \$	
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Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed:.....

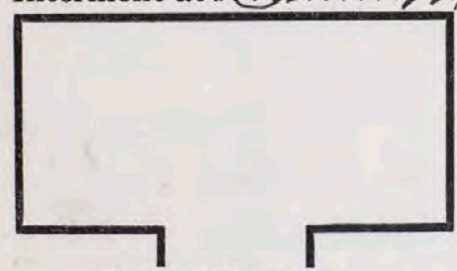
Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 621... Yearly No. 50... Date Sept 10 1932

Name of Deceased Michael Mc Grath (What Race) W (Where born) Pgh Pa
Husband—
Wife—Widow—
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral Sept 12 - 1932
Residence 5108 Chaplin St
Place of Death
Funeral Services at Chapel
Time of Funeral Service 2 P.M.
Clergyman
His Address
Certifying Physician John F Mc Grath
His Residence 217 Oakland ave
Cause of Death Malnutrition (Primary)
Cause of Death (Secondary)
Date of Death Sept 10 - 1932
Occupation of the Deceased None
Employed
Single or Married Single Religion Catholic
Date of Birth April 30 - 1932
Age Years 4 Months 10 Days
Name of Father Anthony Mc Grath
His Birthplace Pgh Pa
Name of Mother Francis Shiver (Maiden Name)
Her Birthplace Pgh Pa
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill & Co
Interment at St. Marys Cemetery



Lot No.
Grave No.
Section No. N
Owner Inf. Anthony Mc Grath 5108 Chaplin St

Casket		35 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	10 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 65 50
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Inf. Anthony Mc Grath 5108 Chaplin St

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

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness Signed

RECORD OF FUNERAL

Total No. 622 Yearly No. 51 Date Sept. - 18 1932

Name of Deceased Thomas O'Malley (What Race) M (Where Born)

Husband— } James + Alice O'Malley
Wife—Widow— }
X Son—Daughter of }

Charge to James O'Malley
Address

Order Given by

How Secured

Date of Funeral Sept. - 21 - 1932
Residence

Place of Death Mayview Hospital
Funeral Services at St. Pauls Cath
Time of Funeral Service 9:30 A.M.
Clergyman

His Address

Certifying Physician

His Residence

Cause of Death Pulmonary Tuberculosis
(Primary)

Cause of Death

Date of Death Sept. 18 - 1932
(Secondary)

Occupation of the Deceased Laborer

Employed

Single or Married

Religion Catholic

Date of Birth

Age 37 Years

Months

Days

Name of Father James O'Malley

His Birthplace England

Name of Mother Rose
(Maiden Name)

Her Birthplace England

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Casket.....	(State Kind)	1 00 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	15 00
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		1 4 00
Limousines to Cemetery.....	@ \$	1 0 50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	3 60
	(Names of Newspapers)	10 00
Flowers, \$.....	Flower Wagon, \$	15 00
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		50 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	10 00
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 279 10
By Amount Paid in Advance.....		\$ 150 00
Balance.....		\$ 129 10

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

RECORD OF FUNERAL

Total No. 623..... Yearly No. 52..... Date Oct - 10..... 1932

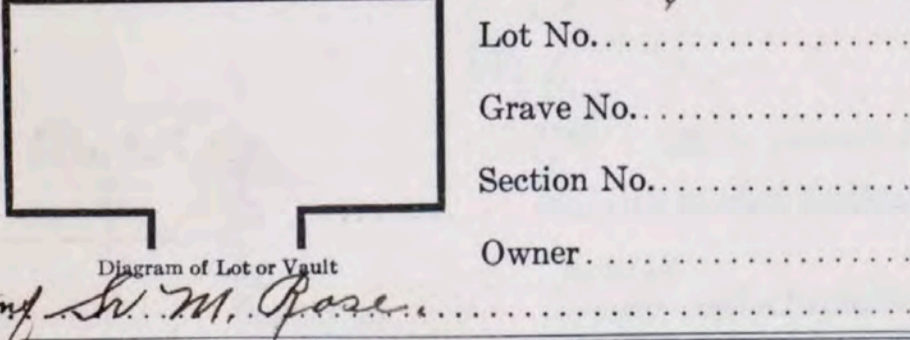
Name of Deceased Sr. Ethelbert - Agnes Leahy..... (What Race) W..... (Where Born) Rye Pa

Husband—
Wife—Widow—
Son—Daughter of }

Charge to.....
Address.....
Order Given by.....
How Secured.....
Date of Funeral Oct 13 - 1932
Residence.....
Place of Death Mercy Hospital
Funeral Services at " " Chapel
Time of Funeral Service 9 A.M.
Clergyman.....
His Address.....
Certifying Physician Dr. Wm Mullins
His Residence Mercy Hospital
Cause of Death Rheumatic Heart Disease
(Primary)

Cause of Death.....
(Secondary)
Date of Death Oct 10 - 1932
Occupation of the Deceased Teacher
Employed.....
Single or Married Single Religion Catholic
Date of Birth Oct - 11 - 1894
Age 37 Years 11 Months 29 Days
Name of Father William Leahy
His Birthplace Ireland
Name of Mother Minnie Gibbon
(Maiden Name)
Her Birthplace Canada
Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill & Co
Interment at St. Xavier's, Beatty Pa Cemetery

Casket.....		<u>60.00</u>
(State Kind)		
Metallic Lining.....		
(State Kind)		
Outside Box.....		<u>15.00</u>
(State Kind)		
Grave Vault.....		
(State Kind)		
Embalming Body..... with..... Fluid		<u>15.00</u>
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		<u>2.00</u>
Door Crepe, \$..... Gloves, \$.....		<u>3.00</u>
Hearse.....		<u>40.00</u>
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		<u>2.80</u>
(Names of Newspapers)		
Flowers, \$..... Flower Wagon, \$.....		
Rental of Palms, \$..... Tent Rental, \$.....		
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
EDW. J. MCAVOY		
PAID		
12-7-32		
Total Footing of Bill.....	\$	<u>137.80</u>
By Amount Paid in Advance.....	\$	
Balance.....	\$	
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	To Funeral Charges..... Total, \$			By Cash..... \$

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies :.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Witness..... Signed.....

RECORD OF FUNERAL

Total No. 624 Yearly No. 53 Date Oct - 12 1932

Name of Deceased Anna E. Swales (What Race) W (Where Born) Penna

Husband—
Wife—Widow—
Son—Daughter of }

Charge to A

Address

Order Given by

How Secured

Date of Funeral Oct - 15 - 1932

Residence #1 Boggs Ave

Place of Death " " " "

Funeral Services at " " "

Time of Funeral Service 2:30 P.M.

Clergyman

His Address

Certifying Physician Dr. O. Russell

His Residence Boggs Ave

Cause of Death Chronic Nephritis
(Primary)

Arteriosclerosis

Cause of Death

Date of Death Oct - 12 - 1932
(Secondary)

Occupation of the Deceased Retired

Employed

Single or Married Widow Religion P

Date of Birth March - 29 - 1839

Age 93 Years 6 Months 13 Days

Name of Father Paul Berlin

His Birthplace Penna

Name of Mother Don't know
(Maiden Name)

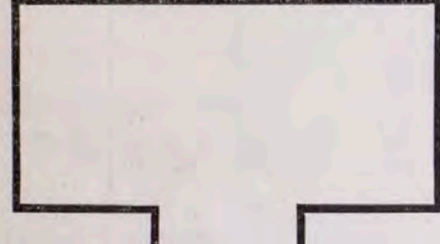
Her Birthplace Germany

Body to be Shipped to

Size and Style of Casket

Manufactured by Hilt & Co

Interment at Oakland Cemetery



Lot No.

Grave No.

Section No.

Owner

Casket	(State Kind)	125 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	6 00
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	10 00
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		25 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
<i>Paid of M.</i>		
Total Footing of Bill		\$ 273 50
By Amount Paid in Advance		\$
Balance		\$
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Inf. Anna E. Knight #1 Boggs Ave Granddaughter Phone Hemlock 9807

To Funeral Charges	Total, \$	By Cash	\$
		<i>Allegh Co</i>	75 00

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

Signed:

RECORD OF FUNERAL

Total No. 625.....

Yearly No. 54.....

Date Oct-12- 1932

Name of Deceased James Carroll

W (What Race)

Penna (Where Born)

Charge to } Mary Lyons Carroll

Address.....

Order Given by.....

How Secured.....

Date of Funeral Oct-15-1932

Residence 1609 Justin St.

Place of Death Mercy Hospital

Funeral Services at Epiphany

Time of Funeral Service 9 AM

Clergyman.....

His Address.....

Certifying Physician W.J. Mc Gregor

His Residence.....

Cause of Death Fractured skull cause

(Primary) undetermined

Cause of Death.....

(Secondary)

Date of Death Oct-12-1932

Occupation of the Deceased Watchman

Employed Commonwealth Real Estate Co

Single or Married Married Religion Catholic

Date of Birth.....

Age 62 Years Months Days

Name of Father Patrick Carroll

His Birthplace Ireland

Name of Mother Ellen Hamilton

(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to.....

Size and Style of Casket.....

Manufactured by Hill & Co

Interment at Calvary Cemetery

Casket..... (State Kind)	285 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	25 00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Crepe, \$..... Gloves, \$.....	4 50
Hearse.....	1 4 00
Limousines to Cemetery..... @ \$.....	31 50
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	9 80
(Names of Newspapers)	
Flowers, \$..... Flower Wagon, \$.....	12 00
Rental of Palms, \$..... Tent Rental, \$.....	3 00
Rental of Vault, \$..... Lowering Device, \$.....	6 80
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	25 00
Church Charges, \$..... Ministers, \$.....	10 00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Paid EJM	
Total Footing of Bill..... \$	532 80
By Amount Paid in Advance..... \$	
Balance..... \$	
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Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Owner.....

Prof. Marie Carroll 1609 Justin St. (Wife)

To Funeral Charges... Total, \$		By Cash..... \$
Havenski		
Leslie		
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Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness.....

RECORD OF FUNERAL

Total No. 626 Yearly No. 55 Date Oct - 18 - 1932

Name of Deceased John Strott (What Race) W (Where Born)

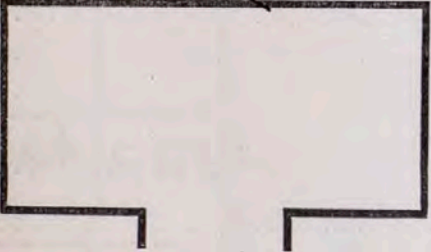
Husband } Charge to Gennie Young Strott
Wife—Widow—
Son—Daughter of }

Address.....
Order Given by.....
How Secured.....
Date of Funeral Oct - 21 - 1932
Residence 407 Oakland Ave
Place of Death.....
Funeral Services at Chapel
Time of Funeral Service 3³⁰ P.M.
Clergyman.....

His Address.....
Certifying Physician M. H. Folechko
His Residence 1831 Murray Ave
Cause of Death.....
Cause of Death Pneumonia (hypostatic)
Date of Death Oct - 18 - 1932 (Secondary)
Occupation of the Deceased Retired Pharmacist

Employed.....
Single or Married Married Religion P.
Date of Birth Dec 30 - 1859
Age 72 Years 9 Months 18 Days
Name of Father John Strott
His Birthplace Germany
Name of Mother Philomena Schmidt
(Maiden Name)
Her Birthplace Germany

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill & Co
Interment at Uniondale Cemetery



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

Casket.....	(State Kind)	325 ⁰⁰
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	85 ⁰⁰
Embalmng Body.....	with..... Fluid	25 ⁰⁰
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	17 ⁵⁰
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	3 ⁰⁰
Hearse.....		14 ⁰⁰
Limousines to Cemetery.....	@ \$.....	10 ⁵⁰
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	9 ⁸⁰
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	15 ⁰⁰
Rental of Palms, \$.....	Tent Rental, \$.....	20 ⁰⁰
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		35 ⁰⁰
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Paid</i>		
Total Footing of Bill.....	\$.....	559 ⁸⁰
By Amount Paid in Advance.....	\$.....	
Balance.....	\$.....	
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To Funeral Charges.....	Total, \$		By Cash.....	\$
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Insurance, \$..... Names of Lodges.....
Names of Insurance Companies:.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed:.....
Witness:..... Signed:.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. *627* Yearly No. *56* Date *Oct-25* 19*32*

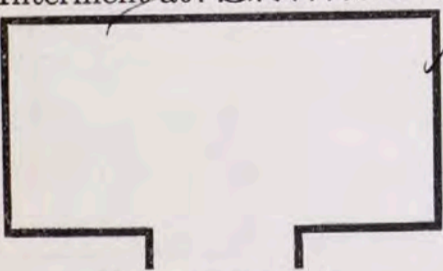
Name of Deceased *George Mahfood* (What Race) *W* (Where Born) *Penna*

Husband—
Wife—Widow—
Son—Daughter of }

Charge to 4.00
Address
Order Given by
How Secured
Date of Funeral *Oct 1932*
Residence *1208 Bigelow Bldg*
Place of Death *Passavant Hospital*
Funeral Services at *St Ann's*
Time of Funeral Service *9 A.M.*
Clergyman

His Address
Certifying Physician *A. C. Kruger*
His Residence *5812 Forbes*
Cause of Death *Taenia Sagnata*
Heurylodia Testinatis
Cause of Death *Heurylodia Testinatis*
Date of Death *Oct 25 - 1932*
Occupation of the Deceased *Merchant*
Employed

Casket.....				300.00
(State Kind).....				
Metallic Lining.....				
(State Kind).....				
Outside Box.....				15.00
(State Kind).....				
Grave Vault.....				
(State Kind).....				
Embalming Body.....	with	Fluid		25.00
Barber, \$.....	Hair Dressing, \$.....			
Dressing Body.....				
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....		2.50
Folding Chairs, \$.....	Tarpaulins, \$.....			
Candelabrum, \$.....	Candles, \$.....			3.00
Door Crepe, \$.....	Gloves, \$.....			3.00
Hearse.....				14.00
Limousines to Cemetery... @ \$.....				31.50
Autos to R. R. Station... @ \$.....				
Aeroplane Service, \$.....	Ambulance, \$.....			
Getting Remains from.....				
Taking Body to Inquest.....				
Delivering Box to.....				
Delivering Remains to.....				
Death Notices in.....	Newspapers.....			
(Names of Newspapers).....				
Flowers, \$.....	Flower Wagon, \$ <i>WB</i>			10.00
Rental of Palms, \$.....	Tent Rental, \$.....			15.00
Rental of Vault, \$.....	Lowering Device, \$.....			
Outlay for Lot.....				
Opening Grave or Vault.....				
Lining Grave, \$.....	Matting, \$.....			
Outlay for Shipping Charges.....	<i>Blanket</i>			6.00
Removal Charges, \$.....	Cremation, \$.....			
Getting Burial Permit.....				
Certified Copies of Death Certificate.....				25.00
Personal Charges, \$.....	Singers, \$.....			
Church Charges, \$.....	Ministers, \$.....			
Pall Bearer Service.....				
Telegr., Telephone, Cable or Radio Charges.....				
Railroad Tickets.....				
Cash Advanced.....				
Total Footing of Bill <i>Paul EJM</i>				\$ 450.00
By Amount Paid in Advance.....				\$
Balance.....				\$
Entered into Ledger, page.....				or below



Lot No.
Grave No.
Section No.
Owner *Inf. Hamed Mahfood 1026 Bustride*

To Funeral Charges... Total, \$		By Cash..... \$
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Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....
Witness.....

RECORD OF FUNERAL

Total No. 629 Yearly No. 58 Date Nov-1- 1932

Name of Deceased Katherine Boyle W Penna
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }
Charge to Mrs. Rose M. Cook

Address 1421 Blvd of Allies

Order Given by
How Secured
Date of Funeral Nov-5-1932

Residence 6624 Frankstown Ave
Place of Death Pittsburgh Hospital
Funeral Services at Epiphany
Time of Funeral Service 9 A.M.

Clergyman
His Address
Certifying Physician W. J. McGregor
His Residence

Cause of Death Fracture of Skull (Primary)
Struck by auto at Frankstown Ave

Date of Death Nov-1-1932
Occupation of the Deceased Seamstress

Employed
Single or Married Widow Religion Catholic
Date of Birth
Age abt 70 Years Months Days

Name of Father Michael Boyle
His Birthplace Penna
Name of Mother Katherine Whalen (Maiden Name)
Her Birthplace Penna

Body to be Shipped to
Size and Style of Casket
Manufactured by Hill & Co
Interment at St. Marys Cemetery



Lot No.
Grave No.
Section No.
Owner

Mrs. Rose M. Cook 1421 Blvd of Allies

Casket.....			
Metallic Lining.....	(State Kind)		150 00
Outside Box.....	(State Kind)		20 00
Grave Vault.....	(State Kind)		
Embalming Body.....	with.....	Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....	18 00
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		3 00
Door Crepe, \$.....	Gloves, \$.....		3 00
Hearse.....			14 00
Limousines to Cemetery.....	@ \$.....		31 50
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		9 60
Flowers, \$.....	(Names of Newspapers)	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....		15 00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			15 00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		15 00
Church Charges, \$.....	Ministers, \$.....		10 00
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
<u>Paid</u> <i>RFM</i>			
Total Footing of Bill.....		\$	729 10
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page..... or below			

To Funeral Charges...	Total, \$	By Cash	\$
1 Leslie			
1 Harenshie			
1 Freyvogel			

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 630..... Yearly No. 59..... Date Nov 3 - 1932

Name of Deceased Mary Swide..... (What Race) W..... (Where Born) Syria

Husband—
Wife—Widow—
Son—Daughter of }

Charge to

Address

Order Given by

How Secured

Date of Funeral Nov 5 - 1932

Residence 1228 Mylie Ave

Place of Death 1228 Mylie Ave

Funeral Services at St Annis

Time of Funeral Service 10 A.M.

Clergyman

His Address

Certifying Physician H. J. Huzstein

His Residence 1229 Mylie

Cause of Death

Chronic Valvular Heart Disease (Primary)

Myocarditis (Secondary)

Date of Death Nov 3 - 1932

Occupation of the Deceased Retired

Employed

Single or Married Widow Religion Catholic

Date of Birth Not known

Age 85 Years..... Months..... Days

Name of Father Manis Budway

His Birthplace Syria

Name of Mother Not known (Maiden Name)

Her Birthplace Syria

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill & Co

Interment at Cabary Cemetery

Casket.....	(State Kind)	300 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body..... with..... Fluid	(State Kind)	25 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		14 75
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		3 00
Door Crepe, \$..... Gloves, \$.....		3 00
Hearse.....		14 00
Limousines to Cemetery..... @ \$.....		10 50
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
Flowers, \$..... Flower Wagon, \$.....	(Names of News Papers) <u>Door B</u>	12 00
Rental of Palms, \$..... Tent Rental, \$.....		15 00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		15 00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....	<u>Blanket</u>	8 00
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		25 00
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 460 25
By Amount Paid in Advance.....		\$ 135 00
Balance.....		\$



Lot No.
Grave No.
Section No.
Owner

Diagram of Lot or Vault
Mr. Joseph Swide 1228 Mylie Ave - Son

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

To Funeral Charges..... Total, \$				
<u>Mc Cabe - Hearse</u>				
	<u>Jan 10</u>	<u>1933</u>	By Cash.....	\$ 50 00
				100 00
	<u>Jan 24</u>	<u>1936</u>		20 00
	<u>Mar 28</u>			37 00
	<u>Aug 24</u>		<u>St Cash</u>	50 00

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 631..... Yearly No. 60..... Date Nov. 13,..... 1932.

Name of Deceased John D. Jenemann..... (What Race) w..... (Where Born) Pa.

Husband—
Wife—Widow—
Son—Daughter of }

Charge to Mrs. Marie Jenemann
Address 2205 Fifth Ave Rear

Order Given by.....
How Secured.....

Date of Funeral Nov. 16, 1932
Residence 2205 Fifth Ave Rear

Place of Death.....
Funeral Services at St. Agnes Church

Time of Funeral Service.....
Clergyman D. J. Hegarty

His Address.....
Certifying Physician W. J. McGeary

His Residence.....
Cause of Death Peritonitis, following injury

while lifting radiator at work
Cause of Death.....

Date of Death Nov. 13, 1932

Occupation of the Deceased Steamfitters helper

Employed Snyder Heating Co.

Single or Married m..... Religion Cath

Date of Birth July 28, 1890

Age 42 Years 3 Months 5 Days

Name of Father John P. Jenemann

His Birthplace Germany

Name of Mother Eva Shiller
(Maiden Name)

Her Birthplace Germany

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

Manufactured by.....
Interment at St. Bernard Cemetery

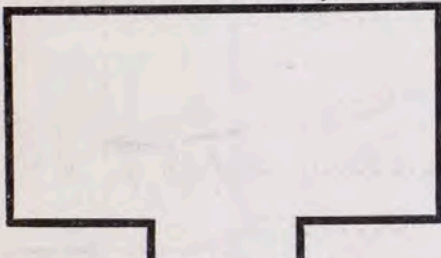


Diagram of Lot or Vault

Lot No. 28

Grave No.

Section No. III A.

Owner.....

Casket.....	(State Kind)	<u>285 00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>20 00</u>
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	<u>25 00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	<u>3 00</u>
Door Crepe, \$.....	Gloves, \$.....	<u>4 50</u>
Hearse.....		<u>14 00</u>
Limousines to Cemetery.....	@ \$.....	<u>10 50</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	<u>9 60</u>
Flowers, \$.....	(Names of Newspapers) <u>Post B.</u> Flower Wagon, \$.....	<u>10 00</u>
Rental of Palms, \$.....	Tent Rental, \$.....	<u>25 00</u>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ <u>396 60</u>
By Amount Paid in Advance.....		\$
Balance.....		\$
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To Funeral Charges..... Total, \$				
Flowers	<u>12 00</u>	<u>Dec. 5</u>	By Cash <u>Mrs. Jenemann</u>	<u>265 00</u>
Suit etc	<u>24 00</u>		<u>Allegh. Co.</u>	<u>75 00</u>
Cemetery chg.	<u>28 00</u>	<u>Jan 3</u>	<u>St. Bernard</u>	<u>100 00</u>
Trans & off.	<u>3 50</u>			

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....

Witness.....
Signed.....

RECORD OF FUNERAL

Total No. 632 Yearly No. 61 Date Nov - 22 - 1932

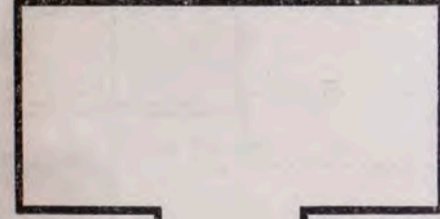
Name of Deceased Richard Jones (What Race) W (Where Born) Penna
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Nov - 25 - 1932
 Residence 1509 Locust Street
 Place of Death Mercy Hospital
 Funeral Services at
 Time of Funeral Service 2:30 P.M.
 Clergyman

His Address
 Certifying Physician M. C. Miller
 His Residence Mercy Hospital
 Cause of Death Typhoid Fever (Primary)
Menigitis
 Cause of Death (Secondary)

Date of Death Nov 22 - 1932
 Occupation of the Deceased None
 Employed
 Single or Married Single Religion Catholic
 Date of Birth Aug 14 - 1928
 Age 4 Years 3 Months 8 Days
 Name of Father Richard A. Jones
 His Birthplace Penna
 Name of Mother Alberta Frass (Maiden Name)
 Her Birthplace Penna

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Marys Cemetery

Diagram of Lot or Vault 
 Lot No.
 Grave No. 15
 Section No. I
 Owner Row 11
Inf. Richard A. Jones Father

Casket.....	(State Kind)	140 70 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	15 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	2 00
Door Crepe, \$.....	Gloves, \$.....	2 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	4 80
Flowers, \$.....	Flower Wagon, \$.....	8 00
Rental of Palms, \$.....	Tent Rental, \$.....	12 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		20 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	10 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 157 80
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

To Funeral Charges... Total, \$	By Cash..... \$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 633.....

Yearly No. 62.....

Date Nov 30..... 1932

Name of Deceased Anna Stetzel

W
(What Race)

(Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to.....

Address.....

Order Given by.....

How Secured.....

Date of Funeral Dec-2-1932

Residence.....

Place of Death Mayview Hospital

Funeral Services at 2 P.M.

Time of Funeral Service.....

Clergyman.....

His Address.....

Certifying Physician.....

His Residence.....

Cause of Death Carcinoma of Bladder
(Primary)

Cause of Death.....
(Secondary)

Date of Death Nov 30 - 1932

Occupation of the Deceased Retired

Employed.....

Single or Married Widow Religion P

Date of Birth.....

Age 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.....

Manufactured by Hill & Co

Interment at Union Dale Cemetery

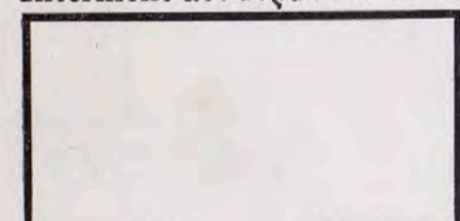


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner.....

Casket.....		75 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	10 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	15 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	10 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		25 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$.....	149 50
By Amount Paid in Advance.....	\$.....	80 00
Balance.....	\$.....	
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To Funeral Charges... Total, \$

By Cash..... \$

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness.....

RECORD OF FUNERAL

Total No. 634 Yearly No. 63 Date Dec 4 1932

Name of Deceased Mary Morani (What Race) W (Where Born) Syria

Husband—
Wife—Widow—
Son—Daughter of }
Charge to Betris Moroni
Address 1228 Webster Ave.
Order Given by
How Secured
Date of Funeral Dec - 6 - 1932
Residence
Place of Death Mary Hospital
Funeral Services at St Ann's
Time of Funeral Service 10 A.M.
Clergyman
His Address
Certifying Physician A. A. Cochran
His Residence Mary Hospital
Cause of Death Pericious Anemia
(Primary)

Cause of Death (Secondary)
Date of Death Dec - 4 - 1932
Occupation of the Deceased Housewife
Employed
Single or Married Married Religion Catholic
Date of Birth Not known
Age abt 47 Years Months Days
Name of Father Elias Morani
His Birthplace Syria
Name of Mother Lillia Amar
(Maiden Name)
Her Birthplace Syria
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill & Co
Interment at Calvary Cemetery



Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket.....	(State Kind)	210	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	9	50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	21	00
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
Flowers, \$.....	(Names of Newspapers) <u>10 B</u> Flower Wagon, \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		50	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	25	00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$ 400	50
By Amount Paid in Advance.....		\$	\$
Balance.....		\$	\$
Entered into Ledger, page..... or below			

	To Funeral Charges.... Total, \$				By Cash..... \$
1	<u>A. Freyvogel</u>				

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Witness..... Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 635..... Yearly No. 64..... Date Dec - 8..... 1932

Name of Deceased Daniel Martin..... W..... Ireland
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to.....
Address.....
Order Given by.....
How Secured.....
Date of Funeral Dec - 9 - 1932
Residence 61 Van Braam St
Place of Death.....
Funeral Services at Epiphany
Time of Funeral Service 9 A.M.
Clergyman.....
His Address.....
Certifying Physician Paul Murray
His Residence 511 Ave
Cause of Death Carcinoma of Stomach
(Primary)

Cause of Death.....
(Secondary)
Date of Death Dec - 5 - 1932
Occupation of the Deceased Retired - Labourer
Employed.....
Single or Married Single Religion Catholic
Date of Birth.....
Age 61 Years..... Months..... Days.....
Name of Father Dennis Martin
His Birthplace Ireland
Name of Mother Catherine Martin
(Maiden Name)
Her Birthplace Ireland
Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill & Co
Interment at Calvary Cemetery



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

Diagram of Lot or Vault
Inf. Johanna Martin 61 Van Braam St

Casket.....	(State Kind)	150	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	19	50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	21	00
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	12	00
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		15	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	25	00
Church Charges, \$.....	Ministers, \$.....	10	00
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	337 50
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page..... or below			

To Funeral Charges.... Total, \$		By Cash..... \$	
<u>1 Jim Campbell</u>			

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....
Witness.....

RECORD OF FUNERAL

Total No. 636 Yearly No. 65 Date Dec. 7 - 1932

Name of Deceased Lillie Appleby (What Race) W (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral Dec. - 10 - 1932
Residence 5910 Lexter Ave
Place of Death
Funeral Services at 900 Watson St
Time of Funeral Service 2:30 P.M.
Clergyman Rev. Voss
His Address Smithfield St
Certifying Physician Dr. Paul Murray
His Residence 5th Ave
Cause of Death Lobar Pneumonia
(Primary)

Cause of Death (Secondary)
Date of Death Dec - 7 - 1932
Occupation of the Deceased at home
Employed
Single or Married Widowed Religion P
Date of Birth Nov - 8 - 1879
Age 53 Years 0 Months 29 Days
Name of Father Ross M. Stephens
His Birthplace Ohio
Name of Mother Margaret Hickman
(Maiden Name)
Her Birthplace Ohio
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill & Co
Interment at Allegheny Cemetery

Lot No.
Grave No.
Section No.
Owner Inf Mrs. Pearl Ananias 900 Watson St Sister

Casket.....	595	
(State Kind)	295	00
Metallic Lining.....		
(State Kind)		
Outside Box.....		
(State Kind)	85	00
Grave Vault.....		
(State Kind)	25	00
Embalming Body..... with..... Fluid		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	20	00
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....	3	00
Door Crepe, \$..... Gloves, \$.....	14	00
Hearse.....	21	00
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....	12	00
(Names of Newspapers) <u>Door B:</u>	12	00
Flowers, \$..... Flower Wagon, \$.....	12	00
Rental of Palms, \$..... Tent Rental, \$.....	20	00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....	82	00
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit..... <u>Blanket</u>	10	00
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....	25	00
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid 12/16/32</u>		
Total Footing of Bill.....	\$	686 00
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.....		

	To Funeral Charges... Total, \$			By Cash..... \$
1	<u>7.00</u>			

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Witness..... Signed.....

RECORD OF FUNERAL

Total No. *637*..... Yearly No. *66*..... Date *Dec - 8*..... 19*32*

Name of Deceased *Katherine Holtz* (What Race) *W* (Where Born) *Penna*
Husband— }
Wife—Widow— }
Son—Daughter of }

Charge to.....
Address.....
Order Given by.....
How Secured.....
Date of Funeral *Dec - 12 - 1932*
Residence *40 Vine St*
Place of Death *.. .. .*
Funeral Services at *Holy Trinity church*
Time of Funeral Service *9 30*
Clergyman.....
His Address.....
Certifying Physician *J. J. McBarthy*
His Residence *2016 1/2 Fifth Ave*
Cause of Death *Chronic Myocarditis*
(Primary)

Cause of Death.....
(Secondary)
Date of Death *Dec - 8 - 1932*
Occupation of the Deceased *Housewife*
Employed.....
Single or Married *Married* Religion *Catholic*
Date of Birth *Not known*
Age *abt. 70* Years..... Months..... Days
Name of Father *Henry Walters*
His Birthplace *Ireland*
Name of Mother *Not known*
(Maiden Name)
Her Birthplace *Ireland*
Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by *Hill & Co*
Interment at *Calvary -* Cemetery

Casket.....	150 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Grave Vault..... (State Kind)	75 00
Embalsming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$	9 50
Folding Chairs, \$..... Tarpaulins, \$	
Candelabrum, \$..... Candles, \$	3 00
Door Crepe, \$..... Gloves, \$	3 00
Hearse.....	14 00
Limousines to Cemetery @ \$	21 00
Autos to R. R. Station @ \$	
Aeroplane Service, \$..... Ambulance, \$	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers	8 40
(Names of Newspapers)	
Flowers, \$..... Flower Wagon, \$	
Rental of Palms, \$..... Tent Rental, \$	15 00
Rental of Vault, \$..... Lowering Device, \$	
Outlay for Lot.....	33 00
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$	
Getting Burial Permit <i>Blanket</i>	8 00
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$	25 00
Church Charges, \$..... Ministers, \$	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges	
Railroad Tickets.....	
Cash Advanced.....	384 90
Total Footing of Bill..... \$	
By Amount Paid in Advance..... \$	
Balance..... \$	
Entered into Ledger, page..... or below	

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Owner *Herman Holtz - 40 Vine St Husband*

To Funeral Charges... Total, \$	<i>Jan 10</i>	By Cash..... \$	250 00
<i>1 Leslie</i>			
.....			
.....			
.....			
.....			
.....			

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....
Witness:.....

RECORD OF FUNERAL

Total No. 638 Yearly No. 67 Date Dec - 12 - 1932

Name of Deceased Catherine Leonard (What Race) W (Where Born) Ireland

Husband— }
Wife—Widow— }
Son—Daughter of } Charge to 300

Address

Order Given by

How Secured

Date of Funeral Dec - 15 - 1932

Residence 2024 Forbes St

Place of Death " " "

Funeral Services at St. Agnes Church

Time of Funeral Service 19 A.M.

Clergyman

His Address

Certifying Physician

His Residence

Cause of Death (Primary)

Cause of Death (Secondary)

Date of Death Dec - 12 - 1932

Occupation of the Deceased Housewife

Employed

Single or Married Married Religion Catholic

Date of Birth

Age abt 58 Years

Name of Father Peter Nolan

His Birthplace Ireland

Name of Mother Bridget Nolan

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by Hills Co

Interment at Galvary Cemetery

Lot No.

Grave No.

Section No.

Owner Inf. Frank Leonard 2024 Forbes - Husband

Diagram of Lot or Vault

Casket	(State Kind)	175	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	20	00
Grave Vault	(State Kind)		
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$		
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$	3	00
Door Crepe, \$	Gloves, \$	3	00
Hearse		14	00
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers	16	20
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	12	00
Rental of Palms, \$	Tent Rental, \$	20	00
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot			
Opening Grave or Vault			
Lining Grave, \$	Matting, \$	18	00
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit	<u>Blanket</u>	12	00
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$	25	00
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill	<u>Paid</u> <u>GJM</u>	\$ 343	20
By Amount Paid in Advance		\$ 200	00
Balance		\$	
Entered into Ledger, page			or below

To Funeral Charges... Total, \$				
	<u>May</u>	<u>27</u>	By Cash	\$ 25 00
	<u>Oct</u>	<u>24</u>		25 00
	<u>Jan</u>	<u>25</u>	1934	20 00

Insurance, \$

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

RECORD OF FUNERAL

Total No. 639 Yearly No. 68 Date Dec 10 1932

Name of Deceased Catherine Nader (What Race) W (Where Born) _____

Husband—
Wife—Widow—
Son—Daughter of }

Charge to

Address

Order Given by

How Secured

Date of Funeral Dec-14-1932

Residence 1019 Bedford ave.

Place of Death New Kensington

Funeral Services at

Time of Funeral Service 1 P.M.

Clergyman

His Address

Certifying Physician

His Residence

Cause of Death Lobar Pneumonia
(Primary)

Cause of Death (Secondary)

Date of Death Dec 10 - 1932

Occupation of the Deceased

Employed

Single or Married Religion

Date of Birth

Age abt 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

Manufactured by

Interment at Minersville Cemetery



Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Casket	(State Kind)	90 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from <u>New News</u>		20 00
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	10 00
Flowers, \$	(Names of Newspapers) <u>Brooklyn</u> Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	32 00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		25 00
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced <u>and at New News</u>		45 00
Total Footing of Bill		\$ 293 00
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page _____ or below		

To Funeral Charges Total, \$

1. Justice
1. A. Freyvogel

By Cash \$

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 640

Yearly No. 69

Date Dec 15 1932

Name of Deceased Dominick McGinley (What Race) W (Where Born) Ireland

X Husband— } Mary Sheehy
 Wife—Widow— }
 Son—Daughter of }

Charge to Mary McGinley

Address Old address 211. Watson St

Order Given by

How Secured

Date of Funeral Dec - 17 - 1932

Residence

Place of Death Home for aged

Funeral Services at Epiphany

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician John J. Bancek

His Residence H. 64. Perryville ave.

Cause of Death Cardiac fibrillation
 (Primary)

Cause of Death Myocarditis
 (Secondary)

Date of Death Dec - 15 - 1932

Occupation of the Deceased Retired Laborer

Employed

Single or Married Married Religion Catholic

Date of Birth Aug - 3 - 1866

Age 66 Years 4 Months 12 Days

Name of Father Dominic Mc Ginley

His Birthplace Ireland

Name of Mother Mary Reilly
 (Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill & Co

Interment at Calvary Cemetery



Lot No.

Grave No.

Section No.

Owner

Inf. Sr. Beatrice in Charge, Little St. of P. Co. 1028 Boston ave

Casket.....	(State Kind)	160	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	25	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	3	50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	31	50
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	10	70
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....	20	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		20	00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....	<u>Blarney</u>	8	00
Certified Copies of Death Certificate.....		4	50
Personal Charges, \$.....	Singers, \$.....	25	00
Church Charges, \$.....	Ministers, \$.....	1.0	00
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
<u>Paid Jan 3, 1932</u>			
Total Footing of Bill.....		\$	362.70
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....			or below

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>Leslie</u>			
<u>A. Freytagle</u>			

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

Signed:

RECORD OF FUNERAL

Total No. 641..... Yearly No. 70..... Date Dec-18 1932

Name of Deceased William Szwaranowicz (What Race) Poland
Husband—Theresa (Where Born)
Wife—Widow—
Son—Daughter of

Charge to Wm Novack
Address 535 Gross St.

Order Given by
How Secured
Date of Funeral Dec-21-1932

Residence 535 Gross St.
Place of Death

Funeral Services at Holy Family Church
Time of Funeral Service 10 A.M.

Clergyman
His Address

Certifying Physician Dr. J. M. Gregor
His Residence

Cause of Death Undetermined
(Primary)

Cause of Death
(Secondary)

Date of Death Dec 18 - 1932
Occupation of the Deceased Elevator operator

Employed Fort. Pitt Hotel
Single or Married Married Religion Catholic

Date of Birth July - 19 - 1871
Age 61 Years 4 Months 29 Days

Name of Father Vincent Szwaranowicz
His Birthplace

Name of Mother Unknown
(Maiden Name)

Her Birthplace Poland
Body to be Shipped to

Size and Style of Casket
Manufactured by Hill & Co.

Interment at St. Adelberts Cemetery

Lot No.
Grave No.
Section No.

Owner
Eng. Theresa Szwaranowicz 535 Gross St.

Diagram of Lot or Vault

Casket	(State Kind)	285 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Embalsming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	4 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 50
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	12 20
Flowers, \$	(Names of Newspapers) <u>D B</u> Flower Wagon, \$	12 00
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	15 00
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate	<u>Blank</u>	8 00
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	45 00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ <u>517 70</u>
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Paid Feb 14 1933

<u>Hearse</u>	To Funeral Charges	Total, \$	By Cash	\$
<u>1</u>	<u>Simon</u>			
	<u>Leslie</u>			

Insurance, \$ Names of Lodges
Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed
Signed

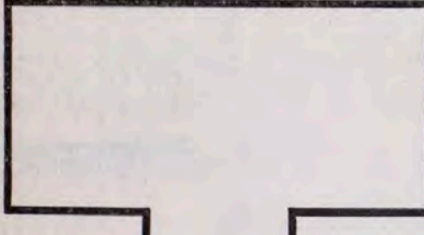
RECORD OF FUNERAL

Total No. 642 Yearly No. 71 Date Dec 24 1932

Name of Deceased Walter E. Murray (What Race) W (Where Born) Pa
 Husband— } Lode McCarrick
 Wife—Widow— }
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Dec 28, 1932
 Residence 481 H Chatsworth St.
 Place of Death " " "
 Funeral Services at St. Stephens
 Time of Funeral Service 10 a.m.
 Clergyman
 His Address
 Certifying Physician A.W. Price
 His Residence
 Cause of Death coronary occlusion (Primary)
 Cause of Death congestive heart failure (Secondary)
 Date of Death Dec 14, 1932
 Occupation of the Deceased Funeral Director
 Employed
 Single or Married M Religion C
 Date of Birth Nov 1, 1890
 Age 42 Years 1 Months 23 Days
 Name of Father David Murray
 His Birthplace
 Name of Mother Sarah English (Maiden Name)
 Her Birthplace

Casket.....	(State Kind)	
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with.....	Fluid
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$.....
By Amount Paid in Advance.....		\$.....
Balance.....		\$.....
Entered into Ledger, page..... or below		

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Calvary Cemetery

 Lot No.
 Grave No.
 Section No.
 Owner

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies :
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed :
 Witness : Signed :

RECORD OF FUNERAL

Total No. 643

Yearly No. 72

Date Dec 31 1932

Name of Deceased Sadie E. Harey

(What Race)

(Where Born) Ohio

Husband—
Wife—Widow—
Son—Daughter of

Charge to Mrs. Alice Ward
Address 428 Mapleton Ave.

Order Given by

How Secured

Date of Funeral Jan 3, 1933

Residence 428 Mapleton Ave.

Place of Death St. Joseph's Hosp.

Funeral Services at St. Bernard's

Time of Funeral Service 9 a.m.

Clergyman

His Address

Certifying Physician C. A. Munton

His Residence 747 Wabash Bldg.

Cause of Death Subvalvular Aortic Stenosis

myocardial degeneration
(Secondary)

Date of Death Dec 31, 1932

Occupation of the Deceased Interior Recorder

Employed

Single or Married Single Religion C.

Date of Birth Sept 2, 1886

Age 46 Years 3 Months 29 Days

Name of Father John Harey

His Birthplace Ireland

Name of Mother Mary Reddy

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Catharine Cemetery

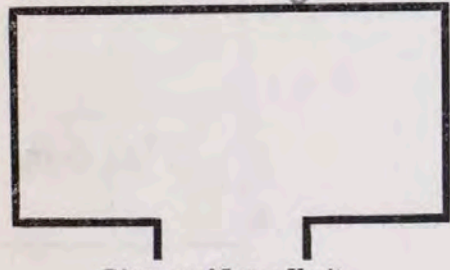


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket.....		150 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	9 60
Flowers, \$.....	Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	25 00
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
5/2/33 Paid. EJM.		
Total Footing of Bill.....		282 60
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

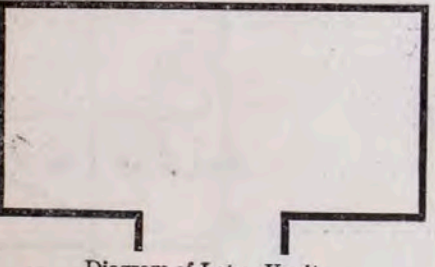
Witness.....

RECORD OF FUNERAL

Total No. 644 Yearly No. 1 Date Jan. 4, 1933
 Name of Deceased Nellie Barnett (What Race) w. (Where Born) Pa.

Husband—
 Wife—Widow—
 Son—Daughter of } Wm Barnett
 Charge to Wm Barnett
 Address 812 Adelaide St
 Order Given by
 How Secured
 Date of Funeral Jan 7 1933
 Residence 35 Miltentzenes St.
 Place of Death " "
 Funeral Services at St Agnes
 Time of Funeral Service 9 a.m.
 Clergyman
 His Address
 Certifying Physician W. J. McGregor (bar)
 His Residence Alley 60
 Cause of Death Cerebral hemorrhage
 (Primary)

Cause of Death (Secondary)
 Date of Death Jan 4 1933
 Occupation of the Deceased Retired
 Employed
 Single or Married S. Religion Cath
 Date of Birth Jan 5 1875
 Age 57 Years 11 Months 29 Days
 Name of Father Edw. Barnett
 His Birthplace Ireland
 Name of Mother Julia O'Connor
 (Maiden Name) Ireland
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Calvary Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	420. 235 ⁰⁰
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 ⁰⁰
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 ⁰⁰
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	14 ⁵⁰
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 ⁰⁰
Door Crepe, \$.....	Gloves, \$.....	3 ⁰⁰
Hearse.....		14 ⁰⁰
Limousines to Cemetery.....	@ \$.....	10 ⁵⁰
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	9 ⁶⁰
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	10 ⁰⁰
Rental of Palms, \$.....	Tent Rental, \$.....	20 ⁰⁰
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		33 ⁰⁰
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....	Blanket	12 ⁰⁰
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 ⁰⁰
Church Charges, \$.....	Ministers, \$.....	10 ⁰⁰
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Paid E.J.M.		
Total Footing of Bill.....		\$ 444 ⁶⁰
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed: _____
 Witness: _____
 Signed: _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 645 Yearly No. 2 Date Jan 18 1933

Name of Deceased William Judge Barrett Jr. W. Phg. Pa.
(What Race) William Judge Barrett Sr. (Where Born)

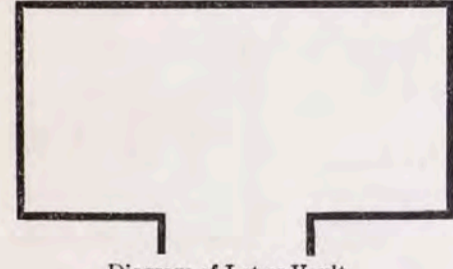
Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to
 Address 521 3/4 ulema
 Order Given by Mayview Home
 How Secured
 Date of Funeral Jan 20 1933
 Residence
 Place of Death 3453 Wand St.
 Funeral Services at " " "
 Time of Funeral Service 2:30
 Clergyman

His Address
 Certifying Physician M. J. Johnston
 His Residence 721 Washington Rd. Mt. Lebanon
 Cause of Death Pneumonia Hypostatic
(Primary)
 Cause of Death Malnutrition
(Secondary)
 Date of Death Jan 18 1933
 Occupation of the Deceased Child
 Employed

Single or Married
 Religion Cath
 Date of Birth Oct 22 1932
 Age 2 Years 2 1/2 Months 26 Days
 Name of Father Wm. J. Barrett Sr.
 His Birthplace Pgh. Pa.
 Name of Mother Catherine E. Walsh
(Maiden Name)
 Her Birthplace Pgh. Pa.
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by

Interment at Calvary Cemetery



Lot No. 1/2 # 90
 Grave No. 4
 Section No. S
 Owner F. L. Walsh

Casket.....		<u>35</u> ⁰⁰
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>10</u> ⁰⁰
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	<u>10</u> ⁰⁰
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	<u>2</u> ⁰⁰
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	<u>10</u> ⁵⁰
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		<u>10</u> ⁰⁰
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ <u>77</u> ⁵⁰
By Amount Paid in Advance.....		\$ <u>20</u> ⁰⁰
Balance.....		\$ <u>57</u> ⁵⁰
Entered into Ledger, page..... or below		

W. J. MCAVOY
 PAID 8/31/36

To Funeral Charges... Total, \$	By Cash <u>6-4-36 28</u>	<u>38</u> ⁵⁰
	<u>8-31-36 P.B.</u>	<u>19</u> ⁰⁰

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. *646*.... Yearly No. *3*..... Date *Jan 25, 1933*..19..

Name of Deceased *Sarah & Mike* *Younis* *W* *Syria*
(What Race) (Where Born)

Husband— } *Sam Mike*
 Wife—Widow— }
 Son—Daughter of }

Charge to *Sam Mike*
 Address *1727 Bedford ave Rear*
 Order Given by

How Secured

Date of Funeral *Jan 27, 1933*
 Residence *1727 Bedford ave Rear*
 Place of Death *West Penn Hos.*
 Funeral Services at *St George Church*
 Time of Funeral Service

Clergyman

His Address

Certifying Physician *F.G. Evans*
 His Residence *West Penn*
 Cause of Death *Lobar Pneumonia*
(Primary)

Cause of Death

Date of Death *Jan 25, 1933*
(Secondary)

Occupation of the Deceased *HW*
 Employed

Single or Married *M* Religion *Catholic*

Date of Birth

Age *65* Years .. Months .. Days

Name of Father *Mahfood Younis*
 His Birthplace *Syria*
 Name of Mother *Not known*
(Maiden Name)

Her Birthplace *Syria*

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at *Minesville* Cemetery

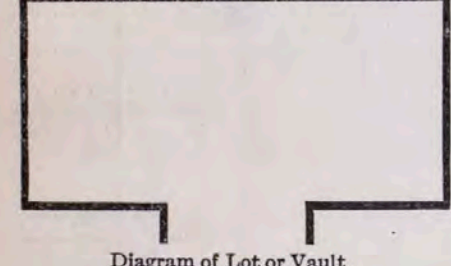


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	185	
Metallic Lining.....	(State Kind)	75	00
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with Fluid	20	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers		
	<i>War B</i>	10	00
	<small>(Names of Newspapers)</small>		
Flowers, \$.....	Flower Wagon, \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		32	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....		2	00
Railroad Tickets.....			
Cash Advanced.....			
<i>Paid EJM.</i>			
Total Footing of Bill.....		\$	196 00
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page..... or below			

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

Signed:

RECORD OF FUNERAL

Total No. 1047 Yearly No. 4 Date Jan 31 1933

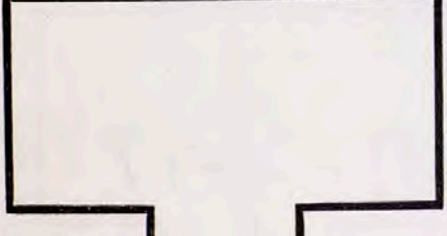
Name of Deceased Margaret M. Chalew (What Race) Irish Pa (Where Born)
 Husband—John M. Chalew + Nora M. Mone
 Wife—
 Son—
 Daughter of

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Feb 3 1933
 Residence 1037 Forbes
 Place of Death 1037 Forbes
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician M. Schoufield + J. Herst
 His Residence 445 Union Trust Bldg.
 Cause of Death Pulmonary Tuberculosis
 (Primary)

Cause of Death Lithemia Nephritis
 (Secondary)
 Date of Death Jan 31

Occupation of the Deceased Telephone Operator
 Employed
 Single or Married Single Religion Cath.
 Date of Birth Sept 3 1882
 Age 50 Years 4 Months 28 Days
 Name of Father John M. Chalew
 His Birthplace not known
 Name of Mother Nora M. Mone
 (Maiden Name)
 Her Birthplace not known

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Mary's Cemetery



Lot No.
 Grave No.
 Section No.

Owner Inf. Margaret G. Graham (Niece)
31 Brady Drive W. Mt. Lebanon

Casket	(State Kind)	175 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	31 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	10 80
Flowers, \$	(Names of Newspapers)	
Flower Wagon, \$		12 00
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		33 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit	<u>Blanket</u>	12 00
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	25 00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		

Paid
 Total Footing of Bill Oct 6 1933 \$ 409 30
 By Amount Paid in Advance \$
 Balance \$
 Entered into Ledger, page _____ or below

To Funeral Charges... Total, \$		By Cash	\$
	May 8		100 00
			100 00
			100 00
1 Brass	July 5		45 00
1 Lead Murray	Sept 13		20 30
	" "		
	Oct 6		44 00

Insurance, \$ Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____
 Signed _____
 Witness _____

RECORD OF FUNERAL

Date *Jan 31* 19*33*
Pa
(Where Born)

Total No. *648*
Yearly No. *5*

Name of Deceased *Mrs Mary Kennedy*
Albert Kennedy
Husband—
Wife—
Son—
Daughter of
(What Race) (Where Born)

Charge to
Address
Order Given by
How Secured
Date of Funeral *Feb 4 1933*
Residence *1807 Locust*
Place of Death *1807 Locust*
Funeral Services at *Epiphany*
Time of Funeral Service *7:30 AM*
Clergyman
His Address
Certifying Physician *J. J. McCarthy*
His Residence *2018 7th Ave*
Cause of Death *Chronic Myocarditis*
(Primary)

Cause of Death (Secondary)
Date of Death *Jan 31 1933*
Occupation of the Deceased *Housewife*
Employed
Single or Married *Married* Religion
Date of Birth *Not known*
Age *about 71* Years Months Days
Name of Father *Patrick Rice*
His Birthplace *Ireland*
Name of Mother *Anna Grimes*
(Maiden Name)
Her Birthplace *Ireland*

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at *St. Marys* Cemetery
Diagram of Lot or Vault
Owner *Mrs. Sarah D. Dean (Sister)*
4508 Centre Ave

Casket.....	(State Kind)	<i>420</i>	<i>175 00</i>
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	<i>25 00</i>	
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	<i>25 00</i>	
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	<i>18 50</i>	
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	<i>3 00</i>	
Door Crepe, \$.....	Gloves, \$.....	<i>4 50</i>	
Hearse.....		<i>14 00</i>	
Limousines to Cemetery.....	@ \$.....	<i>3 1 50</i>	
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	<i>16 20</i>	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	<i>20 00</i>	
Rental of Palms, \$.....	Tent Rental, \$.....	<i>20 00</i>	
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		<i>33 00</i>	
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....	<i>Blanket</i>	<i>12 00</i>	
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	<i>25 00</i>	
Church Charges, \$.....	Ministers, \$.....	<i>25 00</i>	
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		<i>Feb 8, 1933</i>	<i>442 70</i>
By Amount Paid in Advance.....		<i>GM</i>	
Balance.....			
Entered into Ledger, page.....			or below

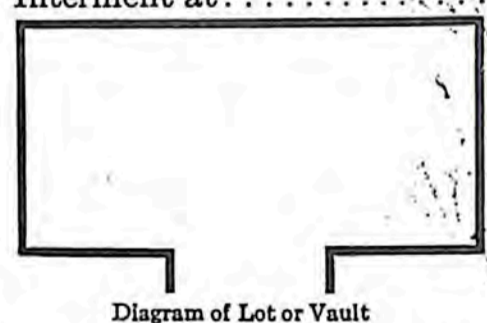
To Funeral Charges... Total, \$	By Cash..... \$
1. Leslie	
1. A. Sinton	

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 649 Yearly No. 6 Date Feb 2 1933
 Name of Deceased Infant McLaughlin M Pgh Pa
 Charge to George & M. McLaughlin + Mary A. Harbins
(What Race) (Where Born)

Address
 Order Given by
 How Secured
 Date of Funeral Feb 4
 Residence 201 Princeton West View
 Place of Death Mercy Hospital
 Funeral Services at
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician Raymond A. Gellis
 His Residence Med. Arts Bldg
 Cause of Death Hypertrophied + Spinal Rickets
(Primary)
 Cause of Death Stillborn
(Secondary)
 Date of Death Feb 2 1933
 Occupation of the Deceased Child
 Employed
 Single or Married Religion Cath
 Date of Birth Feb 2 1933
 Age Years Months Days
 Name of Father George N. McLaughlin
 His Birthplace Pgh Pa
 Name of Mother Mary A. Harbins
(Maiden Name)
 Her Birthplace McKeesport Pa
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by W. Hill Co.
 Interment at Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	10	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalming Body.....	with Fluid		
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....			
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....		
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		10	00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	20 00
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page..... or below			

Paid
EJM

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness:

RECORD OF FUNERAL

Total No. 650 Yearly No. 7 Date Feb 4 1933

Name of Deceased Joseph Abraham (What Race) W (Where Born) Syria

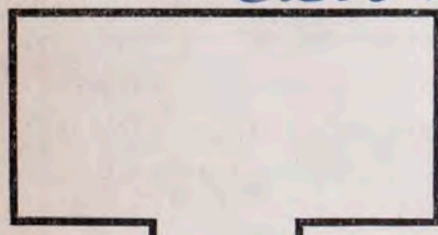
Husband—
Wife—Widow—
Son—Daughter of } Agun Abraham 250

Charge to
Address
Order Given by
How Secured
Date of Funeral Feb 7, 1933
Residence 15 1/2 Logan St
Place of Death
Funeral Services at
Time of Funeral Service
Clergyman
His Address

Casket.....	(State Kind)	150	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	12	00
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	10	50
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		15	00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			

Cause of Death Lobar Pneumonia
(Primary)
Cause of Death Papiloma of Urinary Bladder
(Secondary)
Date of Death Feb 4, 1933
Occupation of the Deceased Peddler
Employed
Single or Married Married Religion Catholic
Date of Birth Not known
Age about 54 Years..... Months..... Days
Name of Father Joseph Abraham
His Birthplace Syria
Name of Mother Not known
(Maiden Name)
Her Birthplace Syria

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at Calvary Cemetery



Lot No.
Grave No.
Section No.
Owner

Total Footing of Bill.....	\$ 272	50
By Amount Paid in Advance.....	\$	
Balance.....	\$	

To Funeral Charges.... Total, \$	By Cash..... \$
<u>1. Murray</u>	

Insurance, \$..... Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness..... Signed.....
Signed.....

RECORD OF FUNERAL

Total No. 651, Yearly No. 8, Date Feb 5, 1933

Name of Deceased Amelia Muto White Pgh. Pa.
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral Feb 8, 1933
Residence #373-44th St.
Place of Death
Funeral Services at
Time of Funeral Service

Clergyman
His Address
Certifying Physician

His Residence
Cause of Death Peritonitis - due to (Primary)
ruptured appendix

Cause of Death (Secondary)
Date of Death Feb. 5, 1933

Occupation of the Deceased None
Employed
Single or Married Single Religion Catholic
Date of Birth Oct. 5, 1929
Age 3 Years 4 Months Days

Name of Father Paul H. Muto
His Birthplace Cosenza
Name of Mother Raffellina D. Pasquale
(Maiden Name)
Her Birthplace Cosenza

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at St. Marys Cemetery



Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket		70	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)		
Grave Vault	(State Kind)		
Embalming Body	with Fluid	10	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$	7	50
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$	3	00
Hearse		14	00
Limousines to Cemetery	@ \$	31	50
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers		
	(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	8	00
Rental of Palms, \$	Tent Rental, \$	12	00
Rental of Vault, \$	Lowering Device, \$	20	00
Outlay for Lot			
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$		
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill		176	00
By Amount Paid in Advance		100	00
Balance		76	00
Entered into Ledger, page			or below

Paid
GJM

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

Insurance, \$ Names of Lodges
Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness: Signed:
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 652 Yearly No. 9 Date Feb 6 1933

Name of Deceased Magdalena Blazek (What Race) M (Where Born)
 Husband—
 Wife—Widow—
 Son—Daughter of Joseph A Blazek

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Feb 9 1933
 Residence 3222 Sacramento St
 Place of Death Woodville Home
 Funeral Services at St. Theresa Chms
 Time of Funeral Service 9 Home 10 Church
 Clergyman
 His Address
 Certifying Physician
 His Residence
 Cause of Death Pulmonary Tuberculosis
 (Primary)

Cause of Death (Secondary)
 Date of Death Feb 6 1933
 Occupation of the Deceased Housewife
 Employed
 Single or Married Religion Cath
 Date of Birth
 Age 38 Years Months Days
 Name of Father Miller
 His Birthplace
 Name of Mother (Maiden Name)
 Her Birthplace

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St Mary Sharpburg Cemetery

Lot No. 65
 Grave No.
 Section No. B
 Owner

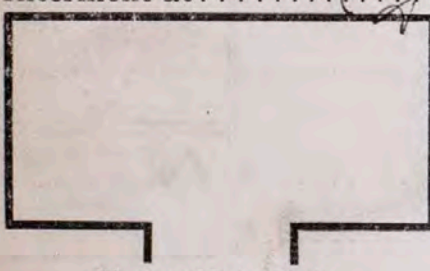


Diagram of Lot or Vault

Casket.....	(State Kind)	1.65 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	2.0 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	2.5 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		16 00
Limousines to Cemetery.....	@ \$	24 00
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		10 00
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	10 80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	10 00
Rental of Palms, \$.....	Tent Rental, \$	20 00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	20 00
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....	<u>Blanket</u>	12 00
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	20 00
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 358 80
By Amount Paid in Advance.....		\$ 90 00
Balance.....		\$

Paid March 22

March 4 1933

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

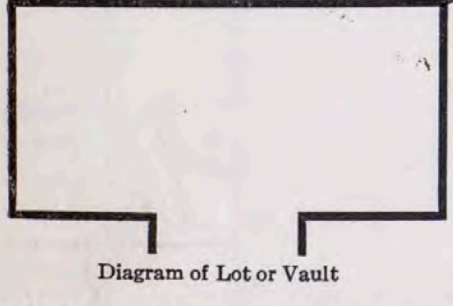
	To Funeral Charges.... Total, \$		
		By Cash	\$ 251.20
		Ann Life Ins.	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 653 Yearly No. 10 Date Feb 6 1933
 Name of Deceased Sister M. Adrian (Mary Joyce) W. USA
Husband—
Wife—Widow—
Son—Daughter of mt murray (What Race) (Where Born)

Charge to mt murray
 Address mt murray
 Order Given by
 How Secured
 Date of Funeral Feb 9 1933
 Residence Mercy Hospital
 Place of Death M. Dwy. Hospital
 Funeral Services at mt murray chapel
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician A. R. McCormick
 His Residence
 Cause of Death Lobar Pneumonia
(Primary)
 Cause of Death
(Secondary)
 Date of Death Feb 6 1933
 Occupation of the Deceased Sister of Mercy
 Employed
 Single or Married Religion Cath
 Date of Birth 1871
 Age 61 Years Months Days
 Name of Father Michael Joyce
 His Birthplace Galway, Ireland
 Name of Mother Sarah Joyce
(Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to (auto) Beathy Pa
 Size and Style of Casket
 Manufactured by
 Interment at Beathy Pa Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	60.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	15.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		35.00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	5.80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u> <u>9 AM</u>		
Total Footing of Bill.....	\$	133.80
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below		

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 654 Yearly No. 11 Date Feb 10 1933

Name of Deceased Elizabeth Kadair (What Race) M (Where Born) Pgh Pa

Husband—
Wife—Widow—
Son—Daughter of } Daughter of Morris Kadair

Charge to Morris Kadair
Address 33 Washington St

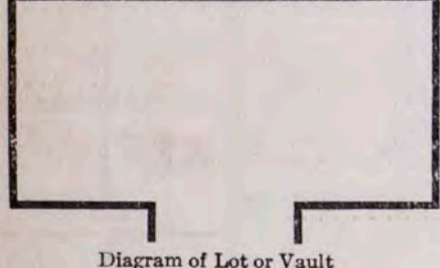
Order Given by
How Secured
Date of Funeral 2-12-33
Residence 1003 Bedford
Place of Death Mercy Hosp
Funeral Services at

Time of Funeral Service
Clergyman
His Address
Certifying Physician M. C. Miller
His Residence Mercy Hosp
Cause of Death Acute Pneumonia
(Primary)

Cause of Death
(Secondary)
Date of Death 2-10-33
Occupation of the Deceased Child

Employed
Single or Married Religion Cath
Date of Birth 2-26-30
Age 2 Years 11 Months 14 Days
Name of Father Morris Kadair
His Birthplace Syria
Name of Mother Frieda Thomas
(Maiden Name)
Her Birthplace Penma

Body to be Shipped to
Size and Style of Casket
Manufactured by Hill
Interment at St. Mary's Cemetery



Lot No. Row 11
Grave No. 20
Section No. T
Owner

Casket.....	(State Kind)	135 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	15 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	63 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
	(Names of Newspapers) <u>Post B</u>	8 00
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		20 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 291 00
By Amount Paid in Advance.....		\$ 29 50
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges.... Total, \$		By Cash.....	Total, \$
<u>Murray</u>		<u>Feb 26</u>	<u>25 00</u>
.....			
.....			
.....			
.....			
.....			
.....			
.....			

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness..... Signed.....

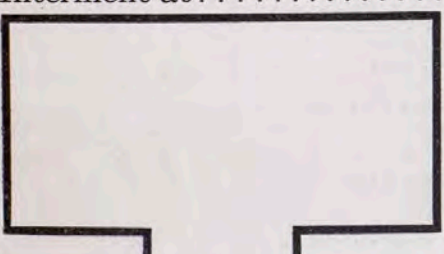
Witness..... Signed.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No... *655* Yearly No... *12* Date... *Feb 18*, *1933*.

Name of Deceased... *Charles L. Curry* *W.* (What Race) *Pa.* (Where Born)

Husband— }
Wife—Widow— }
Son—Daughter of }
Charge to... *Mrs. Ellen Curry*
Address... *1618 Locust St.*
Order Given by
How Secured
Date of Funeral... *Feb 21, 1933*
Residence... *1618 Locust St.*
Place of Death... *I.B. League Hqs.*
Funeral Services at... *Epiphany*
Time of Funeral Service... *10 AM*
Clergyman
His Address
Certifying Physician... *L.N. Hetherton*
His Residence... *I.B. Hqs.*
Cause of Death... *Chr. Pulmonary The*
(Primary)
Cause of Death... *The Pentanites*
(Secondary)
Date of Death... *Feb 18, 1933*
Occupation of the Deceased... *Salesman*
Employed
Single or Married... *S.* Religion... *b.*
Date of Birth... *Sept 23, 1899*
Age... *33* Years... *4* Months... *25* Days
Name of Father... *James*
His Birthplace... *Scotland*
Name of Mother... *Ellen Bonahan*
(Maiden Name)
Her Birthplace... *Scotland*
Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at... *Calvary* Cemetery

Lot No... *Row 17*
Grave No... *49*
Section No... *13*
Owner

Casket.	(State Kind)	165	00
Metallic Lining.	(State Kind)		
Outside Box.	(State Kind)	15	00
Grave Vault.	(State Kind)		
Embalming Body.	with Fluid	25	00
Barber, \$.	Hair Dressing, \$.		
Dressing Body.			
Suit or Dress, \$.	Hose, \$.	23	50
Slippers, \$.			
Folding Chairs, \$.	Tarpaulins, \$.		
Candelabrum, \$.	Candles, \$.	3	00
Door Crepe, \$.	Gloves, \$.	3	00
Hearse.		14	00
Limousines to Cemetery.	@ \$.	20	50
Autos to R. R. Station.	@ \$.		
Aeroplane Service, \$.	Ambulance, \$.		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in Newspapers		12	00
(Names of Newspapers)			
Flowers, \$.	Flower Wagon, \$.	10	00
Rental of Palms, \$.	Tent Rental, \$.	20	00
Rental of Vault, \$.	Lowering Device, \$.		
Outlay for Lot.		68	00
Opening Grave or Vault			
Lining Grave, \$.	Matting \$.		
Outlay for Shipping Charges.	<i>Blanket</i>	10	00
Removal Charges, \$.	Cremation, \$.		
Getting Burial Permit			
Certified Copies of Death Certificate		2	50
Personal Charges, \$.	Singers, \$.		
Church Charges, \$.	Ministers, \$.	10	00
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
			<i>Paid</i>
			<i>J.M.</i>
Total Footing of Bill.			\$ 392.00 <i>381.50</i>
By Amount Paid in Advance.			\$
Balance.			\$
Entered into Ledger, page or below			

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 656 Yearly No. 13 Date Feb 22, 1933
 Name of Deceased Dr. M. Elizabeth Helena Bonnar (What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Sisters of Mercy
 Address Holy Family convent Satorbeck
 Order Given by
 How Secured
 Date of Funeral Feb 25 1933
 Residence Satorbeck Va.
 Place of Death " "
 Funeral Services at Holy Family
 Time of Funeral Service 9 a.m.
 Clergyman
 His Address
 Certifying Physician Dr Mitchell
 His Residence Mercy Hos
 Cause of Death Coronary Occlusion
 (Primary)
 Cause of Death
 (Secondary)
 Date of Death Feb 22 1933
 Occupation of the Deceased Teacher
 Employed
 Single or Married S Religion C
 Date of Birth
 Age 55 Years 6 Months 4 Days
 Name of Father Bonnar
 His Birthplace
 Name of Mother
 (Maiden Name)
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Xaviers Cemetery

Casket.....	(State Kind)	60 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	15 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	
Door Crepe, \$.....	Gloves, \$	
Hearse.....		25 00
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	3 00
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 118 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		



Diagram of Lot or Vault

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

	To Funeral Charges.... Total, \$
	By Cash..... \$
<p style="font-size: 2em; font-family: cursive;">Paid 1933 April 29 J.M.</p>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 657 Yearly No. 14 Date Feb 23 1933

Name of Deceased Geo Assad (What Race) w (Where Born) Pa

Charge to Nora Assad

Address 1416 Webster Ave

Order Given by

How Secured

Date of Funeral Feb 25, 1933

Residence

Place of Death D.P. Hosp. Leach Farm

Funeral Services at St. Ann's

Time of Funeral Service 10 a.m.

Clergyman

His Address

Certifying Physician M. Frishman

His Residence D.P. Has.

Cause of Death Pulmonary Tbc
(Primary)

Cause of Death (Secondary)

Date of Death Feb 23, 1933

Occupation of the Deceased clerk

Employed

Single or Married S Religion b

Date of Birth Oct 4, 1910

Age 22 Years 5 Months 19 Days

Name of Father Geo Assad

His Birthplace Syria

Name of Mother Nora Chagen
(Maiden Name)

Her Birthplace Syria

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery

Lot No.
Grave No.
Section No.
Owner

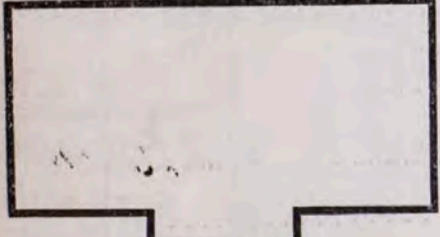
Casket		123 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Grave Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	Slippers, \$
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		
(Names of Newspapers) <u>Scott B.</u>		
Flowers, \$	Flower Wagon, \$	10 00
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill	\$	252 00
By Amount Paid in Advance	\$	150 00
Balance	\$	

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To Funeral Charges.... Total, \$		
Mar. 4	By Cash	\$ 32 00
Mar. 15	" "	35 00

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed

RECORD OF FUNERAL

Total No. 155 Yearly No. 15 Date Feb 24 1933
 Name of Deceased Margaret M. Kibben M (What Race) Pgk Pa (Where Born)
 Husband—Thomas M. Kibben
 Wife—
 Son—
 Daughter of

Charge to
 Address 1847 Blvd. Allis
 Order Given by
 How Secured
 Date of Funeral
 Residence 1847 Blvd. Allis
 Place of Death 1847 Blvd. Allis
 Funeral Services at Chapel
 Time of Funeral Service 2 PM
 Clergyman
 His Address
 Certifying Physician D. A. Murray
 His Residence 5th Ave
 Cause of Death Cerebral Hemorrhage
(Primary)
 Cause of Death Feb 24, 1933
(Secondary)
 Date of Death
 Occupation of the Deceased at home
 Employed
 Single or Married W Religion Prot.
 Date of Birth not known
 Age 70 Years Months Days
 Name of Father Adam Hood
 His Birthplace Pa.
 Name of Mother Anna
(Maiden Name)
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at minersville Cemetery

 Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	7.50
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	2.50
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	
Door Crepe, \$.....	Gloves, \$	3.00
Hearse.....		1.40
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	4.20
<small>(Names of Newspapers)</small>		
Flowers, \$.....	Flower Wagon, \$	20.00
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		20.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		25.00
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		186.20
By Amount Paid in Advance.....		100.00
Balance.....		86.20
Entered into Ledger, page..... or below		

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

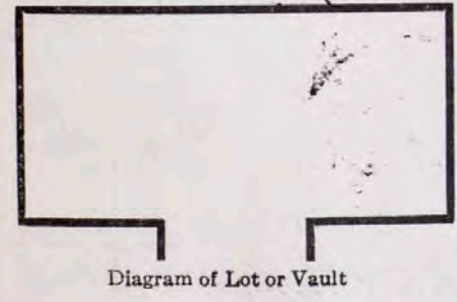
RECORD OF FUNERAL

Total No. 659 Yearly No. 16 Date 2-28 1933
 Name of Deceased Robert J. Ingles *W* *Pgh.*
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of } _____

Charge to _____
 Address... 7 East Forest ave Bellevue Pa
 Order Given by Robert J. Ingles
 How Secured _____
 Date of Funeral... 3-2-33
 Residence _____
 Place of Death... Mayview
 Funeral Services at... May's Chapel
 Time of Funeral Service... 2 P.M.
 Clergyman _____
 His Address _____
 Certifying Physician _____
 His Residence _____
 Cause of Death... Enteritis (Primary)
Chronic Myocarditis
 Cause of Death... _____ (Secondary)
 Date of Death... 2-28-33
 Occupation of the Deceased... Steam Fitter
 Employed _____
 Single or Married... _____ Religion Prot.
 Date of Birth _____
 Age... 72 Years _____ Months _____ Days
 Name of Father... William Ingles
 His Birthplace... Scotland
 Name of Mother... Louise _____ (Maiden Name)
 Her Birthplace... Wales
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by _____
 Interment at... United Cemetery

Casket		140 00
Metallic Lining	<small>(State Kind)</small>	
Outside Box	<small>(State Kind)</small>	15 00
Grave Vault	<small>(State Kind)</small>	
Embalming Body	with _____ Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	3 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	12 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from	<u>Mayview</u>	10 00
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	2 80
	<small>(Names of Newspapers)</small>	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		20 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	5 00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 265 80
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page _____ or below _____		



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Paid
EJM

To Funeral Charges... Total, \$		<u>Mar 15</u>	By Cash	\$ 200 00

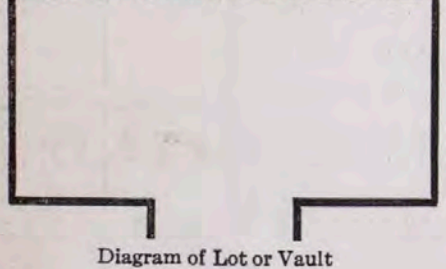
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Signed _____
 Witness _____

RECORD OF FUNERAL

Total No. 660 Yearly No. 17 Date March 5, 1933

Name of Deceased Mayorie Fitzpatrick (What Race) W (Where Born) Pgh
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to
 Address 1850 Forbes St
 Order Given by
 How Secured
 Date of Funeral 3-6-33
 Residence La Roche
 Place of Death Childrens Hosp.
 Funeral Services at
 Time of Funeral Service 2:30 P.M.
 Clergyman
 His Address
 Certifying Physician Dr. M. G. McEwen (M. T. H.)
 His Residence
 Cause of Death Meningitis Epidemic (Primary)
 Cause of Death (Secondary)
 Date of Death 3-5-33
 Occupation of the Deceased Child
 Employed
 Single or Married Religion Cath
 Date of Birth 7-13-32
 Age Years 7 Months 22 Days
 Name of Father Frank Fitzpatrick
 His Birthplace Pgh Penna
 Name of Mother Anna Kindell (Maiden Name)
 Her Birthplace Pgh Penna
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St Marys Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket (State Kind)	40 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	10 00
Grave Vault (State Kind)	
Embalming Body with Fluid	10 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulins, \$	
Candelabrum, \$ Candles, \$	
Door Crepe, \$ Gloves, \$	
Hearse	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Aeroplane Service, \$ Ambulance, \$	
Getting Remains from	
Taking Body to Inquest	
Delivering Box to	
Delivering Remains to	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Flower Wagon, \$	
Rental of Palms, \$ Tent Rental, \$	
Rental of Vault, \$ Lowering Device, \$	
Outlay for Lot	20 00
Opening Grave or Vault	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Removal Charges, \$ Cremation, \$	
Getting Burial Permit	
Certified Copies of Death Certificate	
Personal Charges, \$ Singers, \$	
Church Charges, \$ Ministers, \$	
Pall Bearer Service	
Telegr., Telephone, Cable or Radio Charges	
Railroad Tickets	
Cash Advanced	
<i>Paid</i>	
Total Footing of Bill	\$ 94 00
By Amount Paid in Advance	\$ 40 00
Balance	\$
Entered into Ledger, page	or below

To Funeral Charges... Total, \$				
		By Cash	\$	10 00
		" "		10 00
		" "		5 00
		" "		12 00
		" "		5 00
		" "		7 00

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness: Signed:
 Signed:

RECORD OF FUNERAL

Total No. 661... Yearly No. 18... Date 3-6 19 33

Name of Deceased Albert C. Jones *Mr* (What Race) W. Va. (Where Born)

Husband— } Mary Hopkins
Wife—Widow— }
Son—Daughter of }

Charge to...
Address...

Order Given by...
How Secured...

Date of Funeral 3-8-33
Residence...

Place of Death 1827 Lowell
Funeral Services at Chapel

Time of Funeral Service 2:30 P.M.
Clergyman...

His Address...
Certifying Physician W. J. Mc Gregor

His Residence Morgue
Cause of Death Asphyxiation by

inhaling natural gas thru
Cause of Death hole from gas pipe

Date of Death 3-6-33
Occupation of the Deceased Laborer

Employed Rick's M. Junkie Dairy Co
Single or Married Mary Hopkins Religion Prot.

Date of Birth 2-3-1876
Age 57 Years 1 Months 3 Days

Name of Father Albert Jones
His Birthplace West Virginia

Name of Mother Mary (Maiden Name)
Her Birthplace West Virginia

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

Manufactured by...
Interment at Minersville Cemetery

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

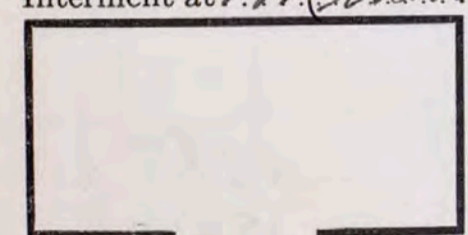


Diagram of Lot or Vault

Casket		175 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	2 80
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		36 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		

Total Footing of Bill \$ 316 80
By Amount Paid in Advance \$
Balance \$
Entered into Ledger, page... or below

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

Insurance, \$... Names of Lodges...
Names of Insurance Companies...

We hereby authorize the above funeral and agree to pay the expenses thereof
Signed

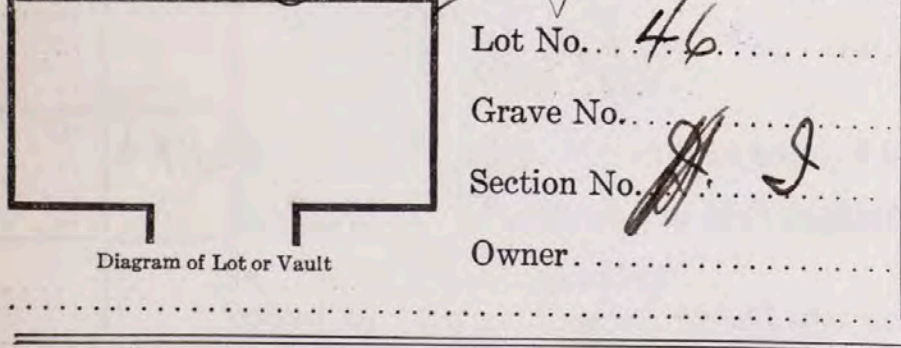
Witness... Signed

RECORD OF FUNERAL

Total No. 662 Yearly No. 19 Date 3-7- 1933
 Name of Deceased Jane C Potts M Pgh Pa
Husband— } Geo W Potts (What Race) (Where Born)
Wife—Widow—
Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral 3-10-33
 Residence 16 Curtin ave
 Place of Death 407 Curtin ave
 Funeral Services at St. Canice
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician M J M. Gregor
 His Residence Morgue
 Cause of Death Epilepsy
(Primary)
 Cause of Death.....
(Secondary)
 Date of Death 3-7-33 3:15 PM
 Occupation of the Deceased Housewife
 Employed.....
 Single or Married married Religion Cath
 Date of Birth April 1 1907
 Age 25 Years 11 Months 6 Days
 Name of Father Wm J Green
 His Birthplace Pgh Pa
 Name of Mother Jane Burke
(Maiden Name)
 Her Birthplace Sheffield England
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Calvary Cemetery

Casket.....	(State Kind)	2 40 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalmng Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	14 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	10 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 60
Flowers, \$.....	Flower Wagon, \$.....	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		18 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 387 60
By Amount Paid in Advance.....		\$.....
Balance.....		\$.....
Entered into Ledger, page..... or below.....		



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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed:.....
 Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 663 Yearly No. 20 Date 3-21 1933

Name of Deceased Lillian Melville Carroll Pa.
(What Race) (Where Born)

Husband— } Charles Carroll
 Wife—Widow— }
 Son—Daughter of }
 Charge to Mrs. Frank Fabrick 570

Address

Order Given by

How Secured

Date of Funeral 3-24-33

Residence 7549 Bennett St.

Place of Death Same

Funeral Services at Holy Rosary

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician Dr. Earl Ellenberger

His Residence 714 South Ave. Wilkinsburg

Cause of Death Embolicism descending
(Primary)

Aorta

Cause of Death Auricular Fibrillation
(Secondary)

Date of Death 3-21-33

Occupation of the Deceased Home

Employed

Single or Married Widowed Religion Cath

Date of Birth June 8 1876

Age 56 Years 9 Months 13 Days

Name of Father Edward Carney

His Birthplace Ireland

Name of Mother Mary Lugsby
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at Calvary Cemetery

Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	340 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
	<u>Blanket</u>	12 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	21 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	12 00
	<u>Door B</u>	12 00
Flowers, \$.....	Flower Wagon, \$.....	35 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		68 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 590 00
By Amount Paid in Advance.....		\$
Balance.....		\$

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

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 664 Yearly No. 21 Date 3-22 1933

Name of Deceased Bridget Brennan (What Race) W. (Where Born) England

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Michael Brennan
 Address 1916 Forbes St.

Order Given by
 How Secured
 Date of Funeral 3-27-33
 Residence 1916 Forbes
 Place of Death 1916 Forbes
 Funeral Services at St. Agnes
 Time of Funeral Service 9 A.M.

Clergyman
 His Address
 Certifying Physician Dr. Aaron
 His Residence 2900 Wylie
 Cause of Death (Primary)

Cause of Death Asthma (Secondary)
 Date of Death 3-22-33
 Occupation of the Deceased Retired

Employed
 Single or Married Religion Cath
 Date of Birth
 Age 61 Years Months Days
 Name of Father Patrick Swift
 His Birthplace Ireland
 Name of Mother Mrs. Wilsh (Maiden Name)
 Her Birthplace Ireland

Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Calvary Cemetery

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

Casket..... (State Kind)	500
Metallic Lining..... (State Kind)	300
Outside Box..... (State Kind)	285 00
Grave Vault..... (State Kind)	25 00
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	30 00
Folding Chairs, \$..... Tarpaulins, \$.....	72 00
Candelabrum, \$..... Candles, \$.....	3 00
Door Crepe, \$..... Gloves, \$.....	4 50
Hearse.....	14 00
Limousines to Cemetery..... @ \$.....	10 50
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers	16 80
(Names of Newspapers) <u>Post B</u>	12 00
Flowers, \$..... Flower Wagon, \$.....	10 00
Rental of Palms, \$..... Tent Rental, \$.....	20 00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	33 00
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	
Church Charges, \$..... Ministers, \$.....	25 00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	495 80
By Amount Paid in Advance.....	540 80
Balance.....	

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed: _____
 Witness: _____ Signed: _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

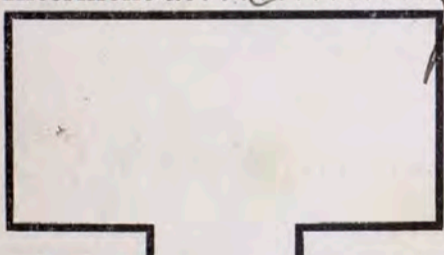
RECORD OF FUNERAL

Total No. 665 Yearly No. 22 Date 4-8- 1933

Name of Deceased William Moon M England
(What Race) (Where Born)

Husband— }
Wife—Widow— }
Son—Daughter of }
Charge to Estate of Wm Moon
Address 716 Copeland St
Order Given by
How Secured
Date of Funeral 4-10-33
Residence 710 Bell frute
Place of Death Somerpathic
Funeral Services at St Pauls
Time of Funeral Service 10 A.M.
Clergyman

His Address
Certifying Physician W. J. Mc Gregor
His Residence city morgue
Cause of Death Shock following fracture of Rt. hip due to be
ing struck by an auto
Date of Death 4-8-33
Occupation of the Deceased Richard Watchman
Employed A Mellors
Single or Married Single Religion Cath
Date of Birth about 1849
Age 84 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
Manufactured by
Interment at Calvary Cemetery

Lot No.
Grave No.
Section No.
Owner Josephine Hanley 716 Copeland St

Casket		400.00
Metallic Lining (State Kind)		135.00
Outside Box (State Kind)		25.00
Grave Vault (State Kind)		
Embalming Body with Fluid		25.00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ Hose, \$ Slippers, \$		18.50
Folding Chairs, \$ Tarpaulins, \$		3.00
Candelabrum, \$ Candles, \$		
Door Crepe, \$ Gloves, \$		3.00
Hearse		14.00
Limousines to Cemetery @ \$		31.50
Autos to R. R. Station @ \$		
Aeroplane Service, \$ Ambulance, \$		
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		9.80
Flowers, \$ Flower Wagon, \$		12.00
Rental of Palms, \$ Tent Rental, \$		15.00
Rental of Vault, \$ Lowering Device, \$		50.00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$ Matting, \$		18.00
Outlay for Shipping Charges		
Removal Charges, \$ Cremation, \$		
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$ Singers, \$		25.00
Church Charges, \$ Ministers, \$		12.00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 415.80
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page or below		

To Funeral Charges	Total, \$	By Cash	\$
1 Dining			
1 A Signal			

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. *666* Yearly No. *23* Date *April 11* 19 *33*
 Name of Deceased *William Price* *W* *Ohio*
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to *Louise B. Price*
 Address *Wilington, Ohio*
 Order Given by
 How Secured
 Date of Funeral *4-15-33*
 Residence *1715 5th ave*
 Place of Death *Prognosed dead at allgh Hosp*
 Funeral Services at *Chapel*
 Time of Funeral Service *3 P.M.*

Clergyman
 His Address
 Certifying Physician *M. M. Gregor*
 His Residence *County morgue*
 Cause of Death *Carbonic Acid*
(Primary)
Posining
 Cause of Death *Suicide*
(Secondary)
 Date of Death *April 11 - 1933*
 Occupation of the Deceased *Disabled Railroader*

Employed
 Single or Married *Single* Religion *Prot.*
 Date of Birth
 Age *44* Years Months Days
 Name of Father *John Price*
 His Birthplace
 Name of Mother *Belle Smith*
(Maiden Name)
 Her Birthplace *West Newton Pa*
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at *Manersville* Cemetery

Lot No.	
Grave No.	
Section No.	
Owner	

Diagram of Lot or Vault
Cousin Baldwin Smith 1715 5th ave
Sister Lucy Price, Wilington Ohio

Casket		200 00
Metallic Lining	<small>(State Kind)</small>	
Outside Box	<small>(State Kind)</small>	25 00
Grave Vault	<small>(State Kind)</small>	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	22 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	9 00
Flowers, \$	<small>(Names of Newspapers)</small> Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		40 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		10 40
Railroad Tickets		
Cash Advanced	<i>Sep 20, 1933</i>	
	<i>Paid</i>	
	<i>gpm</i>	
Total Footing of Bill		\$ 414 90
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

*3905 Edward
Cincinnati*

To Funeral Charges	Total, \$					By Cash	\$

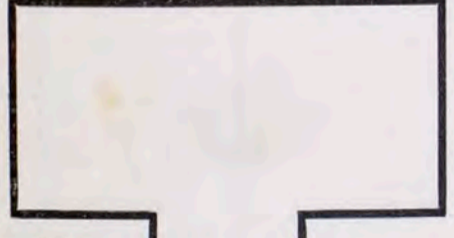
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed
 Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 667..... Yearly No. 24..... Date April 12 1933
 Name of Deceased George B. Coury M Syria
Husband— } (What Race) (Where Born)
Wife—Widow— }
Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral 4-15-33
 Residence 1100 Wylie ave
 Place of Death Rear 1100 Wylie ave
 Funeral Services at St. Gums
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician George J. Sarraf
 His Residence 3701 Penn ave
 Cause of Death Pneumonia
(Primary)
 Cause of Death Cardiac Failure
(Secondary)
 Date of Death April 12-33
 Occupation of the Deceased Salesman
 Employed Dry goods
 Single or Married Divorced Religion Cath
 Date of Birth.....
 Age 45 Years..... Months..... Days.....
 Name of Father Backes Coury
 His Birthplace Syria
 Name of Mother Reta Assey
(Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Calvary St. Cemetery



Lot No.....
 Grave No.....
 Section No.....
 Owner Josephine Coury 1100 Wylie ave

Casket..... <u>4 services</u>	(State Kind)	200	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	25	00
Grave Vault.....	(State Kind)		
Embalming Body..... with..... Fluid		25	00
Barber, \$..... Hair Dressing, \$.....			
Dressing Body.....			
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....			
Folding Chairs, \$..... Tarpaulins, \$.....			
Candelabrum, \$..... Candles, \$.....		3	00
Door Crepe, \$..... Gloves, \$.....		3	00
Hearse.....		14	00
Limousines to Cemetery..... @ \$.....		21	00
Autos to R. R. Station..... @ \$.....			
Aeroplane Service, \$..... Ambulance, \$.....			
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in..... Newspapers.....	<u>West B.</u>	10	00
Flowers, \$..... Flower Wagon, \$.....			
Rental of Palms, \$..... Tent Rental, \$.....		20	00
Rental of Vault, \$..... Lowering Device, \$.....			
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave, \$..... Matting, \$.....			
Outlay for Shipping Charges.....			
Removal Charges, \$..... Cremation, \$.....			
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$..... Singers, \$.....			
Church Charges, \$..... Ministers, \$.....			
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	321 00
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....			or below

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 668 Yearly No. 25 Date 4-18 1939

Name of Deceased Frank Slomsky (Slaw) W (What Race) Pa. (Where Born)

Husband—
Wife—Widow—
Son—Daughter of } Elizabeth Adams

Charge to
Address
Order Given by
How Secured
Date of Funeral 4-21-33
Residence 224 Alice St Knoxville Pa
Place of Death South Side Hosp
Funeral Services at St Agnes
Time of Funeral Service 9 AM
Clergyman

His Address
Certifying Physician Melvin H Knapp
His Residence South Side Hosp
Cause of Death Cholecystitis
Emphysema gall bladder & angrene
Cause of Death Rupture Generalized Peritonitis
Date of Death April 18 1933
Occupation of the Deceased Clerk

Employed Allegheny County
Single or Married Widowed Religion Cath
Date of Birth Sept 24-1873
Age 59 Years 6 Months 24 Days
Name of Father John Slomsky
His Birthplace Germany
Name of Mother Catherine B. Sumaster
(Maiden Name) Pa

Her Birthplace
Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at Calvary Cemetery



Lot No.
Grave No.
Section No.
Owner Sarat M. Dixon 224 Alice St Knoxville Pa (sister)

Casket.....		285 ⁰⁰
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 ⁰⁰
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 ⁰⁰
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 ⁰⁰
Door Crepe, \$.....	Gloves, \$.....	3 ⁰⁰
Hearse.....		14 ⁰⁰
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....	<u>Blanket</u>	8 ⁰⁰
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 ⁶⁰
Flowers, \$.....	Flower Wagon, \$.....	12 ⁰⁰
Rental of Palms, \$.....	Tent Rental, \$.....	20 ⁰⁰
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		33 ⁰⁰
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 437 ⁶⁰
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

	To Funeral Charges..... Total, \$		By Cash.....		\$ 375 ⁰⁰

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

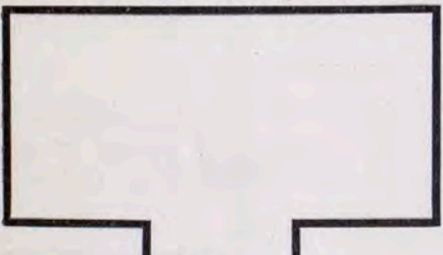
Signed:

RECORD OF FUNERAL

Total No. 669 Yearly No. 26 Date April 19 1933

Name of Deceased Thomas Behan *M* Des Moines Iowa
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }
.....

Charge to.....
Address.....
Order Given by.....
How Secured.....
Date of Funeral 4-22-33
Residence Mercy Hosp.
Place of Death Mercy Hosp.
Funeral Services at E. S. G. S. S.
Time of Funeral Service 9 A.M.
Clergyman.....
His Address.....
Certifying Physician M. D. Mullins
His Residence Mercy Hosp.
Cause of Death Hypertensive
(Primary)
Heart Disease
Cause of Death Pulmonary Embolism
(Secondary)
Date of Death April 19 1933
Occupation of the Deceased Police man
Employed Mercy Hosp.
Single or Married Single Religion Catholic
Date of Birth.....
Age 66 Years..... Months..... Days.....
Name of Father Thomas Behan
His Birthplace Ireland
Name of Mother Mora Lullinan
(Maiden Name)
Her Birthplace Ireland
Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by.....
Interment at St. Marys Cemetery
Diagram of Lot or Vault 
Lot No.....
Grave No.....
Section No.....
Owner Sister Rose Mercy Hosp.

Casket.....		<u>250</u> <u>00</u>
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	<u>25</u> <u>00</u>
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	with Fluid	<u>25</u> <u>00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	<u>3</u> <u>00</u>
Door Crepe, \$.....	Gloves, \$.....	<u>3</u> <u>00</u>
Hearse.....		<u>14</u> <u>00</u>
Limousines to Cemetery.....	@ \$.....	<u>10</u> <u>50</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	<u>9</u> <u>80</u>
<small>(Names of Newspapers)</small>		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	<u>20</u> <u>00</u>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		<u>33</u> <u>00</u>
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	<u>10</u> <u>00</u>
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Paid E.S.G.S.</i>		
Total Footing of Bill.....		<u>\$403</u> <u>30</u>
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below.....	

To Funeral Charges.... Total, \$	By Cash..... \$
	<u>BY L. Stock</u> <u>300</u> <u>00</u>
	<u>Bell Tele Stock</u> <u>100</u> <u>00</u>

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Signed.....

RECORD OF FUNERAL

Total No. 670 Yearly No. 27 Date May 6 1933
 Name of Deceased Francis J. Daggett (What Race) W (Where Born) Pa

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to

Address

Order Given by

How Secured

Date of Funeral May 9 1933

Residence 17 Magee St.

Place of Death 17 Magee St.

Funeral Services at Epiphany

Time of Funeral Service 9 AM

Clergyman

His Address

Certifying Physician W. J. McEugov

His Residence Morgue

Cause of Death

Cause of Death (Primary) Cerebral Hemorrhage

Cause of Death (Secondary)

Date of Death May 6 1933

Occupation of the Deceased Labourer

Employed Liberty Dairy

Single or Married Married Religion Cath

Date of Birth Nov 20 1873

Age 59 Years 5 Months 16 Days

Name of Father Thomas Daggett

His Birthplace Ireland

Name of Mother Susan Hart (Maiden Name)

Her Birthplace Boston Mass

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

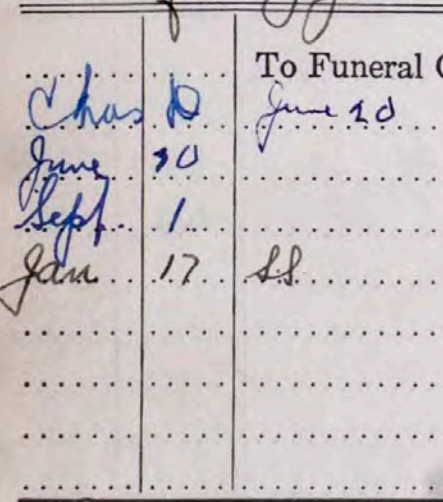
Interment at Calvary Cemetery

Lot No. 447

Grave No. 3

Section No. 2

Owner Mary Daggett 17 Magee St. (wife)



Casket.....	(State Kind)	165 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	3 50
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	10 50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	5 80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	10 00
Rental of Palms, \$.....	Tent Rental, \$	20 00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....	<u>Blanket</u>	10 00
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	25 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 347 80
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges.....		Total, \$	By Cash.....		\$
<u>Chas D</u>	<u>June 10</u>	10 00			75 00
<u>June 30</u>		10 00			25 00
<u>Sept 1</u>		5 00			2 00
<u>Jan 17</u>	<u>St.</u>	3 00			8 00
					1 00

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Witness..... Signed.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 671... Yearly No. 28... Date May 8 1933

Name of Deceased *Rita Joseph*

Husband—
Wife—Widow—
Son—Daughter of } *Airy Joseph (Husband)*

Charge to.....
Address.....
Order Given by.....
How Secured.....

Date of Funeral *May 11 1933*

Residence *100 St. Bedford ave*

Place of Death *St. Frances Hosp.*

Funeral Services at *St. Anns.*

Time of Funeral Service *9 A.M.*

Clergyman.....
His Address.....
Certifying Physician *R.M. Entwistle*

His Residence *St. Frances*

Cause of Death *Carcinoma of Neck*
Metastases to lung, heart & liver

Cause of Death (Secondary).....
Date of Death *May 8 1933*

Occupation of the Deceased *Housewife*

Employed.....

Single or Married *Married* Religion *Cath.*

Date of Birth.....
Age *39* Years..... Months..... Days

Name of Father *Masif Samreny*

His Birthplace *Syria*

Name of Mother *Anna*
(Maiden Name)

Her Birthplace *Syria*

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by *Hill*

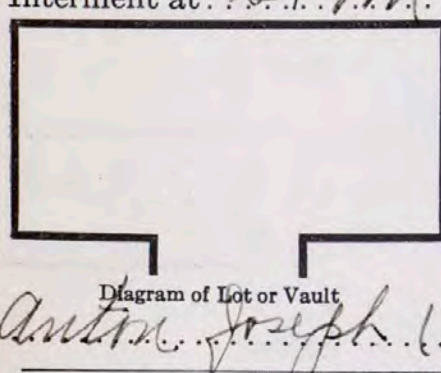
Interment at *St. Marys* Cemetery

Lot No. *112*

Grave No. *16*

Section No. *2.*

Owner *Antonia Joseph (Sov.) 20 year old*



Casket.....		325 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		25 00
Grave Vault..... (State Kind)		
Embalming Body with Fluid.....		25 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		12 50
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		3 00
Door Crepe, \$..... Gloves, \$.....		3 00
Hearse.....		1 4 00
Limousines to Cemetery @ \$.....		5 1 50
Autos to R. R. Station @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to <i>Blanket</i>		6 00
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
Flowers, \$..... Flower Wagon, \$.....	<i>Dorb</i>	10 00
Rental of Palms, \$..... Tent Rental, \$.....		20 00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		15 00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		25 00
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Paid</i>		
Total Footing of Bill.....		\$ 535 00
By Amount Paid in Advance.....		\$.....
Balance.....		\$.....
Entered into Ledger, page..... or below.....		

To Funeral Charges.... Total, \$		By Cash..... \$
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Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed.....

Signed.....

Witness.....

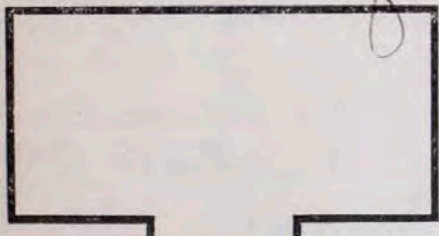
RECORD OF FUNERAL

Total No. 672 Yearly No. 29 Date May 13 1933
 Name of Deceased Joseph Elenciveig M (Hebrew) Poland
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral May 14 1933
 Residence 343 M. K. R. Pl.
 Place of Death Montefiore Hosp.
 Funeral Services at
 Time of Funeral Service 2:30 P.M.
 Clergyman
 His Address
 Certifying Physician R. R. Cohen
 His Residence Leo H. Crip Montefiore
 Cause of Death Arteriosclerosis
(Primary)
Heart Disease
(Secondary)
 Cause of Death Coronary Thrombosis
(Secondary)
 Date of Death May 13 1933
 Occupation of the Deceased Barber
 Employed
 Single or Married Married Religion Hebrew
 Date of Birth Sept 8 1878
 Age 55 Years 8 Months 8 Days
 Name of Father Louis Elenciveig
 His Birthplace Poland
 Name of Mother Gertrude Chersky
(Maiden Name)
 Her Birthplace Poland
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Tree Life Cemetery

Casket..... <u>Case</u> <small>(State Kind)</small>	1 00 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	
Grave Vault..... <small>(State Kind)</small>	
Embalming Body..... with Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	2 00
Door Crepe, \$..... Gloves, \$.....	3 00
Hearse.....	1 4 00
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	9 60
<small>(Names of Newspapers)</small>	
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	20 00
Personal Charges, \$..... Singers, \$.....	
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 173 60
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below.....	

Paid

Diagram of Lot or Vault

 Owner Mrs. Stella Elenciveig (wife)

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 673 Yearly No. 30 Date May 13 1933
 Name of Deceased Frank Dannelly M (What Race) Ireland (Where Born)
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral May 16 1933
 Residence City Hosp. Mayview Pa
 Place of Death Mayview Hosp
 Funeral Services at St Agnes
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician M. Mayview
 His Residence City Hosp. Mayview Pa
 Cause of Death (Primary) Chronic Nephritis
 Cause of Death (Secondary) Chronic Myocarditis
 Date of Death May 12 1933
 Occupation of the Deceased Retired Laborer
 Employed
 Single or Married Widower Religion Cath
 Date of Birth
 Age 63 Years Months Days
 Name of Father
 His Birthplace
 Name of Mother (Maiden Name)

Casket.....		135 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....	<u>Mayview</u>	10 00
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....	<u>Blanket</u>	5 00
Death Notices in.....	Newspapers.....	7 20
	<u>Over B.</u> (Names of Newspapers)	10 00
Flowers, \$.....	Flower Wagon, \$.....	8 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		50 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	20 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 330 20
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page or below		

Body to be Shipped to
 Size and Style of Casket.....
 Manufactured by Hils
 Interment at Calvary Cemetery
 Lot No. 18
 Grave No. 5
 Section No. 13
 Diagram of Lot or Vault
 Owner Narry Dannelly 2015 Forbes St

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness:.....

RECORD OF FUNERAL

Total No. 674..... Yearly No. 31..... Date May 18..... 1933

Name of Deceased Rose Peterman Richards *W J*
(What Race) (Where Born)

Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to Mrs. Julia Bowers
 Address 30 Miltonberger

Order Given by.....
 How Secured.....

Date of Funeral May 22 / 33
 Residence 30 Miltonberger St

Place of Death Mayview Hosp.
 Funeral Services at St. Joseph's

Time of Funeral Service 9 AM
 Clergyman.....

His Address.....
 Certifying Physician Mayview Hosp.

His Residence.....
 Cause of Death Carcinoma Uterus
(Primary)

Cause of Death.....
(Secondary)
 Date of Death May 18 1933

Occupation of the Deceased Retired
 Employed.....

Single or Married..... Religion Cath.
 Date of Birth.....

Age 68 Years..... Months..... Days.....
 Name of Father Unknown

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

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

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

Interment at St. Albans Cemetery

Lot No. 18
 Grave No. 7

Section No. 13
 Owner.....

Diagram of Lot or Vault
Mrs. Julia Bowers 30 Miltonberger

Casket.....	(State Kind)	165 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	12 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....	<u>Mayview</u>	10 00
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	4 80
	<u>Dear B</u>	12 00
	<small>(Names of Newspapers)</small>	5 00
Flowers, \$.....	Flower Wagon, \$.....	20 00
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	68 00
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	20 00
Church Charges, \$.....	Ministers, \$.....	20 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 392 30
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges... Total, \$	By Cash..... \$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 675 Yearly No. 32 Date May 23 1933

Name of Deceased David A S Warden (What Race) W (Where Born) Wght Pa

Husband—
Wife—Widow—
Son—Daughter of

Caroline Fry

Charge to.....
Address.....
Order Given by.....
How Secured.....
Date of Funeral May 26 1933
Residence 62 Van Braam
Place of Death 62 Van Braam
Funeral Services at 62 Van Braam
Time of Funeral Service 2 30 PM
Clergyman.....

His Address.....
Certifying Physician B. B. Wood
His Residence 2118 5th ave
Cause of Death Carcinoma of Stomach
(Primary)

Cause of Death.....
(Secondary)
Date of Death May 23 1933
Occupation of the Deceased Retired

Employed.....
Single or Married Widowed Religion Prot
Date of Birth Nov 27 1861
Age 71 Years 5 Months 26 Days
Name of Father David Warden
His Birthplace Ireland
Name of Mother Jane Sample
(Maiden Name)
Her Birthplace Wght Pa

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill
Interment at Linwood Cemetery



Lot No.....
Grave No.....
Section No.....
Owner Miss Sample Warden 62 Van Braam

Casket.....	(State Kind)	<u>335.00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>25.00</u>
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	<u>25.00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	<u>3.00</u>
Hearse.....		<u>14.00</u>
Limousines to Cemetery.....	@ \$.....	<u>10.50</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest <u>Blanket</u>		<u>12.00</u>
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	<u>12.90</u>
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	<u>12.00</u>
Rental of Palms, \$.....	Tent Rental, \$.....	<u>20.00</u>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		<u>26.00</u>
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	<u>25.00</u>
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid July 21 1933</u>		
Total Footing of Bill.....		<u>\$ 520.40</u>
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page..... or below		

Sister

Diagram of Lot or Vault

To Funeral Charges... Total, \$

By Cash..... \$

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....

Witness:.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 676 Yearly No. 33 Date June 26 1933
 Name of Deceased Mother M. ^{Anna} Regan White Allegheny
Husband— }
Wife—Widow— }
Son—Daughter of }

Charge to _____
 Address _____
 Order Given by _____
 How Secured _____
 Date of Funeral 6-29-33
 Residence Mt. Mercy
 Place of Death Mt. Mercy
 Funeral Services at Mt. Mercy
 Time of Funeral Service 8 AM
 Clergyman _____
 His Address _____
 Certifying Physician John P. Griffith
 His Residence Mt. Mercy
 Cause of Death Carcinoma of uterus
(Primary)
Carcinoma of lungs
(Secondary)
 Date of Death June 26 1933
 Occupation of the Deceased Sister of mercy
 Employed _____
 Single or Married Single Religion Catholic
 Date of Birth Nov 16 1858
 Age 74 Years 7 Months 10 Days
 Name of Father John Regan
 His Birthplace _____
 Name of Mother Unknown
(Maiden Name)
 Her Birthplace Allegheny
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at St. Xavier's Cemetery

Casket.....		60 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	15 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	2 00
Door Crepe, \$.....	Gloves, \$	
Hearse.....		35 00
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	9 60
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		136 60
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below	

Diagram of Lot or Vault
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Fr. M. Rose Supt. Mt. Mercy Hosp.

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

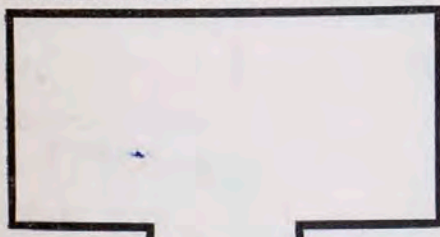
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 677 Yearly No. 34 Date June 30 1933

Name of Deceased Mary Anton White Syria
Husband—Anthony Elias Antone (What Race) (Where Born)
Wife—Widow—
Son—Daughter of

Charge to
Address
Order Given by
How Secured
Date of Funeral July 3 1933
Residence 1833 Bedford ave
Place of Death 1833 Bedford ave
Funeral Services at St Anns
Time of Funeral Service 9 A.M.
Clergyman
His Address
Certifying Physician J Sarraf
His Residence 3701 Piquan ave
Cause of Death Carcinoma of Sigmoid Pleure (Primary)
Cause of Death None (Secondary)
Date of Death June 30 1933
Occupation of the Deceased Housewife
Employed
Single or Married Married Religion Cath
Date of Birth
Age 45 3 Years Months Days
Name of Father John Rockus
His Birthplace Syria
Name of Mother Calliom Simon (Maiden Name)
Her Birthplace Syria
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill
Interment at Cemetery



Lot No.
Grave No.
Section No.
Owner Anthony Antone 1306 Webster

Casket		300 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		20 00
Grave Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	15 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	Blanket	8 00
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers)	Flower Wagon, P.B.	10 00
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	18 00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
<i>Paid in full</i>		
Total Footing of Bill		\$ 517 00
By Amount Paid in Advance		\$ 467 00
Balance		\$
Entered into Ledger, page or below		

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

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness

RECORD OF FUNERAL

Total No. 678 Yearly No. 35 Date July 9 1933

Name of Deceased Chas D Mulholland MD (What Race) (Where Born)

Husband—
Wife—Widow— } Wife Anna Meeuw Mulholland
Son—Daughter of

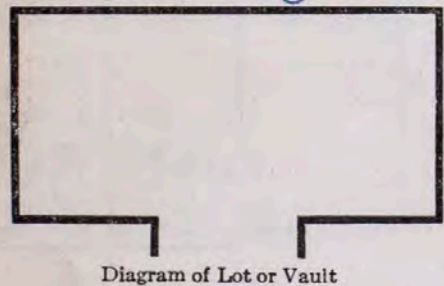
Charge to
Address
Order Given by
How Secured
Date of Funeral 7-13-33
Residence 1618 5th ave
Place of Death Mayview Hosp
Funeral Services at Epiphany
Time of Funeral Service 9 AM
Clergyman
His Address
Certifying Physician

His Residence
Cause of Death Chronic alcoholism (Primary)
Alcoholic Neuritis
Cause of Death (Secondary)
Date of Death 7-9-33
Occupation of the Deceased

Employed
Single or Married married Religion Cath
Date of Birth
Age 31 Years Months Days
Name of Father
His Birthplace

Name of Mother Bridget (Maiden Name)
Her Birthplace
Body to be Shipped to
Size and Style of Casket

Manufactured by Hill
Interment at Calvary Cemetery



Lot No.
Grave No.
Section No.
Owner

Casket.....		125 00
(State Kind)		
Metallic Lining.....		
(State Kind)		
Outside Box.....		20 00
(State Kind)		
Grave Vault.....		
(State Kind)		
Embalming Body..... with Fluid		25 00
Barber, \$..... Hair Dressing, \$		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$		22 00
Folding Chairs, \$..... Tarpaulins, \$		
Candelabrum, \$..... Candles, \$		3 00
Door Crepe, \$..... Gloves, \$		3 00
Hearse.....		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Aeroplane Service, \$..... Ambulance, \$		
Getting Remains from <u>Mayview</u>		10 00
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in..... Newspapers		9 60
(Name of Newspapers)		
Flowers, \$..... Flower Wagon, <u>Door B</u>		10 00
Rental of Palms, \$..... Tent Rental, \$		15 00
Rental of Vault, \$..... Lowering Device, \$		
Outlay for Lot.....		50 00
Opening Grave or Vault		15 00
Lining Grave, \$..... Matting, \$		
Outlay for Shipping Charges		
Removal Charges, \$..... Cremation, \$		
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$..... Singers, \$		
Church Charges, \$..... Ministers, \$		10 00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill.....		\$ 327 10
By Amount Paid in Advance.....		\$ 292 10
Balance.....		\$

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

To Funeral Charges..... Total, \$				By Cash.....	\$	50 00
						15 00
			Oct 19.			100 00

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Witness..... Signed.....

RECORD OF FUNERAL

Total No. 679 Yearly No. 36 Date July 11 1933
 Name of Deceased Selma Hanna
 Husband— } David Hanna (What Race) (Where Born)
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral 7-14-33
 Residence Locust St #
 Place of Death St Francis
 Funeral Services at Epiphany
 Time of Funeral Service 9 AM
 Clergyman.....
 His Address.....
 Certifying Physician G. Wright
 His Residence St Francis
 Cause of Death Metast
 (Primary) Sarcoma
 Cause of Death acute nephritis
 (Secondary)
 Date of Death 7-11-33
 Occupation of the Deceased Homewife
 Employed.....
 Single or Married married Religion Cath
 Date of Birth.....
 Age abt 45 Years..... Months..... Days.....
 Name of Father Mohd Mana
 His Birthplace Syria
 Name of Mother Subanna
 (Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at Calvary Cemetery

Diagram of Lot or Vault
Husband

Casket.....	325.00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	25.00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25.00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	15.75
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3.00
Door Crepe, \$..... Gloves, \$.....	3.00
Hearse.....	14.00
Limousines to Cemetery..... @ \$.....	1.00
Autos to R. R. Station..... @ \$.....	.50
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	20.00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	6.80
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges..... <u>Blanket</u>	8.00
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	25.00
Church Charges, \$..... Ministers, \$.....	25.00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
<u>Paid Aug 23,</u>	
<u>EJM.</u>	
Total Footing of Bill.....	\$ 547.25
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page..... or below	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 680 Yearly No. 37 Date July 24 1933

Name of Deceased Bridget Murray (What Race) Irish (Where Born) Ireland

Husband—
Wife—Widow—
Son—Daughter of } Michael Murray

Charge to.....
Address.....

Order Given by.....
How Secured.....

Date of Funeral 7-27-33

Residence 6 Brady St

Place of Death 6 Brady St

Funeral Services at St Agnes

Time of Funeral Service 9 A.M.

Clergyman.....

His Address.....

Certifying Physician D. B. Woods

His Residence 5th ave

Cause of Death Cerebral apoplexy
(Primary)
Bronchitis Pneumonia
(Secondary)

Date of Death July 24 1933

Occupation of the Deceased at home

Employed.....

Single or Married Widowed Religion Catholic

Date of Birth.....

Age 70 Years..... Months..... Days.....

Name of Father Michael Higgins

His Birthplace Ireland

Name of Mother Not Known
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to.....

Size and Style of Casket.....

Manufactured by Hill

Interment at Calvary Cemetery

Lot No. Row 18

Grave No. 25

Section No. 13

Owner Mrs Catherine Desmond

2204 5th ave

Casket.....	(State Kind)	<u>375</u> <u>165 00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>25 00</u>
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	<u>25 00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	<u>18 50</u>
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	<u>3 00</u>
Door Crepe, \$.....	Gloves, \$.....	<u>3 00</u>
Hearse.....		<u>14 00</u>
Limousines to Cemetery.....	@ \$.....	<u>2 00</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	<u>12 80</u>

Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	<u>12 00</u>
Rental of Palms, \$.....	Tent Rental, \$.....	<u>20 00</u>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		<u>68 00</u>
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	<u>25 00</u>
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		

Total Footing of Bill.....	\$	<u>412 80</u>
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness:..... Signed:.....
Signed:.....

RECORD OF FUNERAL

Total No. 681 Yearly No. 38 Date July 29 1933

Name of Deceased Rose Ennis (What Race) (Where Born)

Husband—Wife—Widow—Son—Daughter of } John F. Ennis Charge to

Address Order Given by How Secured

Date of Funeral Aug. 1st Residence 207 Summerville St. Place of Death M. Gray Hosp.

Funeral Services at Epiphany Time of Funeral Service 9 A.M. Clergyman

His Address Certifying Physician W. J. Fetter His Residence Mercy Hosp. Cause of Death Bronch. Pneumonia

Cause of Death (Secondary) Date of Death July 29 1933 Occupation of the Deceased Retired

Employed Single or Married Widowed Religion Cath. Date of Birth Age 82 Years

Name of Father Christopher McFadden His Birthplace Ireland Name of Mother Sarah Nancy

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

Manufactured by Hill Interment at Calvary Cemetery

Lot No. Grave No. Section No. Owner John F. Ennis 207 Summerville St.

Diagram of Lot or Vault Total Footing of Bill \$ 529.00 By Amount Paid in Advance \$

Table with columns for 'To Funeral Charges... Total, \$' and 'By Cash... \$' with multiple rows for accounting.

Insurance, \$ Names of Lodges Names of Insurance Companies We hereby authorize the above funeral and agree to pay the expenses thereof

Signed Witness Signed Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

Main table of funeral expenses including Casket (400.00), Metallic Lining, Outside Box (25.00), Grave Vault, Embalming Body (25.00), Barber, Hair Dressing, Dressing Body (18.50), Suit or Dress, Slippers, Folding Chairs, Tarpaulins, Candelabrum, Candles, Door Crepe, Gloves, Hearse, Limousines, Autos, Aeroplane Service, Ambulance, Getting Remains, Taking Body to Inquest, Delivering Box, Delivering Remains (15.00), Death Notices, Flowers, Flower Wagon, Rental of Palms, Tent Rental, Rental of Vault, Lowering Device, Outlay for Lot, Opening Grave or Vault, Lining Grave, Matting, Outlay for Shipping Charges, Removal Charges, Cremation, Getting Burial Permit, Certified Copies of Death Certificate, Personal Charges, Singers (25.00), Church Charges, Ministers (25.00), Pall Bearer Service, Telegr., Telephone, Cable or Radio Charges, Railroad Tickets, Cash Advanced.

RECORD OF FUNERAL

Total No. 682 Yearly No. 39 Date Aug 7 1933
Name of Deceased George Teeters (What Race) White (Where Born) Pgh.
Husband— }
Wife—Widow— }
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral Aug 9 1933
Residence 1810 Forbes
Place of Death Lehigh Valley Hosp.
Funeral Services at Epiphany
Time of Funeral Service

Clergyman
His Address
Certifying Physician M. J. Mc Gregor
His Residence Let. Morgue
Cause of Death Acute lobal pneumonia
(Primary)
Cause of Death Status Thyroid
(Secondary)
Date of Death Lymphatic
Occupation of the Deceased Student
Employed
Single or Married Religion Cath.
Date of Birth Sept 6 1920
Age 12 Years 11 Months 0 Days
Name of Father Joseph Teeters
His Birthplace West Va
Name of Mother Olive May Summers
(Maiden Name)
Her Birthplace Pgh Pa
Body to be Shipped to

Size and Style of Casket
Manufactured by Hill
Interment at Calvary Cemetery
Diagram of Lot or Vault
Lot No.
Grave No.
Section No.
Owner Olive M. Teeters Mother
1810 Forbes

Casket.....	(State Kind)	<u>300.</u>
Metallic Lining.....	(State Kind)	<u>155 00</u>
Outside Box.....	(State Kind)	<u>15 00</u>
Grave Vault.....	(State Kind)	
Embalming Body..... with.....	Fluid	<u>20 00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	<u>3 00</u>
Door Crepe, \$.....	Gloves, \$.....	<u>3 00</u>
Hearse.....		<u>14 00</u>
Limousines to Cemetery.....	@ \$.....	<u>10 50</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	<u>5 80</u>
Flowers, \$.....	(Names of Newspapers) <u>Door B</u>	<u>7 00</u>
Flower Wagon, \$.....		<u>6 00</u>
Rental of Palms, \$.....	Tent Rental, \$.....	<u>15 00</u>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		<u>55 00</u>
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	<u>20 00</u>
Church Charges, \$.....	Ministers, \$.....	<u>10 00</u>
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Per <u>EDW. J. MCAHOY</u>		
Total Footing of Bill.....		\$ <u>340 30</u>
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges
Names of Insurance Companies :
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed:

RECORD OF FUNERAL

Total No. *683* Yearly No. *40* Date *Aug 9* 19 *33*

Name of Deceased *James Edward Connolly* *Pa*
Husband— }
Wife—Widow— } *Michael Connolly* *Pa*
Son—Daughter of } (What Race) (Where Born)

Charge to
Address
Order Given by
How Secured
Date of Funeral
Residence *2609 Linwood ave*
Place of Death *Mercy Hosp*
Funeral Services at
Time of Funeral Service
Clergyman
His Address
Certifying Physician *J. H. Carroll*
His Residence *Mercy Hosp*
Cause of Death *Asphyxia*
Memorandum
Cause of Death (Secondary)
Date of Death *Aug 9 1933*
Occupation of the Deceased *Child*
Employed
Single or Married *Child* Religion *Cath*
Date of Birth *Aug 8 1933*
Age Years Months Days
Name of Father *Michael Connolly*
His Birthplace *Pa*
Name of Mother *Elysa King*
(Maiden Name)
Her Birthplace *Rhode Island*
Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at *West Salisbury Pa* Cemetery

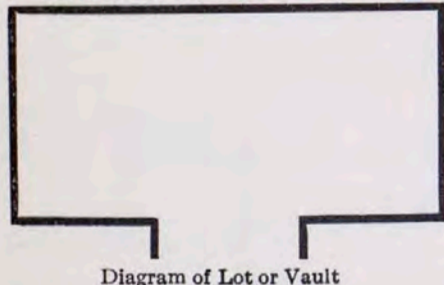


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket.....		<i>10 00</i>
Metallic Lining..... <small>(State Kind)</small>		
Outside Box..... <small>(State Kind)</small>		
Grave Vault..... <small>(State Kind)</small>		
Embalming Body..... with..... Fluid		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Crepe, \$..... Gloves, \$.....		
Hearse.....		
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
Flowers, \$..... Flower Wagon, \$.....		
Rental of Palms, \$..... Tent Rental, \$.....		
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Pa</i>		
Total Footing of Bill.....	\$	<i>10 00</i>
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below		

To Funeral Charges..... Total, \$		By Cash..... \$
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Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....
Witness.....

RECORD OF FUNERAL

Total No. 684 Yearly No. 41 Date Aug 23 1933
 Name of Deceased John P. Cahill W Pgh Pa
(What Race) (Where Born)
 Husband-
 Wife-
 Son-
 Daughter of } Viola Ogden Cahill

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Aug. 25, 1933
 Residence Passavant Hosp
 Place of Death Passavant Hosp
 Funeral Services at Epiphany Ch
 Time of Funeral Service 8:30
 Clergyman
 His Address
 Certifying Physician Dr L.H. Crisp - E. Berger-int.
 His Residence Passavant Hosp.
 Cause of Death (Primary) Acute Bronchial Pneumonia
 Cause of Death (Secondary)
 Date of Death Aug 23, 1933
 Occupation of the Deceased chauffeur
 Employed
 Single or Married widower Religion cath
 Date of Birth approx 39 yrs
 Age Years Months Days
 Name of Father Philip Cahill
 His Birthplace Pgh.
 Name of Mother Sarah Holleran
(Maiden Name)
 Her Birthplace Scotland
 Body to be Shipped to
 Size and Style of Casket Hill
 Manufactured by Calvary
 Interment at Cemetery

Casket.....	(State Kind)	160	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	20	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with Fluid	25	00
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$	18	50
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$	3	00
Door Crepe, \$.....	Gloves, \$	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$	21	00
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers	8	20
Flowers, \$.....	Flower Wagon, \$		
Rental of Palms, \$.....	Tent Rental, \$	20	00
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....		50	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$	20	00
Church Charges, \$.....	Ministers, \$	10	00
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		372	70
By Amount Paid in Advance.....			
Balance.....			

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner Wm. A. Rupp - Inf. Brother
1607 Edna St. Pgh Pa

To Funeral Charges.... Total, \$			
By Cash <u>Allegh Co.</u> \$		75	00
<u>Allegh. Trust Co.</u>		297	70

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed:
 Witness: Signed:

RECORD OF FUNERAL

Total No. 685 Yearly No. 42 Date Aug 30 1933
 Name of Deceased Henry Rice W.P. (What Race) Pgh Pa (Where Born)
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Sept 2 1933
 Residence 1419 Watson St
 Place of Death Mercy Hosp
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician W.P. McEgan
 His Residence Morgan
 Cause of Death Shock & Hemorrhage
following laceration of throat with
 Cause of Death razor and jump from 3rd floor
Window. Succeeded in getting out
 Date of Death Aug 30 1933
 Occupation of the Deceased P. lumber
 Employed.....
 Single or Married Single Religion Cath
 Date of Birth.....
 Age 65 Years Months Days
 Name of Father John Rice
 His Birthplace Ireland
 Name of Mother Catherine Dequan
 Her Birthplace Ireland
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at Cahany Cemetery
 Lot No.....
 Grave No.....
 Section No.....
 Designation of Lot or Vault Owner John J. Rice 1501 Locust St Pgh Pa

Casket.....		1.25 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		1.50 00
Grave Vault..... (State Kind)		
Embalming Body..... with..... Fluid		2.50 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		1.80 00
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		2 00
Door Crepe, \$..... Gloves, \$.....		3 00
Hearse.....		1.40 00
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		2 80
Flowers, \$..... Flower Wagon, \$.....		
Rental of Palms, \$..... Tent Rental, \$.....		1.50 00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		1.50 00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$	234 80
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below		

To Funeral Charges... Total, \$	<u>Sept 25</u>	By Cash.....	\$ 1.15 00
		<u>check</u>	4.10 00
			4.50 00

Insurance, \$..... Names of.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay.....
 Witness.....
 Compiled by F. J. FEI

MUTUAL LIFE INSURANCE COMPANY OF BALTIMORE
 HOME OFFICE: CHARLES & CHASE STS., BALTIMORE, MD.
 Received from Mrs. Mary McEgan Policy # 6397298 1934
46397298 & P.O. B. #..... Dollars
 for premium due..... on Policy No.....
Robert M. D'Amico
 ASSISTANT MANAGER
 DISTRICT
 NOTE: This temporary receipt is issued subject to the acceptance of the above mentioned amount by Mutual Life Insurance Company of Baltimore for the purpose specified, is not negotiable, and, when accepted by the Company its official receipt will be given and thereupon this receipt shall become null and void. If the Company's OFFICIAL RECEIPT is not mailed you WITHIN TEN DAYS kindly notify Branch Office or Home Office of Company.

RECORD OF FUNERAL

Date Sept 1 1933
Name of Deceased Ann Ermine (Sister M. Etheldreda) (What Race) Wilmington Pa (Where Born)

Total No. 686 Yearly No. 43

Husband—
Wife—Widow—
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral Sept 4 1933
Residence Mercy Hosp. Nurses Home
Place of Death Same
Funeral Services at Mercy Hosp. Chapel
Time of Funeral Service 7:30 A.M.
Clergyman
His Address
Certifying Physician John P. Griffith
His Residence Mercy Hosp.
Cause of Death Carcinoma of R. Breast
(Primary)

Cause of Death (Secondary)
Date of Death Sept 1 1933
Occupation of the Deceased In religion
Employed
Single or Married Single Religion Cath
Date of Birth Dec 7 1866
Age 66 Years 8 Months 24 Days
Name of Father Peter
His Birthplace Germany
Name of Mother Mary O'Neill
(Maiden Name)
Her Birthplace Ireland
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill
Interment at St. Xaviers Cemetery

Casket..... (State Kind)	60.00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	1.50
Grave Vault..... (State Kind)	
Embalming Body..... with Fluid	1.50
Barber, \$..... Hair Dressing, \$	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$	
Folding Chairs, \$..... Tarpaulins, \$	
Candelabrum, \$..... Candles, \$	2.00
Door Crepe, \$..... Gloves, \$	
Hearse.....	3.50
Limousines to Cemetery..... @ \$	
Autos to R. R. Station..... @ \$	
Aeroplane Service, \$..... Ambulance, \$	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers	8.40
(Names of Newspapers)	
Flowers, \$..... Flower Wagon, \$	
Rental of Palms, \$..... Tent Rental, \$	
Rental of Vault, \$..... Lowering Device, \$	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$	
Church Charges, \$..... Ministers, \$	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 135.40
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below	

Diagram of Lot or Vault
Lot No.
Grave No.
Section No.
Owner Sister M. Rose
Supt. Mercy Hosp.

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

Insurance, \$
Names of Insurance Companies
Names of Lodges
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness:
Signed:

RECORD OF FUNERAL

Total No. 687 Yearly No. 44 Date Sept 2 1933

Name of Deceased Louis E Perrotti (What Race) M (Where Born) Pgh Pa

Husband—
Wife—Widow— } Mrs Phyllis Perrotti
Son—Daughter of

Charge to
Address 546 Morgan St.

Order Given by
How Secured
Date of Funeral Sept 5 1933

Residence 546 Morgan St.
Place of Death Passavant Hosp.
Funeral Services at

Time of Funeral Service
Clergyman

His Address
Certifying Physician M. J. Mc Gregor

His Residence Morgue
Cause of Death Typhoid following
2nd & 3rd degree burns

Cause of Death from gasoline touch
Date of Death Sept 2 1933

Occupation of the Deceased Child
Employed Student

Single or Married Single Religion Cath
Date of Birth July 4 1920

Age 13 Years 1 Months 28 Days
Name of Father Charles Perrotti

His Birthplace Italy
Name of Mother Phyllis Laura
(Maiden Name)
Her Birthplace Italy

Body to be Shipped to
Size and Style of Casket
Manufactured by Hills

Interment at B. Alodry Cemetery
Lot No.
Grave No.
Section No.

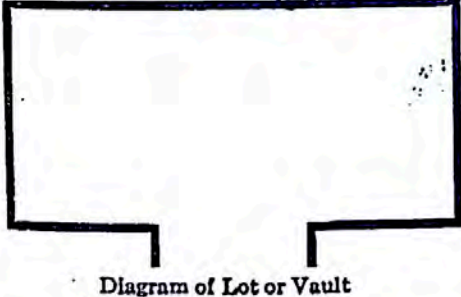


Diagram of Lot or Vault

Owner

Casket		200 00
Metallic Lining	(State Kind)	150 00
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	20 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	8 00
Flower Wagon, \$		15 00
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 228 00
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

To Funeral Charges	Total, \$	By Cash	\$

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness

RECORD OF FUNERAL

Total No. 688 Yearly No. 45 Date Sept 11 1933
 Name of Deceased Hannah Seifert (What Race) W (Where Born) England

Charge to Erhardt Seifert
 Address.....
 Order Given by.....
 How Secured.....

Date of Funeral Sept 13 1933
 Residence 3115 Homestead St. Castle Shannon
 Place of Death Same
 Funeral Services at Same
 Time of Funeral Service 2 P.M.
 Clergyman.....

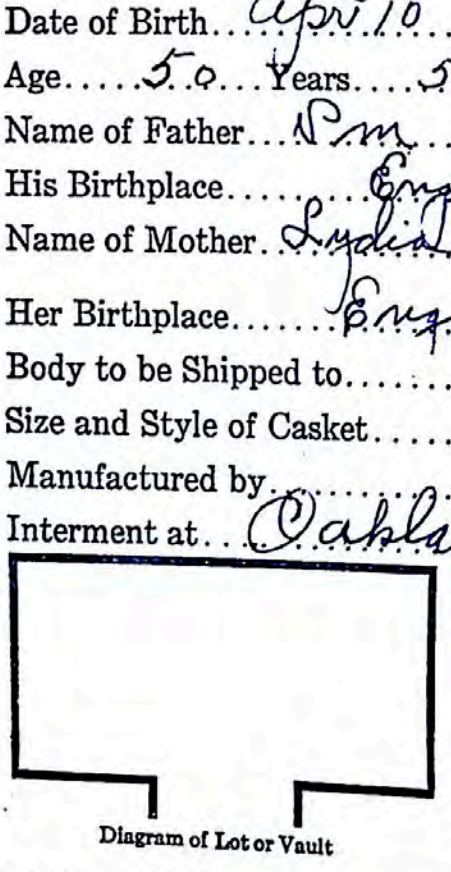
His Address.....
 Certifying Physician L. L. Bowman
 His Residence 147 Brown Rd. Mt Oliver
 Cause of Death Atrophic Hepatic
Cirrhosis (Primary)
 Cause of Death (Secondary).....

Date of Death Sept 11 1933
 Occupation of the Deceased.....
 Employed.....

Single or Married Married Religion Prot
 Date of Birth Apr 10 1883
 Age 50 Years 5 Months 1 Days
 Name of Father Wm Wright
 His Birthplace England
 Name of Mother Ludie (Maiden Name)
 Her Birthplace England

Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....

Interment at Oakland Cemetery
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Casket.....	(State Kind)	165 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		16 00
Limousines to Cemetery.....	@ \$	12 00
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....	<u>Blanket</u>	8 00
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	8 40
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	10 00
Rental of Palms, \$.....	Tent Rental, \$	20 00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		

Sept 23, 1933

Total Footing of Bill.....	\$	287 40
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....	or below	

To Funeral Charges.... Total, \$									

Insurance, \$..... Names of Insurance Companies..... Names of Lodges.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness:..... Signed:.....

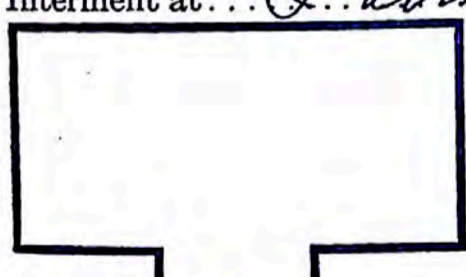
RECORD OF FUNERAL

Total No. 689 Yearly No. 46 Date Sept 22 1933
 Name of Deceased John Adams (What Race) M (Where Born) Austria

Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Sept 24 1933
 Residence
 Place of Death Western Penn Hosp
 Funeral Services at Latrobe Pa
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician F. R. Bailey
 His Residence West Penn Hosp
 Cause of Death Carcinoma of stomach
 (Primary)
 Cause of Death
 (Secondary)
 Date of Death Sept 22 1933
 Occupation of the Deceased Laboratory attendant
 Employed Columbia
 Single or Married Widowed Religion Cath
 Date of Birth Jan 11 1880
 Age 53 Years 8 Months 11 Days
 Name of Father Not known
 His Birthplace
 Name of Mother
 (Maiden Name)
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Latrobe Pa Cemetery

Casket.....	(State Kind)	300.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	20.00
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	20.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Staters bill		89.00
Insurance papers		3.50
Total Footing of Bill	\$	457.50
By Amount Paid in Advance	\$	
Balance	\$	Nov. 20, 1933
Entered into Ledger, page.....	or below	



Lot No.
 Grave No.
 Section No.

Diagram of Lot or Vault Owner
Mrs. Edward Burke
807 Gallatin St Ogh Pa

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

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed :

RECORD OF FUNERAL

Total No. 690

Yearly No. 47

Date. Sept 24 1933

Name of Deceased

Micola Passalacqua (What Race)

Partanna Italy (Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Charge to

Address

Order Given by

How Secured

Date of Funeral Sept 27 1933

Residence 819 W. Ryhe ave

Place of Death Mercy Hosp

Funeral Services at

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician Edward W. Zerhous

His Residence Mercy Hosp

Cause of Death Carcinoma of Rt Lung (Primary)

Cause of Death Bronchopneumonia (Secondary)

Date of Death Sept 24 1933

Occupation of the Deceased Wholesale Grocer

Employed

Single or Married Single Religion Cath

Date of Birth Unknown

Age 52 Years Months Days

Name of Father Joseph Passalacqua

His Birthplace Italy

Name of Mother (Maiden Name)

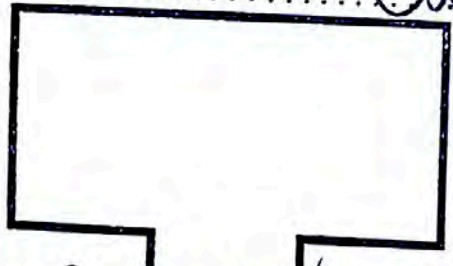
Her Birthplace Italy

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at Calvary Cemetery



Row 18
Grave No. 40
Section No. 13

Diagram of Lot or Vault owner Joseph Passalacqua

1614 3rd Ave Sph Pa

To Funeral Charges... Total, \$

Insurance, \$

Names of Insurance Companies

Names of Lodges

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed

Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

Casket	(State Kind)	300.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery	@ \$	21.00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to	Blanket	8.00
Delivering Remains to		
Death Notices in	Newspapers	8.20
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	15.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		50.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	25.00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 499.20
By Amount Paid in Advance		\$ 200.00
Balance		\$
Entered into Ledger, page		or below

PAID
Sept 27 1933
J. McAVOY

499.20
- 200.00
299.20

By Cash Pictures 12.00

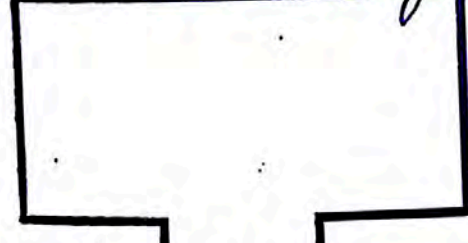
RECORD OF FUNERAL

Total No. 691..... Yearly No. 48..... Date Sept 27,..... 1933.
 Name of Deceased Barbara Boris..... (What Race) W..... (Where Born) Hungary

Charge to Frank Boris
 Address Westover, W. Va. Morgantown
 Order Given by.....
 How Secured.....
 Date of Funeral.....
 Residence Westover, W. Va.
 Place of Death Mercy Hospital
 Funeral Services at Morgantown W. Va.
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician E. W. Frost
 His Residence Mercy Hospital
 Cause of Death Cerebral Hemorrhage
 (Primary)

Cause of Death.....
 (Secondary)
 Date of Death Sept 27, 1933
 Occupation of the Deceased Housewife
 Employed.....
 Single or Married M...... Religion Cath
 Date of Birth.....
 Age 51 Years..... Months..... Days.....
 Name of Father.....
 His Birthplace Hungary
 Name of Mother.....
 (Maiden Name)

Her Birthplace.....
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Morgantown, W. Va. Cemetery



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

Diagram of Lot or Vault Owner Frank Boris Harrison Ave
Westover, W. Va.

Casket.....	(State Kind)	145.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	18.00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....	<u>to Morgantown</u>	50.00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....	<u>Banker</u>	12.00
Total Footing of Bill.....		\$ 250.00
By Amount Paid in Advance.....		\$ 120.00
Balance.....		\$ 130.00
Entered into Ledger, page.....		or below

To Funeral Charges..... Total, \$					
<u>Mr. Brady mgr.</u>	<u>Oct 31</u>	<u>By Cash</u>	<u>M.O.</u>	\$	<u>18.00</u>
<u>Osage Coal Co</u>	<u>Dec 2</u>	<u>Ch. Davidson</u>			<u>22.00</u>
<u>Morgantown W. Va.</u>	<u>Feb 27</u>				<u>68.00</u>
					<u>102.00</u>

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness:.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

Barbara Baris

To Lewis Brooks

Sept 27 407 Crowl St

1933 Morgantown
WVa

RECORD OF FUNERAL

Total No. 692 Yearly No. 49 Date Oct 11 1933

Name of Deceased Vera Samantia
 Husband— } Charles Samantia (What Race) W
 Wife—Widow— } (Where Born) Italy
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Oct 14 1933
 Residence 1325 Gibson St
 Place of Death Pasadena, Calif
 Funeral Services at St. Pithas
 Time of Funeral Service 9 A.M.
 Clergyman

His Address
 Certifying Physician W. J. M. Grogan
 His Residence La Grange, Cal.
 Cause of Death Septicemia following self-induced abortion

Cause of Death
 Date of Death Oct 11 1933
 Occupation of the Deceased Housewife

Employed
 Single or Married Married Religion Cath.
 Date of Birth May 17 1891
 Age 42 Years 4 Months 25 Days

Name of Father Thomas La Branco
 His Birthplace Italy
 Name of Mother Agnes Coppola
 Her Birthplace Italy
 (Maiden Name)

Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill

Interment at Cemetery
 Lot No. Row 18
 Grave No. 49
 Section No. 13
 Owner Charles Samantia (Humble)

Casket		150	00
Metallic Lining (State Kind)			
Outside Box (State Kind)		20	00
Grave Vault (State Kind)			
Embalming Body (State Kind) with Fluid		25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$	22	00
Slippers, \$			
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$	3	00
Door Crepe, \$	Gloves, \$	3	00
Hearse		14	00
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in Newspapers		4	80
Flowers, \$	(Names of Newspapers) <u>Post B</u> Flower Wagon, \$	10	00
Rental of Palms, \$	Tent Rental, \$	15	00
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot		66	00
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$	25	00
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill		\$	357 80
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page			or below

Paid
W.P.M.

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

Insurance, \$ Names of Lodges Names of Insurance Companies

RECORD OF FUNERAL

Total No. 693 Yearly No. 50 Date Oct 15 1933

Name of Deceased Frank Laurie (What Race) (Where Born)

Charge to Mrs. Vincent Laurie
 Address Order Given by How Secured

Date of Funeral Oct 17 1933
 Residence 822 Adelaid St
 Place of Death Hill Crest Farm
 Funeral Services at St. Richards
 Time of Funeral Service 9 A.M.

Clergyman
 His Address
 Certifying Physician

His Residence
 Cause of Death Central Paralysis of
 the Insane (Primary)

Cause of Death (Secondary)
 Date of Death Oct 15 1933
 Occupation of the Deceased

Employed
 Single or Married Single Religion Cath
 Date of Birth Age 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
 Manufactured by Hill
 Interment at Calvary Cemetery

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

Casket.....		140 00
(State Kind)		
Metallic Lining.....		
(State Kind)		
Outside Box.....		20 00
(State Kind)		
Grave Vault.....		
(State Kind)		
Embalsming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from Hill Crest		10 00
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		18 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		

Total Footing of Bill.....	\$ 258 00
By Amount Paid in Advance.....	\$
Balance.....	\$

Entered into Ledger, page..... or below	
To Funeral Charges... Total, \$	By Cash 4/16/33 50.00 \$

Insurance, \$ Names of Lodges
 Names of Insurance Companies :
 We hereby authorize the above funeral and agree to pay the expenses thereof

Signed :
 Signed :

Witness :
 Printed by F. I. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 694 Yearly No. 51 Date Oct 17 1933

Name of Deceased Anna Diegelman (What Race) M (Where Born) Pgh Pa
Husband— } Sebastian Diegelman
Wife—Widow+ }
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral Oct 21 - 33
Residence 1807 Bedford ave
Place of Death 1807 Bedford ave
Funeral Services at
Time of Funeral Service
Clergyman
His Address
Certifying Physician J. C. Fleming
His Residence 646 Herron ave
Cause of Death Carcinoma of Rt Breast
(Primary)
Cause of Death Toxaemia Anaemia
(Secondary)
Date of Death Oct 17 - 33
Occupation of the Deceased at home
Employed
Single or Married Religion Cath
Date of Birth July 13 1865
Age 68 Years 3 Months 4 Days
Name of Father Benedict Schaffer
His Birthplace Germany
Name of Mother Not known
(Maiden Name)
Her Birthplace Germany
Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at North Side Cath. Cemetery

Casket.....	(State Kind)	300 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	<u>Wilbert</u> (State Kind)	100 00
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	22 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	4 80
	(Names of Newspapers) <u>Post B</u>	12 00
Flowers, \$.....	Flower Wagon, \$.....	20 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		36 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		594 80
By Amount Paid in Advance.....		116 96
Balance.....		
Entered into Ledger, page..... or below		

Diagram of Lot or Vault
Lot No.
Grave No.
Section No.
Owner Charles Diegelman (son)
3315 Ward St

To Funeral Charges... Total, \$
62.2619
Bills sent to Thos. Schaffer
216 4th Ave
Oct 15, 1936 Pgh Pa

May 24, By Cash Ms. Cath Storky \$ 116 96
June 9 Joseph Diegelman 116 96
EDW. J. MCAVOY
PAID
June 21, 1937

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Witness..... Signed.....
Joseph D. 304 Home St NS
Frank D. 1807 Bedford
Mr. Catharine Storky 3. Mount St

RECORD OF FUNERAL

Total No. 695 Yearly No. 52 Date Oct 22 1933
 Name of Deceased Charles H. Auge (What Race) W.P. (Where Born) Reading Pa
 Husband—
 Wife—Widow— } Zita C. Auge
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Oct 26 1933
 Residence 1318 Carson St
 Place of Death South Side Hosp
 Funeral Services at 1318 Carson St
 Time of Funeral Service 2:20 P.M.
 Clergyman
 His Address
 Certifying Physician W. J. McEugan
 His Residence County McEugan
 Cause of Death Cerebral Hemorrhage
 (Primary)

Cause of Death
 (Secondary)
 Date of Death Oct 22 1933
 Occupation of the Deceased Labor
 Employed
 Single or Married Married Religion Prot
 Date of Birth Jan 18 1885
 Age 48 Years 9 Months 4 Days
 Name of Father Charles Auge
 His Birthplace Pa
 Name of Mother Caroline Sartman
 (Maiden Name)
 Her Birthplace Pa

Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at South Side Cemetery

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner Mrs Zita C. Auge 1318 Carson St

Casket.....	(State Kind)	150 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	3 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	7 20
	<u>Door B.</u>	1 00
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$.....	20 00
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		16 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u> <u>Nov 16 1933</u>		
Total Footing of Bill.....	\$	283 70
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....		or below

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 696 Yearly No. 53 Date Nov. 12 1933

Name of Deceased James Hoarty (What Race) W (Where Born) W

Husband—
Wife—Widow—
Son—Daughter of } W

Charge to

Address

Order Given by

How Secured

Date of Funeral Nov 14 1933

Residence

Place of Death Mayview

Funeral Services at St Pauls Chhd

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician

His Residence

Cause of Death Chronic Nephritis

Chronic Myocarditis, Pulmonary

Cause of Death Emphysema, Arterio Sclerosis

Date of Death Nov 12 1933

Occupation of the Deceased

Employed

Single or Married Religion Cath

Date of Birth

Age 69 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

Manufactured by Will

Interment at Calvary Cemetery



Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Casket	(State Kind)	170 <u>85.00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	15.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	12.50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	2.00
Door Crepe, \$	Gloves, \$	2.00
Hearse		14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	2.80
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		15.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	10.00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
<u>Paid in Advance</u>		
Total Footing of Bill	\$	<u>173.30</u>
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page	or below	

To Funeral Charges Total, \$	By Cash \$

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness: Signed

RECORD OF FUNERAL


Total No. 697 Yearly No. 54 Date Nov 13th 1933

Name of Deceased Peter J. Murray (What Race) W (Where Born) Phg Pa

Husband—
Wife—Widow—
Son—Daughter of } _____

Charge to _____
 Address _____
 Order Given by _____
 How Secured _____
 Date of Funeral Nov 16 1933
 Residence 225 Kirkpatrick
 Place of Death Same
 Funeral Services at St Agnes
 Time of Funeral Service 9 A.M.
 Clergyman _____
 His Address _____
 Certifying Physician M. J. McGregov
 His Residence Maguere
 Cause of Death Lobar Pneumonia
(Primary)

Cause of Death _____
(Secondary)
 Date of Death Nov 13th 1933
 Occupation of the Deceased Carpenter
 Employed _____
 Single or Married Single Religion Cath
 Date of Birth Oct 1st 1881
 Age 52 Years 1 Months 12 Days
 Name of Father Cornelius Murray
 His Birthplace Ireland
 Name of Mother E. Elizabeth Boyle
(Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at Calvary Cemetery

 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Edwin J. Murray Bro.

67 So. St. Pgh. Pa.

To Funeral Charges.... Total, \$					

Casket.....		125	00	
(State Kind)				
Metallic Lining.....				
(State Kind)				
Outside Box.....		20	00	
(State Kind)				
Grave Vault.....				
(State Kind)				
Embalming Body.....	with	Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....			
Dressing Body.....			12	50
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....			
Candelabrum, \$.....	Candles, \$.....		3	00
Door Crepe, \$.....	Gloves, \$.....		3	00
Hearse.....			14	00
Limousines to Cemetery.....	@ \$.....		10	50
Autos to R. R. Station.....	@ \$.....			
Aeroplane Service, \$.....	Ambulance, \$.....			
Getting Remains from.....				
Taking Body to Inquest.....				
Delivering Box to.....				
Delivering Remains to.....				
Death Notices in.....	Newspapers.....		4	20
(Name of Newspapers) <u>Post 3</u>				
Flowers, \$.....	Flower Wagon, \$.....		10	00
Rental of Palms, \$.....	Tent Rental, \$.....		15	00
Rental of Vault, \$.....	Lowering Device, \$.....			
Outlay for Lot.....			15	00
Opening Grave or Vault.....				
Lining Grave, \$.....	Matting, \$.....			
Outlay for Shipping Charges.....				
Removal Charges, \$.....	Cremation, \$.....			
Getting Burial Permit.....				
Certified Copies of Death Certificate.....			1	50
Personal Charges, \$.....	Singers, \$.....			
Church Charges, \$.....	Ministers, \$.....			
Pall Bearer Service.....				
Telegr., Telephone, Cable or Radio Charges.....				
Railroad Tickets.....				
Cash Advanced.....				
Total Footing of Bill.....		\$	258	70
By Amount Paid in Advance.....		\$	185	00
Balance.....		\$	73	70
Entered into Ledger, page.....				or below

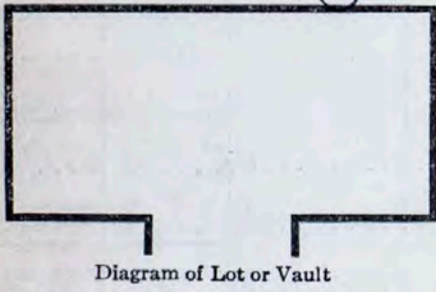
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed :.....
 Witness :.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. *698* Yearly No. *55* Date *Nov 21 1933*
 Name of Deceased *Alexander Wisniewski (White) Poland*
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral *Nov 23*
 Residence
 Place of Death *Woodville*
 Funeral Services at *Epiphany*
 Time of Funeral Service *9 AM*
 Clergyman
 His Address
 Certifying Physician *P. H. Clark Regtr*
 His Residence *Collier Township*
 Cause of Death *Pulmonary Tuberculosis*
(Primary)
 Cause of Death
(Secondary)
 Date of Death *Nov 21 1933*
 Occupation of the Deceased *Coal Miner*
 Employed *Ford Collieries Co*
 Single or Married *Widowed* Religion *Cath*
 Date of Birth *May 25 1890*
 Age *43* Years *5* Months *28* Days
 Name of Father *Joseph Wisniewski*
 His Birthplace *Poland*
 Name of Mother *Mary*
(Maiden Name)
 Her Birthplace *Poland*
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by *Hill*
 Interment at *Calvary* Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Birtsville PA

Casket.....	(State Kind)	60 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body..... with..... Fluid		15 00
Barber, \$..... Hair Dressing, \$		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$		10 00
Folding Chairs, \$..... Tarpaulins, \$		
Candelabrum, \$..... Candles, \$		
Door Crepe, \$..... Gloves, \$		
Hearse.....		
Limousines to Cemetery..... @ \$		
Autos to R. R. Station..... @ \$		
Aeroplane Service, \$..... Ambulance, \$		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....	(Names of Newspapers)	
Flowers, \$..... Flower Wagon, \$		
Rental of Palms, \$..... Tent Rental, \$		
Rental of Vault, \$..... Lowering Device, \$		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$		
Church Charges, \$..... Ministers, \$		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$	85 00
By Amount Paid in Advance.....	\$	Full
Balance.....	\$	Full
Entered into Ledger, page.....	or' below	

To Funeral Charges..... Total, \$			
		<i>Dec Jan 1934</i>	By Cash..... \$ 15 00
			10 00

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 699

Yearly No. 56

Date Nov 25, 1933

Name of Deceased Thomas F. Flanagan (White) Ireland
(What Race) (Where Born)

(Husband) } Mary Donohue
Wife—Widow—
Son—Daughter of

Charge to.....
Address.....

Order Given by.....

How Secured.....

Date of Funeral Nov 28, 1933

Residence 1605 Blvd of the Allies

Place of Death 1605 Blvd of the Allies

Funeral Services at Epiphany

Time of Funeral Service 10 A.M.

Clergyman.....

His Address.....

Certifying Physician Dr. J.J. McCarthy

His Residence 29

Cause of Death Bronchial Pneumonia
(Primary)

Cause of Death Arteriosclerosis
(Secondary)

Date of Death Nov 25, 1933

Occupation of the Deceased Crossman

Employed Sun-Telegraph

Single or Married Married Religion Catholic

Date of Birth Feb 2, 1855

Age 78 Years 9 Months 23 Days

Name of Father Hugh

His Birthplace Ireland

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

Her Birthplace Ireland

Body to be Shipped to.....

Size and Style of Casket.....

Manufactured by.....

Interment at Calvary Cemetery

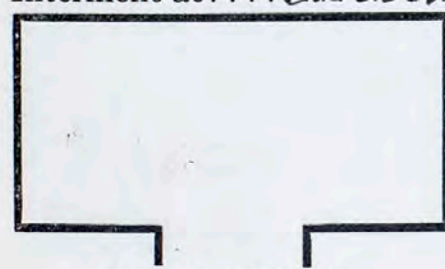


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Owner.....

Casket.....		4 90 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	1 00 00
Embalming Body.....	with..... Fluid	2 50 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	3 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		1 40 00
Limousines to Cemetery.....	@ \$.....	2 10 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 80
.....	(Names of Newspapers) <u>1900-19</u>	
Flowers, \$.....	Flower Wagon, \$.....	1 20 00
Rental of Palms, \$.....	Tent Rental, \$.....	2 00 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	3 80 00
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	2 50 00
Church Charges, \$.....	Ministers, \$.....	2 50 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paedinefull</u>		
<u>E.G.M.</u>		
Total Footing of Bill.....	\$.....	7 89 30
By Amount Paid in Advance.....	\$.....	
.....	Balance.....	\$.....
Entered into Ledger, page..... or below.....		

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Witness..... Signed.....

RECORD OF FUNERAL

Total No. 700..... Yearly No. 57..... Date Nov. 27,..... 1933

Name of Deceased Margaret Hopper..... (White)..... Vermont
(What Race) (Where Born)

Husband—
 Wife—
 Son—
 Daughter of } Frank A. Hopper
 Charge to Frank A. Hopper

Address Library Bldg. Oliver Bldg.
 Order Given by (Oliver Estate)

How Secured.....
 Date of Funeral Nov. 29, 1933

Residence.....
 Place of Death Mercy Hospital
 Funeral Services at St. Epiphany

Time of Funeral Service.....
 Clergyman.....

His Address.....
 Certifying Physician Dr. E. W. Furuset

His Residence Mercy Hospital
 Cause of Death Coronary Occlusion
(Primary)

Cause of Death Atonal atrophy
(Secondary)
 Date of Death 11-27-33

Occupation of the Deceased Housewife
 Employed.....

Single or Married M...... Religion.....
 Date of Birth Aug-1-1850
 Age 83 Years 2 Months 26 Days

Name of Father Peter King
 His Birthplace Ireland

Name of Mother.....
(Maiden Name)
 Her Birthplace.....

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

Manufactured by.....
 Interment at St. Marys..... Cemetery

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

Owner Frank A. Hopper

Casket.....	150 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	15 00
Grave Vault..... <small>(State Kind)</small>	
Embalming Body..... with..... Fluid	15 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	10 50
Folding Chairs, \$..... Tarpaulins, \$.....	12 00
Candelabrum, \$..... Candles, \$.....	2 00
Door Crepe, \$..... Gloves, \$.....	2 00
Hearse.....	14 00
Limousines to Cemetery..... @ \$.....	21 00
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	15 00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	15 00
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	
Church Charges, \$..... Ministers, \$.....	10 00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
<i>June 28, 1934</i> <i>Paid in full</i> <i>EJN.</i>	
Total Footing of Bill.....	\$ 281 50
By Amount Paid in Advance.....	\$ 60 00
Balance.....	\$
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$		By Cash.....	\$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed:.....
 Witness..... Signed:.....

RECORD OF FUNERAL

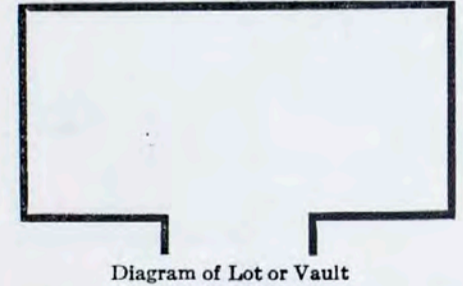
Total No. 701 Yearly No. 58 Date Nov 27 1933
 Name of Deceased Michael J Swide (What Race) W (Where Born) Pa

Husband—
 Wife—Widow—
 Son—Daughter of } _____

Charge to _____
 Address _____
 Order Given by _____
 How Secured _____
 Date of Funeral Nov 30 1933
 Residence 1228 Maple
 Place of Death Waddell Holy Studios
 Funeral Services at St Anne's
 Time of Funeral Service 10 A.M.
 Clergyman _____
 His Address _____
 Certifying Physician _____
 His Residence _____
 Cause of Death General peritonitis
(Primary)

Cause of Death Appendectomy
(Secondary)
 Date of Death Nov 27 1933
 Occupation of the Deceased Storekeeper
 Employed Himself
 Single or Married Single Religion Cath
 Date of Birth May 17 1909
 Age _____ Years _____ Months _____ Days
 Name of Father Joseph Swide
 His Birthplace Syria
 Name of Mother Marian Batters
(Maiden Name)
 Her Birthplace Syria

Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at Calvary Cemetery



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Casket.....	(State Kind)	435 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	24 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	4 50
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	52 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	7 20
Flowers, \$.....	(Names of Newspapers) <u>Post B.</u> Flower Wagon, \$.....	12 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid in full</u> <u>E.J.M.</u>		
Total Footing of Bill.....		\$ 680 70
By Amount Paid in Advance.....		
Balance.....		

	Total, \$
	By Cash \$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 702 Yearly No. 59 Date Dec 8 19 33

Name of Deceased Infant Omalley (What Race) Pgh Pa (Where Born)

Husband— Daniel Omalley }
Wife—Widow—
Son—Daughter of }

Charge to 3417 Terrace St Rear

Order Given by

How Secured

Date of Funeral Dec 9 1933

Residence 3417 Terrace St Rear

Place of Death Same

Funeral Services at Chapel

Time of Funeral Service

Clergyman

His Address

Certifying Physician B. B. Wood

His Residence 2118 5th ave

Cause of Death Still Birth at 8 mo (Primary)

Cause of Death (Secondary)

Date of Death Dec 8 1933

Occupation of the Deceased Still born

Employed

Single or Married Female Religion Cath

Date of Birth Dec 8 1933

Age Still Birth Years Months Days

Name of Father Daniel Omalley

His Birthplace Pgh Pa

Name of Mother Mercedes Hart (Maiden Name)

Her Birthplace Pgh Pa

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at Calvary Cemetery



Diagram of Lot or Vault

Lot No. Grave No. Section No. Owner

Casket		8 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Grave Vault (State Kind)		
Embalming Body with Fluid		
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ Hose, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulins, \$		
Candelabrum, \$ Candles, \$		
Door Crepe, \$ Gloves, \$		
Hearse		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Aeroplane Service, \$ Ambulance, \$		
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		
Flowers, \$ Flower Wagon, \$		
Rental of Palms, \$ Tent Rental, \$		
Rental of Vault, \$ Lowering Device, \$		
Outlay for Lot		16 00
Opening Grave or Vault		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Removal Charges, \$ Cremation, \$		
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$ Singers, \$		
Church Charges, \$ Ministers, \$		
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		18 00
By Amount Paid in Advance		
Balance		

Handwritten signature and stamp: Dec 1-39

To Funeral Charges	Total, \$	By Cash	\$

Insurance, \$ Names of Lodges
Names of Insurance Companies :
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness Signed :
Signed :
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 703 Yearly No. 60 Date Dec 11 1933
 Name of Deceased Curtis F Hanna *M* Biller Pa.
(What Race) (Where Born)
 Husband—
 Wife—Widow—
 Son—Daughter of } Mrs Pearl Hanna

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Dec 13 1933
 Residence Washington Pa
 Place of Death Mercy Hosp
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician Paul R Sieber
 His Residence Mercy Hosp
 Cause of Death Chronic suppurative
(Primary)
Osteomyelitis of ribs & bone
(Secondary)
& lumbar spine
 Date of Death Dec 11 1933
 Occupation of the Deceased Painter
 Employed.....
 Single or Married Married Religion Cath
 Date of Birth April 15 1878
 Age 55 Years 7 Months 26 Days
 Name of Father Robert Hanna
 His Birthplace Pa
 Name of Mother Mama McAndrew
(Maiden Name)
 Her Birthplace Pa
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at West Alexander Cemetery
 Diagram of Lot or Vault
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Casket.....	150 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	15 00
Grave Vault..... <small>(State Kind)</small>	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	2 50
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	2 00
Door Crepe, \$..... Gloves, \$.....	3 00
Hearse.....	25 00
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	2 60
<small>(Names of Newspapers)</small>	
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	15 00
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
<i>Paul G.M.</i>	
Total Footing of Bill.....	\$ 240 10
By Amount Paid in Advance.....	
Balance.....	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 704 Yearly No. 61 Date Dec 11 19 33

Name of Deceased Donald Wisnick (What Race) W (Where Born) Pgh Pa
 Husband— } John Wisnick
 Wife—Widow— }
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Dec 14 1933
 Residence 1502 Forbes St
 Place of Death Childrens Hosp
 Funeral Services at
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician Mina S
 His Residence Childrens Hosp
 Cause of Death Broncho pneumonia
 (Primary)
 Cause of Death Bilateral otitis media
 (Secondary)
 Date of Death Dec 11 1933
 Occupation of the Deceased child
 Employed
 Single or Married Religion Cath
 Date of Birth Dec 28 1933
 Age 0 Years 11 Months 17 Days
 Name of Father John Wisnick
 His Birthplace Pgh Pa
 Name of Mother Helen Balgo
 (Maiden Name)
 Her Birthplace W Va
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Nell
 Interment at St Marys Cemetery
 Row 11
 Grave No. 29
 Section No. 1
 Owner

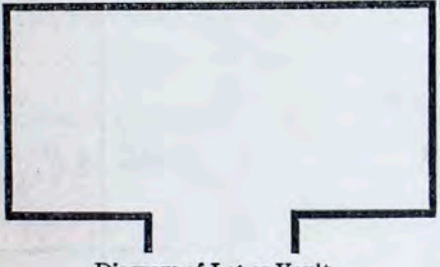


Diagram of Lot or Vault

Casket.....	(State Kind)	<u>40</u>	<u>00</u>
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalming Body.....	with.....		Fluid
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$.....		Slippers, \$.....
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....			
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
	(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....		
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		<u>20</u>	<u>00</u>
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....	\$.....	<u>60</u>	<u>00</u>
By Amount Paid in Advance.....	\$.....	<u>30</u>	<u>00</u>
Balance.....	\$.....		
Entered into Ledger, page.....	or below.....		

To Funeral Charges.....	Total, \$.....	By Cash.....	\$.....	<u>15</u>	<u>00</u>
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Paid

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed:.....
 Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 705 Yearly No. 62 Date Dec 15 1933

Name of Deceased Mary Campbell (What Race) (Where Born)

Husband— }
Wife—Widow— }
Son—Daughter of }

Charge to Edward Campbell
Address 4620 Carroll St. St. L.

Order Given by

How Secured

Date of Funeral Dec 18 1933

Residence

Place of Death Mayview

Funeral Services at Epiphany

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician

His Residence

Cause of Death Carcinoma of
Stomach (Primary)

Cause of Death (Secondary)

Date of Death Dec 15 1933

Occupation of the Deceased

Employed

Single or Married Religion Cath.

Date of Birth

Age 65 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

Manufactured by Hill St. Augustines

Interment at Cemetery



Lot No.
Grave No.
Section No.

Diagram of Lot or Vault
Owner Mrs. A. F. Calaney, Indiana, Pa.
450 School St.

Casket		85 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	10 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	2 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from	<u>Mayview</u>	10 00
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	2 60
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		

Paid in full
[Signature]

Total Footing of Bill	\$	177 60
By Amount Paid in Advance	\$	10 00
Balance	\$	
Entered into Ledger, page		or below

To Funeral Charges	Total, \$			
<u>Ind. 160</u>				
<u>Mrs. Madden</u>				
<u>Mo 69 77</u>				
<u>Mar 3</u>		By Cash <u>Mr. Calaney</u>	\$	10 00
<u>" 31</u>		" " "		5 00
<u>May 1</u>		" " "		5 00
<u>" 12</u>		" " "		68 50
<u>Mar. 24</u>		By cash <u>E. C.</u>		10 00
<u>Apr. 21</u>		" " <u>L. S.</u>		5 00
<u>June 23</u>		" " <u>K. M.</u>		5 00
<u>1935</u>				5 00

Aug 25, 1935 " [Signature]

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 706 Yearly No. 63 Date Dec 29, 1933

Name of Deceased Rose De Pasquale It Italy
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of } Amelio De Pasquale

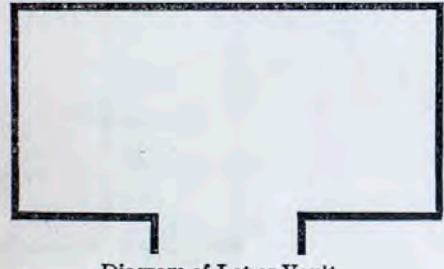
Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Dec 26, 1933
 Residence St. Francis Hospital
 Place of Death St. Francis Hospital
 Funeral Services at Edmond St. Church
 Time of Funeral Service 10 A.M.

Clergyman
 His Address
 Certifying Physician A. H. Colwell
 His Residence St. Francis Hospital
 Cause of Death Bulbar Palsy
(Primary)

Cause of Death Tuberc Pneumonia
(Secondary)
 Date of Death Dec 23, 1933
 Occupation of the Deceased Housewife

Employed
 Single or Married Married Religion Catholic
 Date of Birth 1891
 Age 42 Years Months Days
 Name of Father Samuel Pasqua
 His Birthplace Italy
 Name of Mother Carolina Giang
(Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to

Size and Style of Casket
 Manufactured by
 Interment at St. Anthony's Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket <u>F Service</u>	110	00
Metallic Lining		
Outside Box		
Grave Vault		
Embalming Body with <u>Fluid</u>		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulins, \$		
Candelabrum, \$		
Candles, \$		
Door Crepe, \$		
Gloves, \$		
Hearse		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Aeroplane Service, \$		
Ambulance, \$		
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$		
Flower Wagon, \$		
Rental of Palms, \$		
Tent Rental, \$		
Rental of Vault, \$		
Lowering Device, \$		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Removal Charges, \$		
Cremation, \$		
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$		
Singers, \$		
Church Charges, \$		
Ministers, \$		
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		

Total Footing of Bill	\$	170	00
By Amount Paid in Advance	\$	75	00
Balance	\$	35	00

Entered into Ledger, page or below

To Funeral Charges	Total, \$		By Cash	\$

Insurance, \$ Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness: Signed:

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

Informant - Amalia De Pasquale
 316 Dursey St.

RECORD OF FUNERAL

Total No. 707 Yearly No. 64 Date Dec 23 1933

Name of Deceased Dr. Mary De Paul (addeluide) (McCormick) St. Pgh, Pa.
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Charge to Sisters of Mercy
Address St. Pius Church McKeesport
Order Given by Mary Rose (Mercy Hospital)
How Secured
Date of Funeral Dec 26, 1933
Residence Mercy Hospital
Place of Death Mercy Hospital
Funeral Services at Mercy Hosp Chapel
Time of Funeral Service 9 A.M.
Clergyman

His Address
Certifying Physician Dr. E. W. Zuckert
His Residence Mercy Hospital
Cause of Death Ulceration of lower
(Primary)
right extremity (Gasima)
Cause of Death Diabetic melitis
(Secondary)
Date of Death Dec 23, 1933
Occupation of the Deceased Sr. of Mercy

Employed
Single or Married
Religion Catholic
Date of Birth Pittsburgh, Pa. (about 1873)
Age about 60 Years Months Days
Name of Father James Mc McCormick
His Birthplace Pgh, Pa.
Name of Mother Mary Ellen Pope
(Maiden Name)
Her Birthplace North side - Pgh.

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at St. Xavier's Cemetery

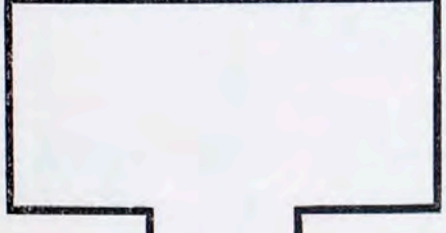


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket		60 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	15 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	2 00
Door Crepe, \$	Gloves, \$	
Hearse		35 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	5 20
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 132 20
By Amount Paid in Advance		\$
Balance		\$

Paid in Advance

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

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness

RECORD OF FUNERAL

Total No. 708 Yearly No. 1 Date Jan 1 1934

Name of Deceased Agnes Harkins (What Race) (Where Born)

Charge to Rev E.W. Harkins Address Epiphany Church

Order Given by Andrew Harkins How Secured

Date of Funeral Jan 5 1933 Residence 212 1/2 Craig

Place of Death Mercy Hosp Funeral Services at St Paul

Time of Funeral Service 10:30 A.M. Clergyman

His Address Certifying Physician S.D. Kuehner

His Residence Mercy Hosp Cause of Death Coronary Thrombosis

Cause of Death Cholecystitis Date of Death Jan 1 1934

Occupation of the Deceased Housewife Employed

Single or Married Married Religion Cath Date of Birth Apr 10 1864

Age 68 Years 8 Months 21 Days Name of Father Owen Smith

His Birthplace Ireland Name of Mother R. Swan

Her Birthplace Ireland Body to be Shipped to

Size and Style of Casket Manufactured by Skiff

Interment at Calvary Cemetery Lot No. Grave No. Section No.

Owner Andrew Harkins 212 1/2 Craig

Diagram of Lot or Vault

Diagram of Lot or Vault

Casket.....	(State Kind)	2 75 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	16 25
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	21 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	7 20
Flowers, \$.....	(Names of Newspapers) <u>Post B</u> Flower Wagon, \$.....	12 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		28 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....	<u>Limerick, Pa.</u>	3 00
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Paid <u>Jan 30, 1934</u>		
Total Footing of Bill.....	<u>EJM</u>	\$ 442 45
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

To Funeral Charges.... Total, \$	By Cash..... \$
<u>Swan auto</u>	

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness:..... Signed:.....

Signed:.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 709 Yearly No. 2 Date Jan 4 1934

Name of Deceased Mary Benzinger (What Race) _____ (Where Born) Pgh Pa
 Husband— } George C. Benzinger
 Wife—Widow— }
 Son—Daughter of }

Charge to _____
 Address 1842 Forbes St.
 Order Given by _____
 How Secured _____
 Date of Funeral Jan 8 1934
 Residence 1842 Forbes St.
 Place of Death Same
 Funeral Services at St Agnes
 Time of Funeral Service _____
 Clergyman _____
 His Address _____
 Certifying Physician L. J. Barnett
 His Residence 2004 5th ave
 Cause of Death Cerebral abscess
(Primary)

Cause of Death Septicemia
(Secondary)
 Date of Death Jan 4 1934
 Occupation of the Deceased Housewife
 Employed _____
 Single or Married Married Religion Cath
 Date of Birth Sept 22 1893
 Age 50 Years 3 Months 12 Days
 Name of Father Patrick H. Carns
 His Birthplace Ireland
 Name of Mother Sarah C. Carns
(Maiden Name)
 Her Birthplace Ireland

Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at C. Albany Cemetery



Diagram of Lot or Vault

Plot No. 19
 Grave No. 10
 Section No. 13
 Owner _____

Casket		275 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Embalming Body	with _____ Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	14 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	9 20
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	15 00
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	68 00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	20 00
Church Charges, \$	Ministers, \$	10 00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced	<u>Jan 19, 1934</u> <u>paid in full</u> <u>EJM</u>	
Total Footing of Bill		\$ 522 70
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page _____ or below		

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

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Signed _____

Witness: _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 710 Yearly No. 3 Date Jan 5 1934

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

Husband—Josephine Hoban (Wife)
 Wife—Widow—
 Son—Daughter of

Charge to
 Address

Order Given by
 How Secured

Date of Funeral Jan 9 1934

Residence 3726 Liberty Ave

Place of Death West Penn Hosp

Funeral Services at St John the Baptist

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician W. J. Mc Gregor

His Residence Morgue

Cause of Death Shock & Hemorrhage
(Primary)

Cause of Death Fractured skull due to being struck by auto
(Secondary)

Date of Death Jan 5 1934

Occupation of the Deceased Boat Maker

Employed

Single or Married Married Religion Cath

Date of Birth Dec 17

Age 55 Years 19 Months 19 Days

Name of Father Thomas Hoban

His Birthplace Ireland

Name of Mother Bridget Kelly
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at Calvary Cemetery

Lot No.
 Grave No.
 Section No.
 Owner

Entered into Ledger, page or below

Casket.....	(State Kind)	185 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body..... with Fluid	(State Kind)	25 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		22 00
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		3 00
Door Crepe, \$..... Gloves, \$.....		3 00
Hearse.....		14 00
Limousines to Cemetery @ \$.....		10 50
Autos to R. R. Station @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		9 20
Flowers, \$..... Flower Wagon, \$.....	(Names of Newspapers)	10 00
Rental of Palms, \$..... Tent Rental, \$.....		20 00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		20 00
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 369 70
By Amount Paid in Advance.....		\$
Balance.....		\$

To Funeral Charges... Total, \$	By Cash..... \$
<u>James Hoban</u> <u>2955 Chestnut Ave</u>	

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed.....

Witness..... Signed.....

RECORD OF FUNERAL


Total No. 711..... Yearly No. 4..... Date Jan 7 1934
 Name of Deceased Barbara Connors *W* (What Race) Igh Pa (Where Born)

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to Michael Connors
 Address 1208 Watson St
 Order Given by.....
 How Secured.....
 Date of Funeral Jan 9, 1934
 Residence 1208 Watson
 Place of Death.....
 Funeral Services at Epiphany
 Time of Funeral Service.....
 Clergyman.....
 His Address.....

Certifying Physician B B Wood
 His Residence.....
 Cause of Death Acute Bronchitis
Broncho pneumonia (Primary)
 Cause of Death..... (Secondary)
 Date of Death Jan 7, 1934
 Occupation of the Deceased.....
 Employed.....

Single or Married S..... Religion Cath
 Date of Birth April 22 1933
 Age..... Years..... Months..... Days.....
 Name of Father Michael Connors
 His Birthplace Ireland
 Name of Mother..... (Maiden Name)
 Her Birthplace.....

Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Calvary Cemetery

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

Casket.....	<u>7 base</u>	<u>40 00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	<u>21 00</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		<u>10 00</u>
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$.....	<u>71 00</u>
By Amount Paid in Advance.....	\$.....	
Balance.....	\$.....	

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

To Funeral Charges.... Total, \$	By Cash <u>Jan 25</u> \$	<u>50 00</u>
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness:.....

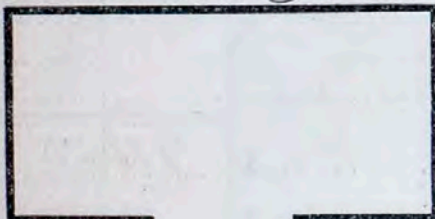
RECORD OF FUNERAL

Total No. 712 Yearly No. 5 Date Jan 7 1934
 Name of Deceased William L. Finnell MD Butler Pa
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Jan 10 1934
 Residence 1510 Forbes St
 Place of Death Veterans Hosp Aspinwall Pa
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician Henry Brown
 His Residence Vets Hosp Aspinwall
 Cause of Death Tuberculosis Pulmonary
(Primary)
chronic far advance
 Cause of Death Myocarditis
(Secondary)
 Date of Death Jan 7 1934
 Occupation of the Deceased P.R. Brahman
 Employed
 Single or Married Single Religion Cath
 Date of Birth Sept 6 1895
 Age 36 Years 4 Months 1 Days
 Name of Father James R. Finnell
 His Birthplace Ireland
 Name of Mother Marta McMurdy
(Maiden Name)
 Her Birthplace Washington Pa
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Calvary Cemetery

Casket.....		165 00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	20 00
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	3 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	10 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	7 20
Flowers, \$.....	<small>(Names of Newspapers)</small> <u>Post</u> Flower Wagon, \$.....	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation , \$.....	10 00
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill		\$ 359 20
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

Diagram of Lot or Vault

 Lot No.
 Grave No.
 Section No.
 Owner James Finnell 719 Forbes

To Funeral Charges..... Total, \$	By Cash..... \$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 713 Yearly No. 6 Date Jan 9 1934

Name of Deceased Clara Porco (What Race) M (Where Born) N.Y. City

Husband—Wife—Widow—Son—Daughter of } Joseph Porco Charge to Joseph Porco 300.00

Address 316 Dorsal St.

Order Given by

How Secured

Date of Funeral Jan 12, 1934

Residence 316 Dorsal St.

Place of Death Pgh. Tuberculosis Hos.

Funeral Services at Immaculate Conception

Time of Funeral Service

Clergyman

His Address

Certifying Physician W. M. Gregor Corone

His Residence

Cause of Death Pulmonary Tuberculosis (Primary)

Cause of Death

Date of Death Jan 9, 1934 (Secondary)

Occupation of the Deceased Housewife

Employed

Single or Married m Religion c

Date of Birth May 8, 1900

Age 32 Years 8 Months 1 Days

Name of Father Gatsy Costello

His Birthplace Italy

Name of Mother unknown (Maiden Name) Italy

Her Birthplace Italy

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at St. Anthony Cemetery

Lot No.

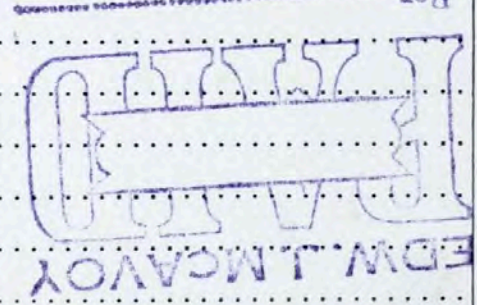
Grave No.

Section No.

Owner

Diagram of Lot or Vault

Casket.....		170	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	20	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	15	00
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	10	50
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
	(Names of Newspapers) <u>Dorsal B.</u>	10	00
Flowers, \$.....	Flower Wagon, \$.....	12	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	20	00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Paid Jan 30, 1934 EJM.			
Total Footing of Bill.....		317	50
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page..... or below			

To Funeral Charges..... Total, \$		By Cash.....	\$
		Per	
			
		EDW. J. MCAVOY	

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 714 Yearly No. 7 Date Jan 10 1934

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

Husband—
Wife—Widow—
Son—Daughter of } Edward Lewis

Charge to Mrs. Julia Kerney

Address Duquesne Pa.

Order Given by

How Secured

Date of Funeral Jan 13, 1934

Residence 37 Marion St.

Place of Death Mercy Hos

Funeral Services at Epiphany

Time of Funeral Service 10 AM

Clergyman

His Address

Certifying Physician J. D. Donnell

His Residence Mercy Hos

Cause of Death Cerebral Concussion

hematocytosis Pneumo-pneumonia

Cause of Death (Secondary)

Date of Death Jan 10 1934

Occupation of the Deceased Housekeeper

Employed

Single or Married Widowed Religion

Date of Birth May 30 1860 (?)

Age Years Months Days

Name of Father Roger Lingley

His Birthplace Ireland

Name of Mother Catherine Daffy

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery



Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket		300 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	100 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		18 00
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 50
Hearse		14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	13 20
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		38 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	25 00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 594 70
By Amount Paid in Advance		\$
Balance		\$

Entered into Ledger, page _____ or below

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____
Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 715 Yearly No. 8 Date Jan 12 1934

Name of Deceased Marian Kail (What Race) M (Where Born) Syria
 Husband—
 Wife—
 Son—
 Daughter—
Rashid Kail

Charge to.....
 Address... 6316 Morrowfield ave
 Order Given by.....
 How Secured.....
 Date of Funeral Jan 14 1934
 Residence... 6316 Morrowfield ave
 Place of Death... same
 Funeral Services at St. Anns
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician M. J. Mc Gregor
 His Residence... Morgue
 Cause of Death Cardiac Asthma
 (Primary)
 Cause of Death.....
 (Secondary)
 Date of Death Jan 12 1934
 Occupation of the Deceased Housewife
 Employed.....
 Single or Married Married Religion Cath
 Date of Birth.....
 Age 53 Years..... Months..... Days.....
 Name of Father Peter Star
 His Birthplace... Syria
 Name of Mother Marion Peters
 (Maiden Name)
 Her Birthplace... Syria
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at Calvary Cemetery

Casket.....	(State Kind)	335.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	10.75
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	3.00
Hearse.....		14.00
Limousines to Cemetery.....	@ \$.....	21.00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to <u>Blanket</u>		8.00
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
	(Names of Newspapers) <u>Door</u>	10.00
Flowers, \$.....	Flower Wagon, \$.....	20.00
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$	489.75
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....	or below	



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

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 716 Yearly No. 9 Date Jan 13, 1934
 Name of Deceased Raymond Rawie (What Race) MS (Where Born) Pa

Husband—
 Wife—Widow—
 Son—Daughter of
 Charge to John C Rawie
 Address

Order Given by

How Secured

Date of Funeral Jan 16 1934

Residence 14 33 Orcklee

Place of Death 14 33 Orcklee

Funeral Services at St Xaviers Church

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician M. J. M. Gregor

His Residence Morgue

Cause of Death Cerebral Hemorrhage
 (Primary)

Cause of Death

Date of Death Jan 13 1934
 (Secondary)

Occupation of the Deceased Retired

Employed

Single or Married Divorced Religion Cath

Date of Birth Feb 27 1900

Age 33 Years 10 Months 17 Days

Name of Father John C Rawie

His Birthplace Ill

Name of Mother Millic M. Tigue
 (Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket


Manufactured by Hill

Interment at North Side Catech cemetery

Casket.....	(State Kind)	385
Metallic Lining.....	(State Kind)	275 00
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	25 00
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	8 40
Flowers, \$.....	(Names of Newspapers)	12 00
Rental of Palms, \$.....	Flower Wagon, \$	20 00
Rental of Vault, \$.....	Tent Rental, \$	
Outlay for Lot.....	Lowering Device, \$	
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	20 00
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		405 40
By Amount Paid in Advance.....		
Balance.....		

Paid 2/8/34
EJM

Diagram of Lot or Vault



Lot No.

Grave No.

Section No.

Owner

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Witness..... Signed.....


Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 717 Yearly No. 10 Date Jan 13 1934
 Name of Deceased Saverio Serio (What Race) Italy (Where Born)
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Jan 16 1934
 Residence 4 Vine St.
 Place of Death 4 Vine St.
 Funeral Services at St. Peter's
 Time of Funeral Service 10 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician B. B. Wood
 His Residence 2118 5th ave
 Cause of Death Acute Bronchitis
 (Primary)
 Cause of Death Bronch. Pneumonia
 (Secondary)
 Date of Death Jan 13 1934
 Occupation of the Deceased Retired
 Employed.....
 Single or Married Married Religion Cath.
 Date of Birth.....
 Age 63 Years Months Days
 Name of Father Salvadore Serio
 His Birthplace Italy
 Name of Mother Rose Giglio
 (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill

Casket.....		165 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	15 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	21 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to <u>Blanket</u>		8 00
Delivering Remains to.....		
Death Notices in.....	Newspapers	
	(Names of Newspapers) <u>Post</u>	12 00
Flowers, \$.....	Flower Wagon, \$.....	20 00
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		25 00
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
		326 50
Total Footing of Bill.....		326 50
By Amount Paid in Advance.....		
		Balance.....
Entered into Ledger, page.....	or below.....	

Interment at Calvary Cemetery

 Lot No.
 Grave No.
 Section No.
 Owner Thomas Serio (Son) 4 Vine St.

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness:.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

5-2-36
14/37

RECORD OF FUNERAL

Total No. 718 Yearly No. 11 Date Feb 3 1934

Name of Deceased Annie W. Newcomer M. (What Race) W. Pa. (Where Born)

Husband— } Daniel S.
 Wife—Widow— }
 Son—Daughter of }

Charge to Mrs. Stella Brisman
 Address Oakland appt.

Order Given by _____
 How Secured _____
 Date of Funeral Feb 6 1934
 Residence 335 Oakland ave
 Place of Death Home
 Funeral Services at St. Pauls
 Time of Funeral Service 9:30 A.M.

Clergyman _____
 His Address _____


Certifying Physician J. F. McGrath
 His Residence 217 Oakland
 Cause of Death Cerebral arteriosclerosis
 (Primary)

Cause of Death _____ (Secondary)
 Date of Death Feb 3 1934
 Occupation of the Deceased Retired

Employed _____
 Single or Married Widowed Religion Catholic
 Date of Birth _____

Age 74 Years _____ Months _____ Days _____
 Name of Father James M. Tighe
 His Birthplace Ireland
 Name of Mother Mary Carney
 (Maiden Name)
 Her Birthplace Ireland

Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at Calvary Cemetery

Diagram of Lot or Vault 
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Ans. M. Newcomer
335 Oakland

Casket.....	(State Kind)	165	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalming Body.....	with Fluid	25	00
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$... Slippers, \$	13	50
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$	3	00
Door Crepe, \$.....	Gloves, \$	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$	10	50
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers	9	80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	12	00
Rental of Palms, \$.....	Tent Rental, \$	20	00
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....			
Opening Grave or Vault.....		20	00
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$	25	00
Church Charges, \$.....	Ministers, \$	25	00
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	345 80
By Amount Paid in Advance <u>2/15/34</u>		\$	150 00
Balance.....		\$	
Entered into Ledger, page _____ or below			

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

Insurance, \$..... Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Witness: _____ Signed _____
 _____ Signed _____

RECORD OF FUNERAL

Total No. 719 Yearly No. 12 Date Feb 5 1934
 Name of Deceased Sadie Khodair (What Race) M (Where Born) Syria
 Husband— } George K Khodair
 Wife—Widow—
 Son—Daughter of

Charge to _____
 Address _____
 Order Given by _____
 How Secured _____
 Date of Funeral Feb 8 1934
 Residence 1007 Bedford
 Place of Death Same
 Funeral Services at St. Ann's Church
 Time of Funeral Service 9:30 A.M.
 Clergyman _____
 His Address _____
 Certifying Physician M. J. McGregor
 His Residence Morgan
 Cause of Death Chronic Endocarditis
 (Primary)
 Cause of Death _____
 (Secondary)
 Date of Death Feb 5 1934
 Occupation of the Deceased Retired
 Employed _____
 Single or Married Married Religion Cath
 Date of Birth _____
 Age 51 Years _____ Months _____ Days
 Name of Father Peter Houry
 His Birthplace Syria
 Name of Mother Mary (Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at Calvary Cemetery
 Lot No. 25
 Grave No. Row 19
 Section No. 13
 Owner _____
 Diagram of Lot or Vault

Casket	(State Kind)	195 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with _____ Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	10 75
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	2 00
Hearse		14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	<u>Blanket</u>	8 00
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$ <u>20.00</u>	10 00
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		53 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		4 00
Personal Charges, \$	Singers, \$	20 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 401 75
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page _____ or below		

	To Funeral Charges... Total, \$	By Cash	
	<u>101 Washington</u>		

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Signed _____
 Witness _____

RECORD OF FUNERAL

Total No. 719 Yearly No. 13 Date Feb 13 1934

Name of Deceased Mary S Vance Barber M (What Race) Pa (Where Born)

Husband—
Wife—Widow—
Son—Daughter of } John Barber

Charge to.....
Address.....
Order Given by.....
How Secured.....
Date of Funeral Feb 16 1934
Residence 18 23 Justin St
Place of Death 18 23
Funeral Services at 1824 Forbes St
Time of Funeral Service 2 P M
Clergyman.....
His Address.....
Certifying Physician J. M. Barry
His Residence 12016 5th ave
Cause of Death Lobar pneumonia
(Primary)
Cause of Death.....
(Secondary)
Date of Death Feb 13 1934
Occupation of the Deceased Retired
Employed Retired
Single or Married Widow Religion Prot
Date of Birth.....
Age abt 86 Years..... Months..... Days.....
Name of Father Vance
His Birthplace Holland
Name of Mother Not known
(Maiden Name)
Her Birthplace Holland
Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill
Interment at Mount Royal Cemetery

Casket.....	(State Kind)	<u>200 00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>20 00</u>
Grave Vault.....	(State Kind)	
Embalmng Body.....	with..... Fluid	<u>25 00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	<u>12 50</u>
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	<u>3 00</u>
Hearse.....		<u>14 00</u>
Limousines to Cemetery.....	@ \$.....	<u>42 50</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	<u>8 40</u>
Flowers, \$.....	Flower Wagon, \$.....	<u>12 00</u>
Rental of Palms, \$.....	Tent Rental, \$.....	<u>15 00</u>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		<u>15 00</u>
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	10 00
Church Charges, \$.....	Ministers, \$.....	<u>10 00</u>
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		<u>376.90</u>
By Amount Paid in Advance.....		76.90
Balance.....		<u>300 00</u>
Entered into Ledger, page.....	or below	

Diagram of Lot or Vault
Lot No.....
Grave No.....
Section No.....
Owner Mrs John J. Kearns 1824 Forbes Daughter

To Funeral Charges.....	Total, \$.....	By Cash.....	\$.....
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Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Witness..... Signed.....

RECORD OF FUNERAL

Total No. 720 Yearly No. 14 Date Feb 14 1934


Name of Deceased Edward Farrow W. England
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of } _____

Charge to _____
 Address _____
 Order Given by _____
 How Secured _____
 Date of Funeral Feb 17 1934
 Residence 102 Miltonburg St
 Place of Death 1734 North Leach Farrow
 Funeral Services at Chapel
 Time of Funeral Service 2:30 PM
 Clergyman _____
 His Address _____
 Certifying Physician M. Fishman
 His Residence Leach Farrow
 Cause of Death Pulmonary Tuberculosis
(Primary)

Casket.....		200 00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	20 00
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....	<u>and shirt</u>	3 50
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	5 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	31 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	4 80
Flowers, \$.....	<small>(Names of Newspapers)</small> Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		65 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u> <u>E.F.M.</u>		
Total Footing of Bill.....	\$.....	424 80
By Amount Paid in Advance.....	\$.....	
Balance.....	\$.....	
Entered into Ledger, page.....	or below.....	

Cause of Death (Secondary) _____
 Date of Death Feb 14 1934
 Occupation of the Deceased Painter
 Employed _____
 Single or Married Single Religion Prot
 Date of Birth Apr 19 1893
 Age 40 Years 7 Months 25 Days
 Name of Father Edward Farrow
 His Birthplace England
 Name of Mother Not known
(Maiden Name)
 Her Birthplace England
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at Smithfield C. Cemetery

 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Mrs. Beatrice Joyce 102 Miltonburg

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 721 Yearly No. 15 Date Feb 19 1934

Name of Deceased Elizabeth Marino (What Race) Ir (Where Born) Pgh Pa

Husband— } Antonio Marino
Wife—Widow— }
Son—Daughter of }

Charge to Susan Marino
Address Mercy Hos

Order Given by
How Secured
Date of Funeral 2-21-34

Residence
Place of Death Magee Hosp.

Funeral Services at Epiphany
Time of Funeral Service 9 A.M.

Clergyman
His Address

Certifying Physician John Thompson
His Residence Magee Hosp.

Cause of Death Streptococcus (Primary)
Septicemia [Thrombosis]

Cause of Death Massive Mesenteric (Secondary)
Date of Death 2-19-34

Occupation of the Deceased Domestic
Employed

Single or Married Single Religion Cath
Date of Birth Aug 15 1898

Age 35 Years 6 Months 4 Days
Name of Father Antonio Marino

His Birthplace Italy
Name of Mother Unknown (Maiden Name)

Her Birthplace Italy
Body to be Shipped to

Size and Style of Casket

Manufactured by Hill
Interment at Calvary Cemetery

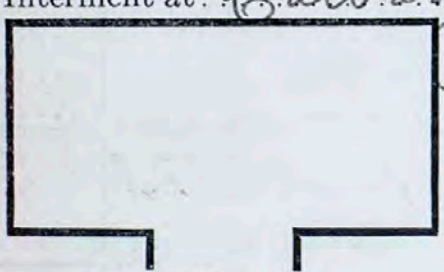


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket.....	(State Kind)	200 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		12 50
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	10 50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....	Blanket	8 00
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	20 00
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		53 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	20 00
Church Charges, \$.....	Ministers, \$	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 399 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

Paid in full
EJM

To Funeral Charges.....	Total, \$					By Cash.....	\$
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Insurance, \$..... Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness..... Signed.....

RECORD OF FUNERAL

Total No. 722 Yearly No. 16 Date 2-20-34 1934

Name of Deceased Ottavia Gambotti M.
(What Race) (Where Born)

Husband— } Joe Firo (Son in law)
 Wife—Widow— }
 Son—Daughter of }

Charge to _____
 Address 635 Thompson St.

Order Given by _____
 How Secured _____

Date of Funeral 2-22-34
 Residence 635 Thompson

Place of Death Mayview
 Funeral Services at Meadow St.

Time of Funeral Service 2 P.M.
 Clergyman _____

His Address _____
 Certifying Physician _____

His Residence Mayview
 Cause of Death Carcinoma of Stomach

(Primary)

Cause of Death _____
(Secondary)

Date of Death 2-20-34
 Occupation of the Deceased _____

Employed _____
 Single or Married _____ Religion Cath.

Date of Birth _____
 Age 73 Years _____ Months _____ Days _____

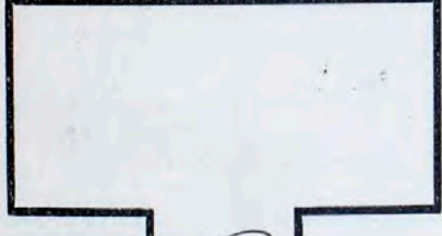
Name of Father _____
 His Birthplace _____

Name of Mother _____
(Maiden Name)

Her Birthplace _____
 Body to be Shipped to _____

Size and Style of Casket _____
 Manufactured by Hill

Interment at Galaxy Cemetery



Lot No. _____
 Grave No. _____

Section No. _____

Owner Joe Firo

Casket.....		75 00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		14 00
Limousines to Cemetery..	@ \$.....	21 00
Autos to R. R. Station..	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
	<small>(Names of Newspapers)</small>	
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Paid		
Total Footing of Bill.....		\$ 155 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

	To Funeral Charges... Total, \$		
		Feb 25	By Cash \$ 25 00

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 723 Yearly No. 17 Date Feb 24 1934
 Name of Deceased Martin McDonald (What Race) MP (Where Born) Pgh

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to Estate of Martin
 Address McDonald
 Order Given by

How Secured

Date of Funeral 2-27-34
 Residence 1841 Tustin
 Place of Death Irigan & Below Bridge
 Funeral Services at Epiphany
 Time of Funeral Service 9 AM
 Clergyman

His Address

Certifying Physician Dr J M Gregor
 His Residence Morgue
 Cause of Death Body crushed due
to jumping from bridge (Primary)
 Cause of Death

Date of Death

Occupation of the Deceased Painter
 Employed Allegheny County
 Single or Married Single Religion Cath
 Date of Birth Apr 3 1886
 Age 47 Years 9 Months 21 Days
 Name of Father Martin McDonald
 His Birthplace Ireland
 Name of Mother Margaret Malney
 (Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to

Size and Style of Casket Hill
 Manufactured by

Interment at Calvary Cemetery

Lot No.
 Grave No.
 Section No.

Diagram of Lot or Vault
Rose Glazer (Sister)
498 19th Brooklyn N.Y.
 Owner

Casket.....	(State Kind)	325 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	2 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	4 50
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	21 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	20 00
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		33 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 503 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges.....	Total, \$					By Cash.....	\$
.....							
.....							
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.....							
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Insurance, \$..... Names of Lodges

Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed :

Witness :

Signed :

RECORD OF FUNERAL

Total No. 724 Yearly No. 18 Date Feb 24 1934

Name of Deceased Monnera A. John MP Syria
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }
Charge to James P. Martorella
Address 1201 Wylie Ave

Order Given by.....
How Secured.....
Date of Funeral 2-27-34
Residence 1715 Fifth Ave
Place of Death Passavant Hosp
Funeral Services at St Anns
Time of Funeral Service 9 A.M.

Clergyman.....
His Address.....
Certifying Physician J. B. Gold
His Residence Passavant
Cause of Death Lobar Pneumonia
(Primary)

Cause of Death.....
Date of Death 2-24-34 (Secondary)
Occupation of the Deceased Merchant

Employed.....
Single or Married..... Religion Cath
Date of Birth.....
Age 47.50 Years..... Months..... Days.....
Name of Father Asa & Hanna Johns
His Birthplace Syria
Name of Mother Hena Barrett
(Maiden Name)
Her Birthplace Syria

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill
Interment at Calvary Cemetery



Lot No.....
Grave No.....
Section No.....
Owner Alex Johns (Bro.) 1302 White comb

Casket.....		150 00
Metallic Lining..... <small>(State Kind)</small>		
Outside Box..... <small>(State Kind)</small>		15 00
Grave Vault..... <small>(State Kind)</small>		
Embalming Body..... with..... Fluid		25 00
Barber, \$..... Hair Dressing, \$		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$		12 00
Folding Chairs, \$..... Tarpaulins, \$		
Candelabrum, \$..... Candles, \$		3 00
Door Crepe, \$..... Gloves, \$		3 00
Hearse.....		14 00
Limousines to Cemetery... @ \$		10 50
Autos to R. R. Station... @ \$		
Aeroplane Service, \$..... Ambulance, \$		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers		
Flowers, \$..... Flower Wagon, \$ <u>100-13</u>		10 00
Rental of Palms, \$..... Tent Rental, \$		15 00
Rental of Vault, \$..... Lowering Device, \$		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$		
Church Charges, \$..... Ministers, \$		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$	257 50
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below		

To Funeral Charges... Total, \$	Mar 17	By Cash.....	\$ 150 00
			15 00
			15 00
			15 00
			15 00
			15 00
			<u>8 00</u>

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Witness..... Signed.....

RECORD OF FUNERAL

Total No. 725 Yearly No. 19 Date Feb 25 1934

Name of Deceased Sister Mary Beatrice (Wid) Angela West (What Race) M. Shubing M. Pa. (Where Borne)

Charge to Sisters of Mercy Address Mercyhurst College Erie Pa Order Given by How Secured

Date of Funeral Feb 26 1934 Residence Mercyhurst College Erie Pa Place of Death Mercy Hosp Titusville Pa Funeral Services at 11:25 Train 2-26-34 Clergyman

His Address Certifying Physician M.D. His Residence Mercy Hosp Cause of Death Meningitis Acute Obis Mecha actua Mastoiditis

Cause of Death Date of Death 2-25-34 Occupation of the Deceased Sister of Mercy Employed

Single or Married Single Religion Cath Date of Birth Feb 20 1901 Age 33 Years 0 Months 5 Days Name of Father Louis West His Birthplace Germany Name of Mother Pauline Starks (Maiden Name) Her Birthplace Germany Body to be Shipped to Titusville Pa

Size and Style of Casket Manufactured by Hill Interment at Titusville Pa Cemetery



Lot No. Grave No. Section No. Owner Sr M. Kildagrade (Sister) Mercyhurst College Erie Pa

Table with columns for item description and price. Items include Casket (60.00), Metallic Lining, Outside Box (15.00), Grave Vault, Embalming Body with Fluid (15.00), Barber, Hair Dressing, Dressing Body, Suit or Dress, Hose, Slippers, Folding Chairs, Tarpaulins, Candelabrum, Candles, Door Crepe, Gloves, Hearse, Limousines to Cemetery, Autos to R. R. Station (10.00), Aeroplane Service, Ambulance, Getting Remains from, Taking Body to Inquest, Delivering Box to, Delivering Remains to, Death Notices in Newspapers (2.10), Flowers, Flower Wagon, Rental of Palms, Tent Rental, Rental of Vault, Lowering Device, Outlay for Lot, Opening Grave or Vault, Lining Grave, Matting, Outlay for Shipping Charges, Removal Charges, Cremation, Getting Burial Permit, Certified Copies of Death Certificate, Personal Charges, Singers, Church Charges, Ministers, Pall Bearer Service, Telegr., Telephone, Cable or Radio Charges, Railroad Tickets, Cash Advanced. Total Footing of Bill: \$102.10. By Amount Paid in Advance: \$0. Balance: \$0. Entered into Ledger, page or below.

Summary table with columns: To Funeral Charges... Total, \$; By Cash \$.

Insurance, \$ Names of Lodges Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof Signed: Witness: Signed:

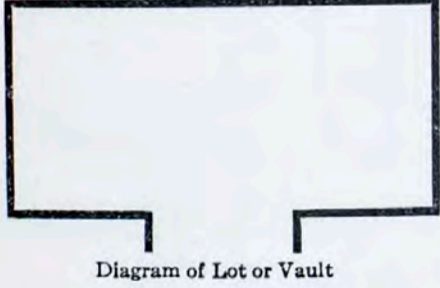
RECORD OF FUNERAL

Total No. 726 Yearly No. 20 Date Feb 26 1934

Name of Deceased Baby Mary Murphy (What Race) W. (Where Born) Pgh. Pa.
Husband—
Wife—Widow—
Son—Daughter of } Harvey J. Murphy

Charge to
Address 1500 Locust St.
Order Given by
How Secured
Date of Funeral 2-28-34
Residence
Place of Death Magu Hosp.
Funeral Services at Chapel
Time of Funeral Service 2 P.M.
Clergyman
His Address
Certifying Physician Dr Paul Dodds
His Residence Magu Hosp.
Cause of Death Bronch. Pneumonia
(Primary)
Cause of Death Prematurity
(Secondary)
Date of Death 2-26-34
Occupation of the Deceased Child
Employed
Single or Married Single Religion Cath.
Date of Birth Nov 30 1933
Age 0 Years 2 Months 26 Days
Name of Father Harvey J. Murphy
His Birthplace Pgh. Pa.
Name of Mother Mary Lupinacci
(Maiden Name)
Her Birthplace New Brighton Pa.
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill
Interment at St. Phillip's Cemetery
New Brighton Pa.

Casket	(State Kind)	40	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	10	00
Grave Vault	(State Kind)		
Embalming Body	with Fluid	10	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$		
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$		
Hearse			
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers		
	(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$		
Rental of Palms, \$	Tent Rental, \$		
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot			
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$		
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill		\$	60 00
By Amount Paid in Advance		\$	20 00
Balance		\$	
Entered into Ledger, page _____ or below			



Lot No.
Grave No.
Section No.
Owner

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

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 727

Yearly No. 21

Date Feb 26 1934

Name of Deceased Mary E Hicks (What Race) (Where Born) Tgh Pa

Charge to Edw Hicks

Address 225 Southern ave

Order Given by

How Secured

Date of Funeral 3-1-34

Residence 225 Southern ave

Place of Death Childrens Hosp

Funeral Services at 225 Southern ave

Time of Funeral Service 2 P.M.

Clergyman

His Address

Certifying Physician W J M Gregor

His Residence Mt Airy

Cause of Death Broncho Pneumonia (Primary)

Cause of Death Congenital Heart Disease (Secondary)

Date of Death 2-26-34

Occupation of the Deceased Child

Employed

Single or Married Religion Cath

Date of Birth Dec 21 1933

Age Years 2 Months 5 Days

Name of Father Edward Hicks

His Birthplace Tgh Pa

Name of Mother Alva Sawyer (Mat Gen Name)

Her Birthplace Cleveland Ohio

Body to be Shipped to

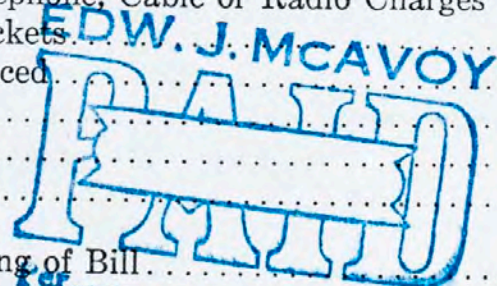
Size and Style of Casket Hill

Manufactured by

Interment at Calvary Cemetery

Lot No. Grave No. Section No. Owner Alva Hicks 225 Southern ave

Casket	(State Kind)	4.00	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	1.00	00
Grave Vault	(State Kind)		
Embalsming Body	with Fluid	1.00	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$		
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$	6	00
Hearse			
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers		
(Names of Newspapers)			
Flowers, \$	Flower Wagon, \$		
Rental of Palms, \$	Tent Rental, \$		
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot		1.00	00
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$		
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill		\$	76 00
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page			or below



To Funeral Charges... Total, \$	Mar 14	By Cash	\$ 20 00

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

Signed:

RECORD OF FUNERAL

Total No. 728 Yearly No. 22 Date Mar. 3, 1934

Name of Deceased Mary Margaret Wehner W Pa.
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to Mrs. Mary M. Wehner
Address 206 Leanne Pl.
Order Given by
How Secured
Date of Funeral March 6, 1934
Residence 206 Leanne Pl.
Place of Death " " "
Funeral Services at St. Bedes
Time of Funeral Service 9 a.m.
Clergyman
His Address
Certifying Physician E. M. Frost
His Residence 4715 17th Ave.
Cause of Death Broncho pneumonia
(Primary)

Cause of Death (Secondary)
Date of Death March 3, 1934
Occupation of the Deceased Buyer
Employed M. Cooney & Co.
Single or Married S Religion Cath
Date of Birth June 27, 1879
Age 54 Years 8 Months 6 Days
Name of Father Christopher Wehner
His Birthplace Germany
Name of Mother Margaret Heck
(Maiden Name)
Her Birthplace Germany

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at St. Peters Cemetery

Lot No. 567
Grave No. J
Section No.
Owner Christina Wehner

Casket		<u>490</u>	<u>275</u>	<u>00</u>
Metallic Lining	(State Kind)			
Outside Box	(State Kind)		<u>10.0</u>	<u>00</u>
Grave Vault	(State Kind)			
Embalming Body	with Fluid		<u>25</u>	<u>00</u>
Barber, \$	Hair Dressing, \$			
Dressing Body				
Suit or Dress, \$	Hose, \$ Slippers, \$			
Folding Chairs, \$	Tarpaulins, \$			
Candelabrum, \$	Candles, \$		<u>3</u>	<u>00</u>
Door Crepe, \$	Gloves, \$		<u>3</u>	<u>00</u>
Hearse			<u>14</u>	<u>00</u>
Limousines to Cemetery	@ \$		<u>21</u>	<u>00</u>
Autos to R. R. Station	@ \$			
Aeroplane Service, \$	Ambulance, \$			
Getting Remains from				
Taking Body to Inquest				
Delivering Box to				
Delivering Remains to				
Death Notices in	Newspapers		<u>12</u>	<u>60</u>
(Names of Newspapers)				
Flowers, \$	Flower Wagon, \$			
Rental of Palms, \$	Tent Rental, \$		<u>20</u>	<u>00</u>
Rental of Vault, \$	Lowering Device, \$		<u>12</u>	<u>00</u>
Outlay for Lot				
Opening Grave or Vault			<u>25</u>	<u>00</u>
Lining Grave, \$	Matting, \$			
Outlay for Shipping Charges				
Removal Charges, \$	Cremation, \$			
Getting Burial Permit				
Certified Copies of Death Certificate				
Personal Charges, \$	Singers, \$		<u>25</u>	<u>00</u>
Church Charges, \$	Ministers, \$			
Pall Bearer Service				
Telegr., Telephone, Cable or Radio Charges				
Railroad Tickets				
Cash Advanced				
<u>Paid</u> <u>ap 3, 1934</u>				
Total Footing of Bill			<u>515</u>	<u>60</u>
By Amount Paid in Advance				
Balance				
Entered into Ledger, page				

To Funeral Charges... Total, \$					By Cash	\$
<u>G. Wehner Flow</u>		<u>8</u>	<u>00</u>			
<u>Wehner sisters</u>		<u>10</u>	<u>00</u>			

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness

RECORD OF FUNERAL

Total No. 729 Yearly No. 23 Date March 4, 1934

Name of Deceased Venezio Nataviani (What Race) W (Where Born) Italy

Husband—
Wife—Widow—
Son—Daughter of }

Charge to Domenic Nataviana

Address 20 Logan St.

Order Given by

How Secured

Date of Funeral Mar. 7, 1934

Residence 20 Logan St.

Place of Death Mayview Hos.

Funeral Services at St. Peters

Time of Funeral Service

Clergyman

His Address

Certifying Physician

His Residence Mayview Hos.

Cause of Death Gen Paralysis of Insane
(Primary)

Cause of Death myocardia degeneration
(Secondary)

Date of Death Mar 4, 1934

Occupation of the Deceased Ret.

Employed

Single or Married Married Religion Cath.

Date of Birth

60 Years 0 Months 0 Days

Name of Father Nat

His Birthplace

Name of Mother

Her Birthplace

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery



Row 2
Lot No.

Grave No. 40

Section No. 11

Owner

Diagram of Lot or Vault

Casket.....	(State Kind)	175 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	16 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	10 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....	<u>Mayview</u>	10 00
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		15 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 342 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges... Total, \$

By Cash..... \$

EDW. J. MCAVOY
PAID
April 16, 1934
EJM

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 730 Yearly No. 24 Date Mar 8 1934

Name of Deceased Elizabeth Melcher
Husband— } Louis Melcher
Wife—Widow— }
Son—Daughter of } W (What Race) Pa (Where Born)

Charge to Louis Melcher 3 50
Address 7228 Travella Blvd

Order Given by
How Secured
Date of Funeral 3-12-34

Residence 7228 Travella Blvd
Place of Death Same

Funeral Services at Copus, Christy
Time of Funeral Service 9 A.M.

Clergyman
His Address

Certifying Physician Tresheller
His Residence 1512 Lincoln ave

Cause of Death Acute Myocarditis
(Primary)

Cause of Death Hypostatic Pneumonia
(Secondary)

Date of Death 3-8-34
Occupation of the Deceased Housewife

Employed
Single or Married Married Religion Cath

Date of Birth Dec 13 1884
Age 42 Years 2 Months 25 Days

Name of Father James Lealon
His Birthplace Ireland

Name of Mother Johana Regan
(Maiden Name)

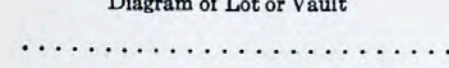
Her Birthplace Ireland
Body to be Shipped to

Size and Style of Casket
Manufactured by Hill

Interment at Mt. Carmel Cemetery

Lot No.
Grave No.
Section No.

Owner



Casket.....		175 00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	25 00
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	19 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	31 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 80
	<small>(Names of Newspapers)</small>	
Flowers, \$.....	Flower Wagon, \$.....	12 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	15 00
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u>		
Total Footing of Bill.....	<u>J.M.</u>	\$ 377 80
By Amount Paid in Advance.....		\$
Balance.....		\$

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

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies :.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....
Witness:.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 731 Yearly No. 25 Date March 12 1934

Name of Deceased Michael Boury NP Syria
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of } Seltana David

Charge to Mrs. Seltana Boury
 Address 2025 Wightman St

Order Given by
 How Secured

Date of Funeral 3-15-34

Residence 2025 Wightman
 Place of Death Mercy Hosp

Funeral Services at St. Anns
 Time of Funeral Service

Clergyman
 His Address

Certifying Physician E. J. M. Cague
 His Residence Mercy Hosp

Cause of Death Pyelonephritis
Uræmia following acute
(Primary)

Cause of Death urinary sep
(Secondary)

Date of Death 3-12-34
 Occupation of the Deceased Retired

Employed
 Single or Married Married Religion Cath


Date of Birth Dec 27 1884
 Age 49 Years 2 Months 15 Days

Name of Father Boury, Anthonia
 His Birthplace Syria

Name of Mother Mary Hanna Mrs
(Maiden Name)
 Her Birthplace Syria

Body to be Shipped to
 Size and Style of Casket

Manufactured by Hill
 Interment at Calvary Cemetery

 Lot No.
 Grave No.
 Section No.
 Owner Samuel Boury (Sm)
2025 Wightman St

Casket.....	<small>(State Kind)</small>	\$75.00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	20.00
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	<small>with Fluid</small>	25.00
Barber, \$.....	<small>Hair Dressing, \$.....</small>	
Dressing Body.....		
Suit or Dress, \$.....	<small>Hose, \$..... Slippers, \$.....</small>	2.50
Folding Chairs, \$.....	<small>Tarpaulins, \$.....</small>	
Candelabrum, \$.....	<small>Candles, \$.....</small>	3.00
Door Crepe, \$.....	<small>Gloves, \$.....</small>	3.00
Hearse.....		14.00
Limousines to Cemetery.....	<small>@ \$.....</small>	21.00
Autos to R. R. Station.....	<small>@ \$.....</small>	
Aeroplane Service, \$.....	<small>Ambulance, \$.....</small>	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	<small>Newspapers.....</small>	

Flowers, \$.....	<small>(Names of Newspapers) <u>Post</u></small>	12.00
Rental of Palms, \$.....	<small>Flower Wagon, \$.....</small>	20.00
Rental of Vault, \$.....	<small>Tent Rental, \$.....</small>	
Outlay for Lot.....	<small>Lowering Device, \$.....</small>	
Opening Grave or Vault.....		
Lining Grave, \$.....	<small>Matting, \$.....</small>	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	<small>Cremation, \$.....</small>	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	<small>Singers, \$.....</small>	25.00
Church Charges, \$.....	<small>Ministers, \$.....</small>	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....	<small><u>ap 21, 1934</u></small>	

Total Footing of Bill.....		\$520.50
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....		or below

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness..... Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 732 Yearly No. 26 Date Mar 15 1934
 Name of Deceased Elizabeth Clark (Sister) M. Clement M. Liverpool Engl
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral 3-20-34
 Residence St. Patrick's convent
 Place of Death Mercy Hosp
 Funeral Services at Mercy Hosp
 Time of Funeral Service 8 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician John M. S. ...
 His Residence 4715-16th ave
 Cause of Death Bronchopneumonia,
arterio sclerosis Nephritis (left)
 Cause of Death (Secondary)
 Date of Death 3-18-34
 Occupation of the Deceased Sister of Mercy
 Employed.....
 Single or Married single Religion Cath
 Date of Birth Sept 2 1866
 Age Years 6 Months 16 Days
 Name of Father M. Matthew Clark
 His Birthplace Ireland
 Name of Mother E. Elizabeth Brown
 Her Birthplace Liverpool England
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at St. Xaviers Cemetery

Casket.....		60 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		15 00
Grave Vault..... (State Kind)		
Embalming Body..... with Fluid		15 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		2 00
Door Crepe, \$..... Gloves, \$.....		
Hearse.....		35 00
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers		2 10
Flowers, \$..... Flower Wagon, \$.....		
Rental of Palms, \$..... Tent Rental, \$.....		
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 129 10
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

Diagram of Lot or Vault
 Lot No.....
 Grave No.....
 Section No.....
 Owner Dr. M. Rose (Mercy Hosp) Lupt

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed :.....
 Witness :.....

RECORD OF FUNERAL

Total No. 733

Yearly No. 27

Date March 25 19 34

Name of Deceased Henrietta Cosgrave (What Race) (Where Born) Pgh Pa

Husband— } (Mother M Bernadette)
Wife—Widow—
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral 3-27-34
Residence St Marys Convent
Place of Death Mercy Hosp
Funeral Services at Mount Mercy
Time of Funeral Service 8 A.M.
Clergyman
His Address
Certifying Physician E.W. Gurehovek
His Residence Mercy Hosp
Cause of Death Chronic Myocarditis (Primary)

Cause of Death (Secondary)
Date of Death 3-25-34
Occupation of the Deceased Sister of Mercy
Employed
Single or Married Single Religion Catholic
Date of Birth May 9 1849
Age 84 Years 10 Months 16 Days
Name of Father Patrick
His Birthplace Ireland
Name of Mother Cleaves Dougherty (Maiden Name)
Her Birthplace Ireland
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill
Interment at St Xaviers Cemetery

Table with columns for item, price, and total. Items include Casket (60.00), Metallic Lining, Outside Box (15.00), Grave Vault, Embalming Body with Fluid (15.00), Barber, Hair Dressing, Dressing Body, Suit or Dress, Hose, Slippers, Folding Chairs, Tarpaulins, Candelabrum, Candles (2.00), Door Crepe, Gloves (3.00), Hearse, Limousines to Cemetery, Autos to R. R. Station, Aeroplane Service, Ambulance, Getting Remains from, Taking Body to Inquest, Delivering Box to, Delivering Remains to, Death Notices in Newspapers (4.60), Flowers, Flower Wagon, Rental of Palms, Tent Rental, Rental of Vault, Lowering Device, Outlay for Lot, Opening Grave or Vault, Lining Grave, Matting, Outlay for Shipping Charges, Removal Charges, Cremation, Getting Burial Permit, Certified Copies of Death Certificate, Personal Charges, Singers, Church Charges, Ministers, Pall Bearer Service, Telegr., Telephone, Cable or Radio Charges, Railroad Tickets, Cash Advanced.



Lot No.
Grave No.
Section No.
Owner Sr. Mary Rose Mercy Hosp

Summary table with columns for Total Footing of Bill (\$134.60), By Amount Paid in Advance, and Balance. Includes text 'Entered into Ledger, page or below'.

Table with columns for To Funeral Charges, Total, and By Cash.

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness Signed

RECORD OF FUNERAL

Total No. 734 Yearly No. 28 Date April 5 1934

Name of Deceased Patrick Beatty (What Race) Ireland (Where Born)

Husband- } Bertha Charge to 375

Address

Order Given by

How Secured

Date of Funeral April 9 1934

Residence 1318 Sycamore

Place of Death Mercy Hosp

Funeral Services at St Mary Mount

Time of Funeral Service 9 AM

Clergyman

His Address

Certifying Physician W J Mc Gregor

His Residence M Orgue

Cause of Death Shock & hemorrhage following a comminuted fracture

Cause of Death 7 spur & crush of chest due to falling from a wall

Date of Death April 5 1934

Occupation of the Deceased Labor

Employed

Single or Married Married Religion Cath

Date of Birth

Age 50 Years Months Days

Name of Father Unknown

His Birthplace Ireland

Name of Mother Unknown (Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by Bell

Interment at Calvary Cemetery

Diagram of Lot or Vault

Row Lot No. 19 Grave No. 49 Section No. 13

Owner Martin Beatty (son) 1318 Sycamore

Table with funeral expenses: Casket 175.00, Metallic Lining, Outside Box 15.00, Grave Vault, Embalming Body 25.00, Barber, \$, Hair Dressing, \$, Dressing Body, Suit or Dress, \$, Hose, \$, Slippers, \$, Folding Chairs, \$, Tarpaulins, \$, Candelabrum, \$, Candles, \$, Door Crepe, \$, Gloves, \$, Hearse 14.00, Limousines to Cemetery @ \$, Autos to R. R. Station @ \$, Aeroplane Service, \$, Ambulance, \$, Getting Remains from, Taking Body to Inquest, Delivering Box to, Delivering Remains to, Death Notices in Newspapers 9.80, Flowers, \$, Flower Wagon, \$, Rental of Palms, \$, Tent Rental, \$, Rental of Vault, \$, Lowering Device, \$, Outlay for Lot 50.00, Opening Grave or Vault 13.00, Lining Grave, \$, Matting, \$, Outlay for Shipping Charges, Removal Charges, \$, Cremation, \$, Getting Burial Permit, Certified Copies of Death Certificate, Personal Charges, \$, Singers, \$, Church Charges, \$, Ministers, \$, Pall Bearer Service, Telegr., Telephone, Cable or Radio Charges, Railroad Tickets, Cash Advanced, Total Footing of Bill April 28, 1934 \$ 392.80, By Amount Paid in Advance \$, Balance \$, Entered into Ledger, page or below

To Funeral Charges... Total, \$

By Cash \$

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 735 Yearly No. 29 Date April 6 1934
 Name of Deceased William McBlafferty (What Race) _____ (Where Born) _____
 Husband—
 Wife—Widow— }
 Son—Daughter of }

Charge to _____
 Address _____
 Order Given by _____
 How Secured _____
 Date of Funeral April 10, 1934
 Residence 120 Jucunda St.
 Place of Death Mayview
 Funeral Services at A. Canice
 Time of Funeral Service 9 A.M.
 Clergyman _____
 His Address _____
 Certifying Physician _____
 His Residence Mayview
 Cause of Death C. hepatic Parenchymatous
Nephritis with Hypertension
 Cause of Death _____
 Date of Death April 6, 1934
 Occupation of the Deceased _____
 Employed _____
 Single or Married _____ Religion Catholic
 Date of Birth _____
 Age _____ Years _____ Months _____ Days _____
 Name of Father _____
 His Birthplace _____
 Name of Mother _____
 Her Birthplace _____
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by Hill
 Interment at Calvary Cemetery
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____



Casket.....	(State Kind)	1.60	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	1.5	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	2.5	00
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$... Slippers, \$	1.8	00
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$	3	00
Door Crepe, \$.....	Gloves, \$	3	00
Hearse.....		1.4	00
Limousines to Cemetery.....	@ \$		
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to <u>Blanket</u>		8	00
Delivering Remains to.....			
Death Notices in.....	Newspapers	9	80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$ <u>AB</u>	10	00
Rental of Palms, \$.....	Tent Rental, \$	20	00
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....			
Opening Grave or Vault.....		33	00
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$		
Church Charges, \$.....	Ministers, \$		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
<u>Paid April 27, 1934</u>			
Total Footing of Bill.....	<u>E.M.</u>	318	80
By Amount Paid in Advance.....			
	Balance.....		

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

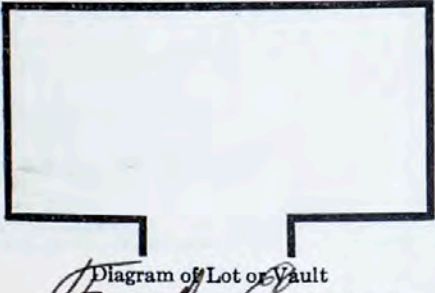
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 736... Yearly No. 30... Date April 10 1934... Name of Deceased Fay Evans Brother... (What Race) W. (Where Born) W. Va.

Charge to... Address... Order Given by... How Secured... Date of Funeral April 13 1934... Residence 1317 Forbes... Place of Death Mercy Hosp... Funeral Services at 1317 Forbes... Time of Funeral Service 2:30 P.M... Clergyman Bible Institute... His Address Wylie ave... Certifying Physician Joseph C. Staley... His Residence Mercy Hosp... Cause of Death Sudden pneumonia (Primary) bilatral... Cause of Death (Secondary)... Date of Death April 10 1934... Occupation of the Deceased Housewife... Employed... Single or Married Married Religion Prot... Date of Birth Dec 25... Age 30 Years 3 Months 15 Days... Name of Father Jack Evans... His Birthplace Harrisville W. Va... Name of Mother Jane Prattle (Maiden Name)... Her Birthplace Rutledge W. Va... Body to be Shipped to... Size and Style of Casket... Manufactured by Hill... Interment at Martinsville Cemetery

Table with columns for item names and prices. Items include Casket (9 base) 160.00, Metallic Lining, Outside Box, Grave Vault, Embalming Body with Fluid 25.00, Barber, Hair Dressing, Dressing Body, Suit or Dress, Hose, Slippers 13.50, Folding Chairs, Tarpaulins, Candelabrum, Candles, Door Crepe, Gloves 3.00, Hearse 14.00, Limousines to Cemetery @ \$ 10.50, Autos to R. R. Station @ \$, Aeroplane Service, Ambulance, Getting Remains from, Taking Body to Inquest, Delivering Box to Blanket 8.00, Delivering Remains to, Death Notices in Newspapers 4.80, Flowers \$ 10 B. 10.00, Rental of Palms, Tent Rental 15.00, Rental of Vault, Lowering Device, Outlay for Lot 32.00, Opening Grave or Vault, Lining Grave, Matting, Outlay for Shipping Charges, Removal Charges, Cremation, Getting Burial Permit, Certified Copies of Death Certificate, Personal Charges, Singers, Church Charges, Ministers, Pall Bearer Service, Telegr., Telephone, Cable or Radio Charges, Railroad Tickets, Cash Advanced. Total Footing of Bill \$ 295.80. By Amount Paid in Advance \$, Balance \$.



Owner... 1315 Forbes (Bro) Penn. Window Cleaning

Table with columns for charges and payments. Rows include To Funeral Charges... Total, \$, By Cash... \$.

Insurance, \$... Names of Lodges... Names of Insurance Companies... We hereby authorize the above funeral and agree to pay the expenses thereof... Signed... Witness... Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 737 Yearly No. 31 Date April 13 1934
 Name of Deceased Thomas Ryan (What Race) M. (Where Born) Athens Pa.

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to: Sisters of Mercy
 Address: Mercy Hosp.
 Order Given by
 How Secured
 Date of Funeral: April 16 1934
 Residence: Mercy Hosp.
 Place of Death: Mercy Hosp.
 Funeral Services at: Mercy Hosp.
 Time of Funeral Service

Clergyman
 His Address
 Certifying Physician: Joseph C. Staley
 His Residence: Mercy Hosp.
 Cause of Death: Carcinoma of Larynx
 (Primary)
 Cause of Death: Metastase to Lung
 (Secondary)
 Date of Death: April 13 1934
 Occupation of the Deceased: Retired

Employed
 Single or Married: Single Religion: Cath.
 Date of Birth: Dec 13 1858
 Age: 75 Years 4 Months 0 Days
 Name of Father: Michael W. Ryan
 His Birthplace
 Name of Mother: Margaret Powers
 (Maiden Name)
 Her Birthplace: Ireland

Body to be Shipped to
 Size and Style of Casket
 Manufactured by: Hill
 Interment at: St Marys Cemetery

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner: Sr. M. Athanasius (Sister)

Casket.....	(State Kind)	65 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	15 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	2 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	10 50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in.....	Newspapers	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault.....		20 00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
<u>PAID</u> <u>EJM</u>		
Total Footing of Bill.....		\$ 144 50
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 738 Yearly No. 32 Date April 15 1934

Name of Deceased Fannie Abdallah (What Race) W (Where Born) Pgh (a)

Husband— } Andy Abdallah (Father)
 Wife—Widow— }
 Son—Daughter of }

Charge to
 Address 27 Gilmore

Order Given by
 How Secured

Date of Funeral April 17 1934

Residence 27 Gilmore

Place of Death Mayview Hosp

Funeral Services at Bedford Ave Church

Time of Funeral Service

Clergyman

His Address

Certifying Physician W. J. M. Gregor

His Residence Moguel

Cause of Death streptococci septi
(Primary)

Cause of Death 2 night leg fits due
to falling down
(Secondary)

Date of Death April 15 1934

Occupation of the Deceased Housework at Home

Employed

Single or Married Single Religion Orthodox

Date of Birth Dec 2 1916

Age 17 Years 4 Months 13 Days

Name of Father Andy Abdallah

His Birthplace Seria

Name of Mother Mrs E. Spew
(Maiden Name)

Her Birthplace Seria

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at M. inersville Cemetery



Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

Casket		255
Metallic Lining (State Kind)		150 00
Outside Box (State Kind)		15 00
Grave Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ Hose, \$ Slippers, \$		13 50
Folding Chairs, \$ Tarpaulins, \$		
Candelabrum, \$ Candles, \$		3 00
Door Crepe, \$ Gloves, \$		3 00
Hearse		14 00
Limousines to Cemetery @ \$		21 00
Autos to R. R. Station @ \$		
Aeroplane Service, \$ Ambulance, \$		
Getting Remains from <u>Mayview</u>		10 00
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers)		8 00
Flower Wagon, \$		
Rental of Palms, \$ Tent Rental, \$		15 00
Rental of Vault, \$ Lowering Device, \$		
Outlay for Lot		32 00
Opening Grave or Vault		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Removal Charges, \$ Cremation, \$		
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$ Singers, \$		
Church Charges, \$ Ministers, \$		
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
2 Car (Ladies) (Mrs. Anoyd)		
Total Footing of Bill	<u>Paid</u>	\$ 309 50
By Amount Paid in Advance	<u>E. J. M.</u>	\$
Balance		\$
Entered into Ledger, page or below		

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____ Signed _____

Witness _____

RECORD OF FUNERAL

Total No. 739 Yearly No. 33 Date April 16 1937
 Name of Deceased Thomas Jimin (What Race) MP (Where Born) Pgh Pa

Husband—
 Wife—Widow—
 Son—Daughter of

Charge to.....
 Address... 12 Logan
 Order Given by.....
 How Secured.....
 Date of Funeral... April 19 1934
 Residence... 12 Logan St
 Place of Death... Mercy Hosp
 Funeral Services at... St James

Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician... Morman C Miller
 His Residence... Mercy Hosp
 Cause of Death... Acute Nephritis
 (Primary)

Cause of Death... Generalized Convulsions
 (Secondary)
 Date of Death... April 16 1934
 Occupation of the Deceased... Child

Employed.....
 Single or Married... Single Religion... Cath
 Date of Birth... Dec 7 1926

Age... 7 Years... 4 Months... 9 Days
 Name of Father... Carman Jimin
 His Birthplace... Pittsburgh Pa
 Name of Mother... Mary Bisrich
 (Maiden Name)

Her Birthplace... Utica N.Y.
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by... Hill


Interment at... Calvary Cemetery
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Diagram of Lot or Vault,
Carman Jimin 12 Logan (Father)

Casket.....	(State Kind)		<u>95</u>	<u>00</u>
Metallic Lining.....	(State Kind)			
Outside Box.....	(State Kind)		<u>10</u>	<u>00</u>
Grave Vault.....	(State Kind)			
Embalming Body.....	with.....	Fluid	<u>10</u>	<u>00</u>
Barber, \$.....	Hair Dressing, \$.....			
Dressing Body.....				
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....			
Candelabrum, \$.....	Candles, \$.....		<u>2</u>	<u>00</u>
Door Crepe, \$.....	Gloves, \$.....		<u>2</u>	<u>00</u>
Hearse.....			<u>14</u>	<u>00</u>
Limousines to Cemetery.....	@ \$.....			
Autos to R. R. Station.....	@ \$.....			
Aeroplane Service, \$.....	Ambulance, \$.....			
Getting Remains from.....				
Taking Body to Inquest.....				
Delivering Box to.....				
Delivering Remains to.....				
Death Notices in.....	Newspapers.....			
Flowers, \$.....	(Names of Newspapers) <u>News B.</u>	Flower Wagon, \$.....	<u>8</u>	<u>00</u>
Rental of Palms, \$.....	Tent Rental, \$.....		<u>15</u>	<u>00</u>
Rental of Vault, \$.....	Lowering Device, \$.....			
Outlay for Lot.....			<u>31</u>	<u>00</u>
Opening Grave or Vault.....				
Lining Grave, \$.....	Matting, \$.....			
Outlay for Shipping Charges.....				
Removal Charges, \$.....	Cremation, \$.....			
Getting Burial Permit.....				
Certified Copies of Death Certificate.....				
Personal Charges, \$.....	Singers, \$.....			
Church Charges, \$.....	Ministers, \$.....			
Pall Bearer Service.....				
Telegr., Telephone, Cable or Radio Charges.....				
Railroad Tickets.....				
Cash Advanced.....				
Total Footing of Bill.....			\$	<u>187</u>
By Amount Paid in Advance.....	<u>April 21 1934</u>		\$	<u>147</u>
Balance.....			\$	<u>40</u>

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

To Funeral Charges... Total, \$	By Cash..... \$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed:.....
 Witness..... Signed:.....

RECORD OF FUNERAL

Total No. 740 Yearly No. 34 Date April 19 1934
 Name of Deceased Patrick V. Welsh W.P. Pa.
(What Race) (Where Born)

Husband— } Amanda
 Wife—Widow— }
 Son—Daughter-of }
 Charge to
 Address New Kensington Pa
 Order Given by
 How Secured
 Date of Funeral April 21 1934
 Residence
 Place of Death Mercy Hosp
 Funeral Services at 6 p.m. home
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician John Johnston
 His Residence Mercy Hosp
 Cause of Death Cerebral Hemorrhage
(Primary)

Cause of Death arteria sclerosis
(Secondary)
 Date of Death April 19 1934
 Occupation of the Deceased Glass Blower
 Employed
 Single or Married Widowed Religion Cath
 Date of Birth
 Age Years Months Days
 Name of Father John Welsh
 His Birthplace Ireland
 Name of Mother Mary Stack
(Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Calvary Cemetery

Diagram of Lot or Vault

 Lot No. 183
 Grave No. 1
 Section No. 1
 Owner Miss M. Welsh
St. Xavier

Mrs James E Duggan 345 Virginia
 To Funeral Charges... Total, \$
John Duggan
334 Tenth Ave
Pgh.

Casket.....	(State Kind)	300 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	30 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	52 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....	<u>Blanket</u>	13 50
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	10 80
<small>(Names of Newspapers)</small>		
Flowers, \$.....	Flower Wagon, \$.....	15 00
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		50 00
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	15 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid E.J.M.</u>		
Total Footing of Bill.....		\$ 614 80
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. *741*..... Yearly No. *35*..... Date *April 21* 19*34*
 Name of Deceased *Joseph Gianni* (What Race) *W* (Where Born) *Italy*
 Husband—
 Wife—Widow—
 Son—Daughter of } *Agatha Milani*

Charge to *Mrs Agatha Gianni*
 Address *1609 Watson*
 Order Given by
 How Secured
 Date of Funeral *April 23, 1934*
 Residence *1609 Watson St*
 Place of Death *Tuberculosis Hos*
 Funeral Services at *St. Peters*

Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician *Geo E Martin*
 His Residence
 Cause of Death *Chr Pul Tuberculosis*
 (Primary)

Cause of Death (Secondary)
 Date of Death *April 21, 1934*
 Occupation of the Deceased *Sailor*

Employed
 Single or Married *M* Religion *C*
 Date of Birth *Sept 19, 1890*
 Age *43* Years *7* Months *2* Days
 Name of Father *Peter Gianni*
 His Birthplace *Italy*
 Name of Mother *Mrs Annunzio*
 (Maiden Name)
 Her Birthplace *Italy*

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at *Calvary* Cemetery

Lot No *19*
Grave No. *54*
Section No. *13*
 Owner

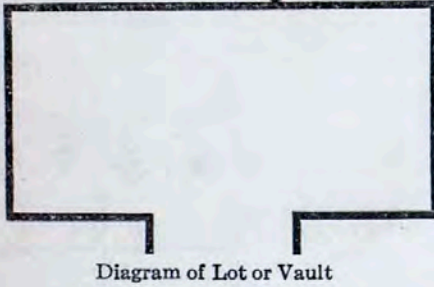


Diagram of Lot or Vault

Casket.....	(State Kind)	80	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	10	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	15	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	4	00
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	21	00
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
Flowers, \$.....	Flower Wagon, \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		50	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
<i>Paid in full</i> <i>April 25, 1934</i> <i>EJM</i>			
Total Footing of Bill.....		\$	219 00
By Amount Paid in Advance.....		\$	
Balance.....		\$	

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:
 Witness:
 Signed:

RECORD OF FUNERAL


Total No. 742 Yearly No. 36 Date April 26 1934

Name of Deceased Mary Rose Palangio (What Race) Italy (Where Born)

Husband—
Wife—Widow—
Son—Daughter of } Charge to 390

Address
Order Given by
How Secured
Date of Funeral April 30 1934
Residence 115 Van Braam
Place of Death 115 Van Braam
Funeral Services at St. Peters
Time of Funeral Service 9 A.M.
Clergyman
His Address
Certifying Physician Henry Sew
His Residence 2306 Washington
Cause of Death Cerebral Hemorrhage
(Primary)
Cause of Death Cardiovascular Disease
(Secondary)
Date of Death April 26 1934
Occupation of the Deceased at home
Employed
Single or Married Widow Religion Cath.
Date of Birth
Age 66 Years Months Days
Name of Father Giuseppe
His Birthplace Italy
Name of Mother Mary M. Burke
(Maiden Name)
Her Birthplace Italy
Body to be Shipped to
Size and Style of Casket
Manufactured by Hell

Casket	(State Kind)	250 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	12 00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	<u>Blanket</u>	8 00
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	8 40
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$ <u>Per B.</u>	12 00
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		33 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 413 40
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Interment at Galvany Cemetery

 Lot No.
Grave No.
Section No.
Owner James Palangio 2425 Alington Ave

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

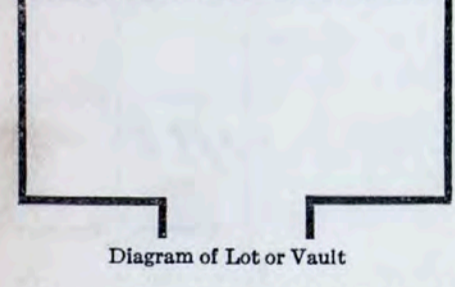
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness

RECORD OF FUNERAL

Total No. 743 Yearly No. 37 Date April 27 1934
 Name of Deceased Peter Cindric (What Race) M (Where Born) Austria

Husband—
 Wife—Widow—
 Son—Daughter of
 Charge to Mary Cindric (Daughter)
 Address 1314 Forbes
 Order Given by
 How Secured
 Date of Funeral April 30 1934
 Residence
 Place of Death Montefiore Hosp
 Funeral Services at E. Phipps
 Time of Funeral Service 10 A.M.
 Clergyman
 His Address
 Certifying Physician Milton Goldsmith
 His Residence Monte
 Cause of Death Acute Streptococcus
(Primary)

Cause of Death
 Date of Death April 27 1934 (Secondary)
 Occupation of the Deceased Labr
 Employed
 Single or Married Widower Religion Cath
 Date of Birth
 Age Years Months Days
 Name of Father Paul Cindric
 His Birthplace Austria
 Name of Mother Marda Galas
(Maiden Name)
 Her Birthplace Austria
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at B. Salvary Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	1 80 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	16 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	1 0 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$ <u>10 B.</u>	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	50 00
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		25 00
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 386 50
By Amount Paid in Advance <u>W. K. K.</u>		14 00
Balance.....		\$ 400 50
Entered into Ledger, page or below		

	To Funeral Charges..... Total, \$		By Cash..... \$
			\$ 400 50

Insurance, \$..... Names of Lodges
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed :
 Witness : Signed :

RECORD OF FUNERAL

Total No. 744 Yearly No. 38 Date May 1 19 34

Name of Deceased James R. Bacon (What Race) W. (Where Born) England

Husband—
Wife—Widow—
Son—Daughter of
Charge to Robert D. Bacon Edm.

Address 3 11 Simons ave Hackensack N.J.

Order Given by
How Secured

Date of Funeral
Residence 3754 Fredonia Dr Hollywood Cal

Place of Death Mercy Hosp

Funeral Services at Sp May 3

Time of Funeral Service Shipped 7:10 AM

Clergyman

His Address

Certifying Physician M. J. Mc Gregor

His Residence Madison

Cause of Death Hypostatic Pneumonia
(Primary)

Cause of Death fracture of left Femur
(Secondary)

Date of Death May 1 1934

Occupation of the Deceased Retired

Employed

Single or Married Widower Religion Cath

Date of Birth

Age abt 79 Years Months Days

Name of Father James B. Bacon

His Birthplace England

Name of Mother Judy Mariner
(Maiden Name)

Her Birthplace England

Body to be Shipped to Brooklyn N.J.

Size and Style of Casket

Manufactured by Hill

Interment at Shipped to Newark N.J. Cemetery

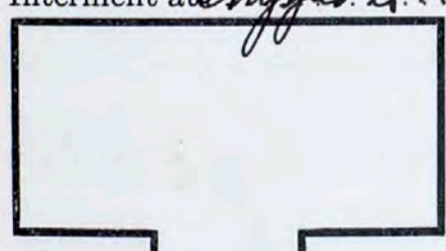


Diagram of Lot or Vault

Lot No. Hackensack
Grave No.
Section No.
Owner

Casket <u>& Services</u>		<u>200 00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
		<u>Paid May 2, 1934</u>
Total Footing of Bill	\$	
By Amount Paid in Advance	\$	<u>200 00</u>
Balance	\$	
Entered into Ledger, page or below		

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 745 Yearly No. 39 Date May 2 1934
 Name of Deceased Anthony Scholle M. Pittsburgh Pa.
(What Race) (Where Born)
 Husband— } Elizabeth Kindell
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral May 5 1934
 Residence 70 Magee St.
 Place of Death Tuberculosis Hosp 2nd
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician H. J. Hattenhoff
 His Residence Gecko Farms 1st
 Cause of Death Pulmonary Tuberculosis
(Primary)

Cause of Death.....
(Secondary)
 Date of Death May 2 1934
 Occupation of the Deceased Clerk
 Employed.....
 Single or Married Married Religion Cath.
 Date of Birth Jan 25 1901
 Age 33 Years 3 Months 5 Days
 Name of Father Adam Scholle
 His Birthplace Germany
 Name of Mother Mary Vogel
(Maiden Name)
 Her Birthplace Germany
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at Calvary Cemetery
 Room 19
 Grave No. 62
 Section No. 13

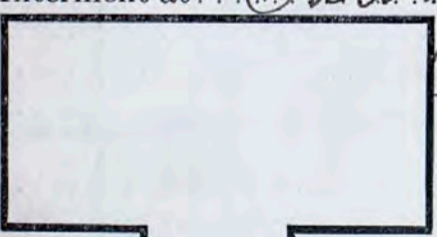


Diagram of Lot or Vault. Owner Mrs Elizabeth Scholle (Wife)
70 Magee St.

Casket.....	(State Kind)	<u>340.00</u>
Metallic Lining.....	(State Kind)	<u>165.00</u>
Outside Box.....	(State Kind)	<u>15.00</u>
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	<u>25.00</u>
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	<u>3.00</u>
Door Crepe, \$.....	Gloves, \$	<u>3.00</u>
Hearse.....		<u>14.00</u>
Limousines to Cemetery.....	@ \$	<u>1.00</u>
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	<u>9.80</u>
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	<u>20.00</u>
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		<u>68.00</u>
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	<u>10.00</u>
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	<u>10.00</u>
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		<u>\$ 352.80</u>
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed:.....
 Signed:.....
 Witness:.....

RECORD OF FUNERAL

Total No. 746: Yearly No. 40 Date May 4, 1934
 Name of Deceased Fatie Wise W (What Race) Pgh. Pa. (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }
Charge to James Wise
Address 40 Van Broom St.
Order Given by _____
How Secured _____
Date of Funeral May 7, 1934
Residence 40 Van Broom St.
Place of Death _____
Funeral Services at Chapel
Time of Funeral Service 2:30 P.M.
Clergyman _____
His Address _____
Certifying Physician J. J. McCarthy
His Residence _____
Cause of Death Broncho pneumonia
(Primary)

Cause of Death _____
(Secondary)
Date of Death _____
Occupation of the Deceased Housewife
Employed _____
Single or Married M. Religion Prot.
Date of Birth Feb 28, 1864
Age 70 Years 2 Months 6 Days
Name of Father George Miller
His Birthplace Germany
Name of Mother Veronica Fischer
(Maiden Name)
Her Birthplace Austria

Body to be Shipped to _____
Size and Style of Casket _____
Manufactured by _____
Interment at Oakland Cemetery

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

Casket		350 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Embalming Body	with _____ Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	20 00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		25 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
<i>Paid</i> <i>E. J. M.</i>		
Total Footing of Bill	\$	512 50
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page _____ or below		

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

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Witness _____ Signed _____

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 747 Yearly No. 41 Date May 5, 1934

Name of Deceased Bartley Flaherty w. Ireland (What Race) (Where Born)

Charge to Mrs. Joseph Alexander Address 1613 Colwell St.

Order Given by How Secured Date of Funeral May 8, 1934

Residence 1613 Colwell St. Place of Death Epiphany

Funeral Services at Epiphany Time of Funeral Service 9 A.M.

Clergyman His Address Certifying Physician W. J. M. Gregor

His Residence Cause of Death Undetermined (Primary)

Cause of Death (Secondary) Date of Death May 5, 1934

Occupation of the Deceased Lab. Employed Single or Married Single Religion Bath

Date of Birth Age 43 Years Months Days Name of Father Coleman Flaherty

His Birthplace Ireland Name of Mother Bath Flaherty (Maiden Name)

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

Manufactured by Interment at Calvary Cemetery

Lot No. Row 19 Grave No. 64 Section No. 13

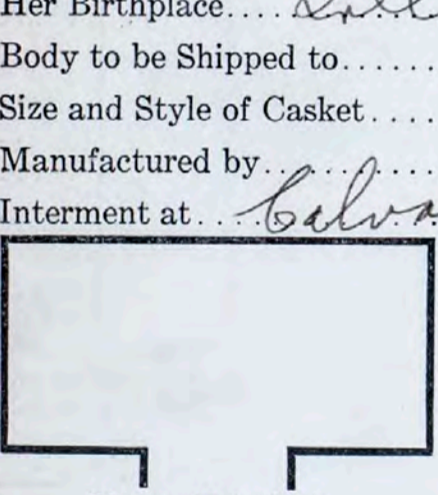


Diagram of Lot or Vault

Owner

Table of funeral expenses including Casket, Metallic Lining, Outside Box, Grave Vault, Embalming Body, Barber, Dressing Body, Suit or Dress, Folding Chairs, Candelabrum, Door Crepe, Hearse, Limousines, Autos, Aeroplane Service, etc.

Summary table with columns for 'To Funeral Charges... Total, \$' and 'By Cash... \$'.

Insurance, \$ Names of Lodges Names of Insurance Companies We hereby authorize the above funeral and agree to pay the expenses thereof

Signed Witness Signed

RECORD OF FUNERAL

Total No. 748 Yearly No. 42 Date May 11 1934

Name of Deceased James Wise W. Pgh Pa
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }
Charge to Mrs. Edwin D. Mober

Address 230 West Burgess St.

Order Given by
How Secured

Date of Funeral May 13, 1934

Residence 40 Van Broom St.

Place of Death Mercy Hosp.

Funeral Services at Chapel

Time of Funeral Service

Clergyman

His Address

Certifying Physician Jos. C. Staley

His Residence Mercy Hosp.

Cause of Death Coronary Occlusion
(Primary)

Cause of Death (Secondary)

Date of Death May 11, 1934

Occupation of the Deceased Rev.

Employed

Single or Married Widow Religion Prof.

Date of Birth Sept. 11, 1860

Age 73 Years 8 Months 0 Days

Name of Father Wise

His Birthplace U.S.A.

Name of Mother Emily Bateman
(Maiden Name)

Her Birthplace U.S.A.

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Oakland Cemetery

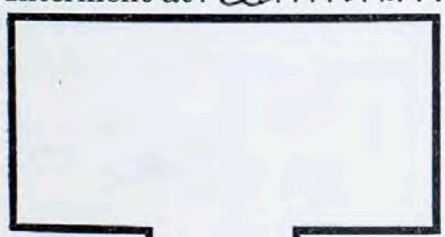


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket		350 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	4 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	6 80
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		25 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 503 80
By Amount Paid in Advance		\$
Balance		\$

June 4
Paid
EJG

Entered into Ledger, page _____ or below

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

RECORD OF FUNERAL

Total No. 749 Yearly No. 43 Date May 14 1934
 Name of Deceased Lawrence Roda Jr (What Race) W (Where Born) Pgh Pa

Husband—
 Wife—Widow—
 Son—Daughter of Sm Lawrence Roda

Charge to
 Address 1107 Bluff St Pgh Pa
 Order Given by
 How Secured
 Date of Funeral May 17 1934
 Residence 1107 Bluff St
 Place of Death Merch Hop
 Funeral Services at St Peter's
 Time of Funeral Service 9 A.M.

Clergyman
 His Address
 Certifying Physician W. J. McEugor
 His Residence Morane
 Cause of Death Shock following a fractured skull, fractured pelvis & crushed abdomen
 Cause of Death Due to being struck by auto - Prob accidental
 Date of Death May 14 1934
 Occupation of the Deceased Child

Employed
 Single or Married Religion Cath
 Date of Birth May 30 1930
 Age 3 Years 11 Months 14 Days
 Name of Father Lawrence Roda
 His Birthplace Italy
 Name of Mother Genevieve Di Serudo
 Her Birthplace Pgh Pa

Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Calvary Cemetery



Lot No.
 Grave No.
 Section No.
 Owner Frather

Casket.....	(State Kind)	10.50	✓
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	<u>Harley</u> (State Kind)	55.00	✓
Embalming Body.....	with..... Fluid	20.00	✓
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			✓
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	8.00	
Folding Chairs, \$.....	Tarpaulins, \$.....		✓
Candelabrum, \$.....	Candles, \$.....	3.00	
Door Crepe, \$.....	Gloves, \$.....	2.00	✓
Hearse.....		14.00	
Limousines to Cemetery.....	@ \$.....	31.50	
Autos to R. R. Station.....	<u>Flower car</u>	10.50	
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
Flowers, \$.....	(Names of Newspapers) <u>Door B</u> Flower Wagon, \$.....	8.00	
Rental of Palms, \$.....	Tent Rental, \$.....	12.00	
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		31.00	
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	25.00	
Church Charges, \$.....	Ministers, \$.....	15.00	
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....	<u>Paid</u> <u>Nov 15, 1934</u>		
Total Footing of Bill.....		\$ 340.00	✓
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....			or below

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>2 cars from store (Tray)</u>			

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 750 Yearly No. 44 Date May 15 1934

Name of Deceased Harry G Meeks
 (What Race) W (Where Born) Pa

Husband— } Margaret Neekler (wife)
 Wife—Widow— }
 Son—Daughter of }
 Charge to Mrs. Grace Sutton &
 Address Charles W. Meek
 Order Given by 11st & 23 Ave
 How Secured Altoona, Pa
 Date of Funeral May 17, 1934
 Residence 1608 E. 2nd St.
 Place of Death 1608 E. 2nd St.
 Funeral Services at Mt. Union
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician M. J. McEwen
 His Residence Morgue
 Cause of Death Chronic E.ocarditis
 (Primary)

Cause of Death
 (Secondary)
 Date of Death May 15 1934
 Occupation of the Deceased Railroad Worker
 Employed P. R. R.
 Single or Married Married Religion Prot.
 Date of Birth Dec 21 1879
 Age 54 Years 4 Months 24 Days
 Name of Father George B Meek
 His Birthplace Pa

Name of Mother
 (Maiden Name)
 Her Birthplace
 Body to be Shipped to Altoona Pa
 Size and Style of Casket
 Manufactured by Hill
 Interment at Mt Union Cemetery

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner Mrs. M. Dawson 1608 E. 2nd St. (Wife)

Casket.....		2.75 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		2.0 00
Grave Vault..... (State Kind)		
Embalming Body..... with..... Fluid		2.5 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Shippers, \$.....		2.0 50
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Crepe, \$..... Gloves, \$.....		
Hearse.....		
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to <u>P. R. R. Stat</u>		1.0 00
Death Notices in..... Newspapers		
(Names of Newspapers)		
Flowers, \$..... Flower Wagon, \$.....		
Rental of Palms, \$..... Tent Rental, \$.....		
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault <u>Blanket</u>		8 00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u> <u>E. J. M.</u>		
Total Footing of Bill.....	\$	3.58 50
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below		

To Funeral Charges..... Total, \$			By Cash..... \$
(Sister) <u>Grace Sutton</u>			
<u>10.22 at 23 Ave</u>			
<u>Altoona Pa</u>			
<u>Bro Charles W. Meek</u>			

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 751 Yearly No. 45 Date May 19 1934
 Name of Deceased Gabriel Salem (Asher) W.P. (What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }

Charge to

Address

Order Given by

How Secured Shipped from Detroit

Date of Funeral May 22 1934

Residence 27 Gilman Pl.

Place of Death Detroit Mich.

Funeral Services at

Time of Funeral Service 2 P.M.

Clergyman

His Address

Certifying Physician

His Residence Detroit Mich.

Cause of Death Septicemia following
abscess of tonsil

Cause of Death (Secondary)

Date of Death May 19 1934

Occupation of the Deceased

Employed

Single or Married

Religion Orthodox

Date of Birth

Age 29 Years

Months

Days

Name of Father

His Birthplace Syria

Name of Mother

(Maiden Name)

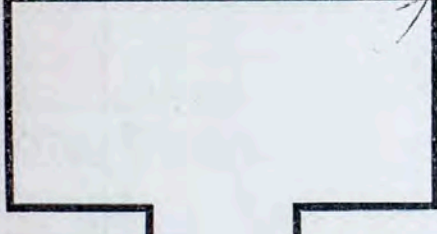
Her Birthplace

Body to be Shipped to

Size and Style of Casket

Manufactured by Awosso Busheta

Interment at Hig. Loring Cemetery



Lot No. 432

Grave No. 3

Section No. 7

Owner

Casket.....	(State Kind)		
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalming Body.....	with.....	Fluid	
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....			14 00
Limousines to Cemetery.....	@ \$.....		10 50
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....	<u>PRR</u>		10 00
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	(Names of Newspapers)	Newspapers	
Flowers, \$.....	Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....		15 00
Rental of Vault, \$.....	Lowering Device, \$.....		8 00
Outlay for Lot.....			39 00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....	<u>Blanket</u>		8 00
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		25 00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
<u>PAID</u>			
Total Footing of Bill.....			\$ 129 50
By Amount Paid in Advance.....			\$
Balance.....			\$
Entered into Ledger, page..... or below			

To Funeral Charges.... Total, \$	By Cash..... \$
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Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

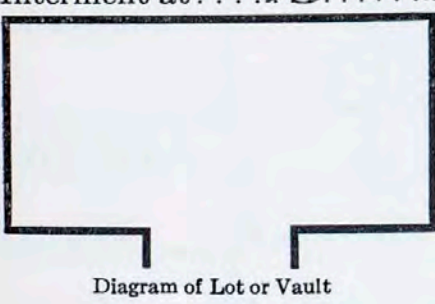
Signed.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 752 Yearly No. 46 Date May 23 1934
 Name of Deceased Arthur Artavis W France
Husband—
 Wife—Widow—
 Son—Daughter of }
(What Race) (Where Born)

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral May 26 1934
 Residence Field Club
 Place of Death Mercy Hosp
 Funeral Services at.....
 Time of Funeral Service 3 P.M.
 Clergyman.....
 His Address.....
 Certifying Physician Joseph Staley
 His Residence Mercy Hosp
 Cause of Death Lobar pneumonia
(Primary)
 Cause of Death.....
(Secondary)
 Date of Death May 23 1934
 Occupation of the Deceased Retired
 Employed.....
 Single or Married Widowed Religion Cath
 Date of Birth.....
 Age 77 Years Months..... Days.....
 Name of Father Not known
 His Birthplace.....
 Name of Mother.....
(Maiden Name)
 Her Birthplace.....
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at Calvary Cemetery
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Casket.....	50 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	
Grave Vault..... <small>(State Kind)</small>	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Crepe, \$..... Gloves, \$.....	
Hearse.....	
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	
<small>(Names of Newspapers)</small>	
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
<u>Paid</u> <u>EJM</u>	
Total Footing of Bill..... \$	50 00
By Amount Paid in Advance..... \$	
Balance..... \$	
Entered into Ledger, page..... or below	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed:.....
 Witness:.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 753 Yearly No. 47 Date May 27 1934

Name of Deceased John O'Hara (What Race) M (Where Born)

Husband— } Thomas O'Hara
 Wife—Widow— }
 Son—Daughter of }

Charge to Fraugherty & Co.

Address County Sligo

Order Given by Ireland

How Secured

Date of Funeral May 30 1934

Residence

Place of Death Maynew Hosp.

Funeral Services at Ephysheny

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician

His Residence Maynew Hosp.

Cause of Death Cardio - Renal

Disease Hypertension (Primary)

Cause of Death Senile Psychosis (Secondary)

Date of Death May 27 1934

Occupation of the Deceased D. Master

Employed

Single or Married Religion Cath

Date of Birth

Age 59 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

Manufactured by See

Interment at Salway Cemetery

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Casket.....	(State Kind)	250 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	21 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	21 00
Autos to R. R. Station.....	@ \$.....	10 00
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....	Blanket	15 00
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 80
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	5 00
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	15 00
Church Charges, \$.....	Ministers, \$.....	25 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Paid in full</i>		
Total Footing of Bill.....	\$.....	455 80
By Amount Paid in Advance.....	\$.....	
Balance.....	\$.....	
Entered into Ledger, page..... or below		

To Funeral Charges..... Total, \$	By Cash..... \$
<i>Estate of John O'Hara Colonial Trust Co. Exrs</i>	

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 754 Yearly No. 48 Date June 29 1934

Name of Deceased Catherine Fraeder (What Race) Mo (Where Born) Mo

Husband—
Wife—Widow—
Son—Daughter of }

Charge to..... 175

Address..... 75 00

Order Given by..... 20 00

How Secured..... (State Kind)

Date of Funeral..... July 2 1934 (State Kind)

Residence..... Mayview (State Kind)

Place of Death..... Epiphany Fluid 15 00

Funeral Services at..... 9 AM Barber, \$..... Hair Dressing, \$.....

Time of Funeral Service..... 9 AM Dressing Body..... Suit or Dress, \$..... Hose, \$..... Slippers, \$..... 8 00

Clergyman..... Folding Chairs, \$..... Tarpaulins, \$.....

His Address..... Candelabrum, \$..... Candles, \$.....

Certifying Physician..... Birth Hosp Doctor Door Crepe, \$..... Gloves, \$.....

His Residence..... Mayview Hearse..... 14 00

Cause of Death..... Arterio sclerosis Limousines to Cemetery..... @ \$.....

..... Gangrene of Great Toe Autos to R. R. Station..... @ \$.....

Cause of Death..... (Primary) Aeroplane Service, \$..... Ambulance, \$.....

..... June 29 1934 Getting Remains from.....

Date of Death..... (Secondary) Taking Body to Inquest.....

Occupation of the Deceased..... Retired Delivering Box to.....

Employed..... Death Notices in..... Newspapers.....

Single or Married..... Widowed Religion..... Cath (Names of Newspapers)

Date of Birth..... Flowers, \$..... Flower Wagon, \$.....

Age..... 69 Years..... Months..... Days..... Rental of Palms, \$..... Tent Rental, \$.....

Name of Father..... Rental of Vault, \$..... Lowering Device, \$.....

His Birthplace..... Outlay for Lot..... 50 00

Name of Mother..... Opening Grave or Vault.....

(Maiden Name) Lining Grave, \$..... Matting, \$.....

Her Birthplace..... Outlay for Shipping Charges.....

Body to be Shipped to..... Removal Charges, \$..... Cremation, \$.....

Size and Style of Casket..... Getting Burial Permit.....

Manufactured by..... Hill..... Certified Copies of Death Certificate.....

Interment at..... Balvany Cemetery..... Personal Charges, \$..... Singers, \$.....



Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Owner.....

Casket.....	(State Kind)	<u>75 00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>20 00</u>
Grave Vault.....	(State Kind)	
Embalming Body..... with..... Fluid		<u>15 00</u>
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		<u>8 00</u>
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Crepe, \$..... Gloves, \$.....		
Hearse.....		<u>14 00</u>
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
Flowers, \$..... Flower Wagon, \$.....	(Names of Newspapers)	
Rental of Palms, \$..... Tent Rental, \$.....		
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		<u>50 00</u>
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		<u>\$ 182.50</u>
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page..... or below.....		

.....	To Funeral Charges.... Total, \$	By Cash.....	\$
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Insurance, \$..... Names of Lodges.....
Names of Insurance Companies :.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Signed.....
Witness:.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 755 Yearly No. 49 Date July 13 1934

Name of Deceased Ellen Cannon (S. Mary Dorothy) - white -
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }
Charge to

Address Mercy Hospital

Order Given by Sr. Anna Marie

How Secured

Date of Funeral July 16, 1934

Residence

Place of Death Mercy Hospital

Funeral Services at St. Haniers

Time of Funeral Service

Clergyman

His Address

Certifying Physician H. J. Jetter

His Residence

Cause of Death Arteriosclerosis
(Primary)

Cause of Death Broncho Pneumonia
(Secondary)

Date of Death July 13, 1934

Occupation of the Deceased Sister of Mercy

Employed

Single or Married Religion Catholic

Date of Birth Sept 5, 1856

Age 78 Years 9 Months Days

Name of Father Patrick Cannon

His Birthplace Ireland

Name of Mother Nancy O'Donnell
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to St. Haniers

Size and Style of Casket

Manufactured by

Interment at St. Haniers Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket.....	(State Kind)	60 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	15 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	35 00
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	4 80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 132 80
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

Handwritten signature and notes over the bill table.

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Witness..... Signed.....
Signed.....

RECORD OF FUNERAL

Total No. 756

Yearly No. 50

Date July 14 1934

Name of Deceased Hanna Gaughan - nee Sylvia - White
(What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to Mercy Hos.

Address Mercy Hospital

Order Given by Dr. Ann Marie

How Secured

Date of Funeral July 16, 1934

Residence Mercy Hospital

Place of Death

Funeral Services at St. Xavier

Time of Funeral Service

Clergyman

His Address

Certifying Physician Dr. J. W. Fardette

His Residence

Cause of Death Pulmonary Tuberculosis
(Primary)

Cause of Death Tuberculosis cervical vertebra
(Secondary)

Date of Death July 14, 1934

Occupation of the Deceased Sr. of Mercy

Employed

Single or Married Religion Catholic

Date of Birth Sept 12, 1889

Age 45 Years 10 Months 2 Days

Name of Father Michael Gaughan

His Birthplace Vincent, Ohio

Name of Mother Ann Kelly
(Maiden Name)

Her Birthplace Vincent, Ohio

Body to be Shipped to St. Xavier

Size and Style of Casket

Manufactured by

Interment at St. Xavier Cemetery

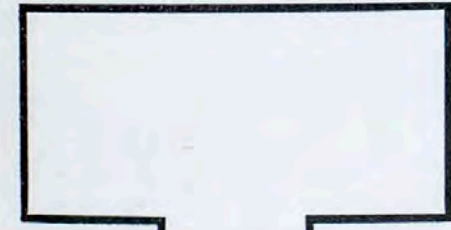


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket.....	(State Kind)	60	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body..... with Fluid	(State Kind)	15	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....		35	00
Limousines to Cemetery..... @ \$.....			
Autos to R. R. Station..... @ \$.....			
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in..... Newspapers.....		4	80
(Names of Newspapers)			
Flowers, \$.....	Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....		
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
<u>Sept 19 Paid in full EJM</u>			
Total Footing of Bill.....		\$	132 80
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page..... or below.....			

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

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed.....

Signed.....

Witness.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 757

Yearly No. 51

Date July 20 1934

Name of Deceased John Lawrence

(What Race) W. (Where Born) Germany

Husband— }
Wife—Widow— }
Son—Daughter of }

Charge to
Address
Order Given by
How Secured
Date of Funeral July 23, 1934
Residence 813 Locust St.
Place of Death Mercy Hospital
Funeral Services at Home

Time of Funeral Service
Clergyman
His Address

Certifying Physician Dr. James W.
His Residence Mercy Hospital
Cause of Death Acute Lobar Pneumonia
(Primary)
Bilateral
(Secondary)

Cause of Death
Date of Death July 20, 1934
Occupation of the Deceased Machinist
Employed

Single or Married Married Religion Prot.
Date of Birth March 17, 1874
Age 60 Years 4 Months 3 Days

Name of Father John Lawrence
His Birthplace Germany
Name of Mother Unknown
(Maiden Name)
Her Birthplace Germany

Body to be Shipped to
Size and Style of Casket
Manufactured by

Interment at Minersville Cemetery

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner Mrs. Mary Lawrence (wife)
813 Locust St.

Casket	(State Kind)	75 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	20 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	Door B.	8 00
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	5 00
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		32 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		

Paid in Advance

Total Footing of Bill \$ 197 50

By Amount Paid in Advance \$

Balance \$

Entered into Ledger, page or below

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

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No... 758 Yearly No... 52 Date... July 20, 1937
 Name of Deceased... Mary Reilly (What Race) W (Where Born) At Sea

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to... Mrs Mary C. O'Hagan

Address... 54 Oregon Ave Crofton, Pa

Order Given by.....
 How Secured.....

Date of Funeral... July 23, 1937

Residence... 54 Oregon Ave

Place of Death... Mercy Hospital

Funeral Services at... St. Phillips

Time of Funeral Service.....

Clergyman.....

His Address.....

Certifying Physician... Dr. H. J. McGeor

His Residence... County, Marquette

Cause of Death... Broncho-Pneumonia
(Primary)

Falling Fracture of Right Femur due

Cause of Death... to Falling on Floor
(Secondary)

Date of Death... July 20, 1937

Occupation of the Deceased... Retired

Employed.....

Single or Married... Single Religion... Catholic

Date of Birth.....

Age... 86 Years... Months... Days

Name of Father... Unknown

His Birthplace... Ireland

Name of Mother... Unknown

(Maiden Name)

Her Birthplace... Ireland


Body to be Shipped to.....

Size and Style of Casket.....

Manufactured by.....

Interment at... St. Phillips Cemetery

Casket.....	(State Kind)	<u>75 00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>15 00</u>
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	<u>15 00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		<u>14 00</u>
Limousines to Cemetery.....	@ \$.....	10 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
<small>(Names of Newspapers)</small>		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		<u>\$ 119 00</u>
By Amount Paid in Advance.....		\$.....
Balance.....		\$.....
Entered into Ledger, page.....		or below.....

Diagram of Lot or Vault

 Owner... Mrs. Mary C. O'Hagan
54 Oregon Ave Crofton

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 759 Yearly No. 52 Date July 30 1934
 Name of Deceased Katherine Kearns (What Race) Pa (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of

Charge to
 Address 1824 Forbes St
 Order Given by
 How Secured
 Date of Funeral Aug 3 1934
 Residence 1824 Forbes St
 Place of Death Mercy Hosp
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician L.D. O'Donnell
 His Residence Mercy Hosp
 Cause of Death Acute Osteomyelitis
 (Primary)

Cause of Death Staphylococci Septicemia
 (Secondary)
 Date of Death July 30 1934
 Occupation of the Deceased Housewife
 Employed
 Single or Married Married Religion Cath
 Date of Birth Feb 20 1873
 Age 61 58 Years 5 Months 10 Days
 Name of Father Wm Blanchard
 His Birthplace Pa
 Name of Mother Mary Vance
 (Maiden Name)
 Her Birthplace Pa
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Calvary Cemetery

Lot No. 290
 Grave No.
 Section No. M

Diagram of Lot or Vault
 Owner Jack Kearns 1824 Forbes St

Casket		4.00
(State Kind)		
Metallic Lining		260.00
(State Kind)		
Outside Box		20.00
(State Kind)		
Grave Vault		
(State Kind)		
Embalsming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery @ \$		21.00
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		10.80
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$ <u>O.B.</u>	12.00
Rental of Palms, \$	Tent Rental, \$	20.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		33.00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	8.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		421.80
By Amount Paid in Advance		446.80
Balance		
Entered into Ledger, page		or below

To Funeral Charges	Total, \$	By Cash	\$

Insurance, \$ Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed: :

Witness:

Signed: :

RECORD OF FUNERAL

Total No. 760 Yearly No. 53 Date Aug 4 1934
 Name of Deceased Giovanni Piegaia *W* Italy
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Mr. Peter Del Frate
 Address 1931 5th ave
 Order Given by
 How Secured
 Date of Funeral Aug 8 1934
 Residence 1931 5th ave
 Place of Death Passavant Hosp
 Funeral Services at St. Peters
 Time of Funeral Service 10 A.M.
 Clergyman
 His Address
 Certifying Physician M. J. M. Gregor
 His Residence Mt. St. Anne
 Cause of Death Acute Myocarditis
(Primary)
 Cause of Death
(Secondary)
 Date of Death Aug 4 1934
 Occupation of the Deceased Baker
 Employed
 Single or Married Single Religion Cath
 Date of Birth 1894
 Age 40 Years Months Days
 Name of Father Piegaia
 His Birthplace Italy
 Name of Mother Agnes Giannini
(Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to
 Size and Style of Casket Full
 Manufactured by
 Interment at Calvary Cemetery



Lot No.
 Grave No.
 Section No.
 Owner
Peter Del Frate 1931 5th ave

Casket.....		175 00
Metallic Lining.....	<small>(State Kind)</small>	
Outside Box.....	<small>(State Kind)</small>	15 00
Grave Vault.....	<small>(State Kind)</small>	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	15 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	52 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	4 80
Flowers, \$.....	<small>(Names of Newspapers)</small> Flower Wagon, \$.....	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		8 00
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	25 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		357 30
By Amount Paid in Advance.....		365 30
Balance.....		\$

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

	Total, \$		By Cash	\$ 100 00
				100 00

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 762 Yearly No. 55 Date Aug 8 1934

Name of Deceased Agnes La Dere (What Race) _____ (Where Born) _____

~~Husband~~— } Michael La Dere
~~Wife—Widow—~~ }
~~Son—Daughter of~~ }

Charge to Mrs. John Hoban
 Address _____

Order Given by _____
 How Secured _____
 Date of Funeral Aug 11 1934

Residence _____
 Place of Death St. Rose & Educ. Hosp.
 Funeral Services at Epiphany

Time of Funeral Service _____
 Clergyman _____
 His Address _____

Certifying Physician D. S. Jaffray
 His Residence Chicago

Cause of Death (Primary) Carcinoma of Rectum
 Cause of Death (Secondary) _____

Date of Death Aug 8 1934

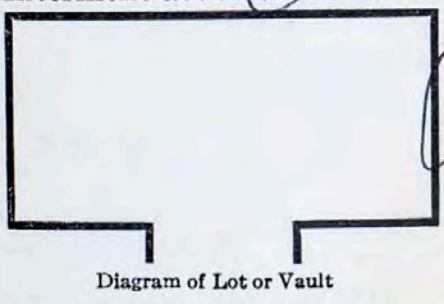
Occupation of the Deceased Housewife
 Employed _____
 Single or Married Married Religion Cath.

Date of Birth _____
 Age 56 Years 2 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 _____
 Manufactured by _____
 Interment at Calvary Cemetery



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Casket.....	(State Kind)		
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalming Body.....	with _____	Fluid	
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....			14.00
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....	<u>Blanket</u>		8.00
Delivering Remains to.....			
Death Notices in.....	Newspapers		5.20
Flowers, \$.....	(Names of Newspapers)		5.00
Rental of Palms, \$.....	Flower Wagon, \$.....		1.50
Rental of Vault, \$.....	Tent Rental, \$.....		
Lowering Device, \$.....			
Outlay for Lot.....			
Opening Grave or Vault.....	<u>Cemetery</u>		33.00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			25.00
Personal Charges, \$.....	Singers, \$.....		1.00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....			\$ 115.20
By Amount Paid in Advance.....			\$ 75.00
Balance.....			\$ 40.20

Paid
EJ.M.

Entered into Ledger, page _____ or below

	To Funeral Charges... Total, \$			By Cash	\$ 10.00

Insurance, \$..... Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____

Signed _____

Witness _____

RECORD OF FUNERAL

Total No. 763 Yearly No. 56 Date Aug 12 1934

Name of Deceased Edward Welsh (What Race) M (Where Born) Ph Pa

Charge to Mrs. Thomas Short

Address 7 Amanda St.

Order Given by

How Secured

Date of Funeral Aug 14

Residence Mayview

Place of Death Mayview

Funeral Services at 3 P.M.

Time of Funeral Service

Clergyman

His Address

Certifying Physician Mayview Hosp

His Residence Chronic myocarditis

Cause of Death (Primary)

Cause of Death (Secondary)

Date of Death Aug 12

Occupation of the Deceased Labor

Employed

Single or Married Religion Cath

Date of Birth 3-12-1878

Age 56 Years 5 Months 0 Days

Name of Father John

His Birthplace Pha

Name of Mother Mary (Maiden Name)

Her Birthplace Pha

Body to be Shipped to

Size and Style of Casket Will

Manufactured by

Interment at Calvary Cemetery

Lot No.
Grave No.
Section No.

Casket.....	(State Kind)	50 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		15 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Paid Aug 29 1934		
Aug 29 1934		
E.J.M.		
Total Footing of Bill.....		\$ 65 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

Diagram of Lot of Vault Barret Owner (Mayview office)

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

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed:.....

Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 764 Yearly No. 57 Date Aug 13 1934
 Name of Deceased Angelo Pascuzzi (What Race) Mr. (Where Born) Italy

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Estate of Angelo Pascuzzi
 Address Potterville & First Co.
 Order Given by Adminstr.
 How Secured _____
 Date of Funeral Aug 16 1934
 Residence 607 Webster
 Place of Death St. Peters
 Funeral Services at St. Peters
 Time of Funeral Service 9:30 A.M.
 Clergyman _____
 His Address _____
 Certifying Physician W. J. Mc Gregor
 His Residence County Morgue
 Cause of Death Cerebral Hemorrhage (Primary)
 Cause of Death _____ (Secondary)
 Date of Death Aug 13 1934
 Occupation of the Deceased Tailor
 Employed _____
 Single or Married Single Religion Cath.
 Date of Birth _____
 Age 46 Years _____ Months _____ Days
 Name of Father _____
 His Birthplace Italy
 Name of Mother _____ (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by W. H. F. H.
 Interment at Calvary Cemetery

Casket <u>o base</u>	(State Kind)	395.00
Metallic Lining	(State Kind)	20.00
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalming Body with Fluid		25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery @ \$		
Autos to P. Station @ \$		8.00
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in _____ Newspapers		9.50
_____ (Names of Newspapers)		8.00
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$ <u>See</u>	10.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		31.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		4.00
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	20.00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
12/29/34 Paid <u>F. H. M.</u>		
Total Footing of Bill	\$	530.80
By Amount Paid in Advance	\$	200.00
Balance	\$	
Entered into Ledger, page _____ or below		

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Adeline Tavano (Niece)
327 Bausman St. Pgh Pa

To Funeral Charges	Total, \$				
		12/23/35	By Cash	\$	
			By ch. Potter T. & T. Co.	\$	311.89

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies : _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Signed _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

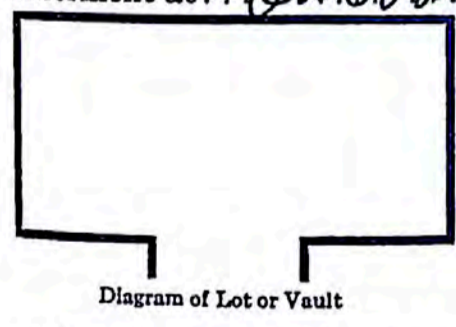
RECORD OF FUNERAL

Total No. 766: Yearly No. 59: Date Aug 17, 1934.
 Name of Deceased Sophia Finea (What Race) W (Where Born) Italy

Charge to Anthony Costello
 Address 1714 Archer St R
 Order Given by _____
 How Secured _____
 Date of Funeral Aug 21, 1934
 Residence _____
 Place of Death Mayview Hos
 Funeral Services at St. Peters
 Time of Funeral Service 9 A.M.
 Clergyman _____
 His Address _____
 Certifying Physician Mayview Hos
 His Residence _____
 Cause of Death Carcinoma corpus
(Primary)

Cause of Death _____
(Secondary)
 Date of Death Aug 17, 1934
 Occupation of the Deceased _____
 Employed _____
 Single or Married Widow Religion _____
 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 _____
 Manufactured by _____
 Interment at Galvany Cemetery
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Casket		270	
Metallic Lining	(State Kind)	145	00
Outside Box	(State Kind)	15	00
Grave Vault	(State Kind)		
Embalmng Body	with Fluid	20	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$	15	00
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$	3	00
Door Crepe, \$	Gloves, \$	3	00
Hearse		14	00
Limousines to Cemetery	@ \$	20	00
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from	<u>Mayview</u>	10	00
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers		
	<small>(Names of Newspapers)</small>		
Flowers, \$	Flower Wagon, \$		
Rental of Palms, \$	Tent Rental, \$	15	00
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot			
Opening Grave or Vault		15	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$		
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill		\$ 340	00
By Amount Paid in Advance		\$ 275	00
Balance			
Entered into Ledger, page			or below



To Funeral Charges	Total, \$	By Cash	\$

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Signed _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date. Aug 23, 1934

Total No. 767 Yearly No. 60

Name of Deceased Infant Paris (What Race) w (Where Born) Pa.

Husband—
Wife—Widow—
Son—Daughter of
Charge to Louis Paris
Address Luzerne Pa.
Order Given by
How Secured
Date of Funeral Aug 24, 1934
Residence Luzerne Pa.
Place of Death Mealy Has
Funeral Services at
Time of Funeral Service
Clergyman
His Address
Certifying Physician Raymond Gillis
His Residence Mealy Has
Cause of Death Stillborn (Primary)

Cause of Death (Secondary)
Date of Death Aug 23, 1934
Occupation of the Deceased
Employed

Single or Married Single Religion Greek Or
Date of Birth Aug 23, 1934
Age 0 Years 0 Months 0 Days
Name of Father Louis Paris
His Birthplace Greece
Name of Mother Panayiota Papoyzidou
(Maiden Name)
Her Birthplace Greece

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at Minesville Cemetery

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

Casket.....	(State Kind)	10 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	
Door Crepe, \$.....	Gloves, \$	
Hearse.....		
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		10 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill <u>Pa. E.J.M.</u>		\$ 20 00
By Amount Paid in Advance.....		\$
Balance.....		\$

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

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

Insurance, \$..... Names of Lodges
Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed:

Signed:

RECORD OF FUNERAL

Total No. 768 Yearly No. 61

Name of Deceased Infant Hays Date Aug 27 1934
Mr. Frank Hays (What Race) Pa. (Where Born)

Husband— }
Wife—Widow— }
Son—Daughter of }

Charge to

Address 42 Vine St

Order Given by

How Secured

Date of Funeral

Residence 42 Vine St

Place of Death

Funeral Services at

Time of Funeral Service

Clergyman

His Address

Certifying Physician B. B. Woods

His Residence 2118 5th Ave

Cause of Death Premature Birth
7 months (Primary)

Cause of Death

Date of Death Aug 27 1934
(Secondary)

Occupation of the Deceased Child

Employed

Single or Married Child Religion Cath.

Date of Birth Aug 27 1934

Age

Name of Father Frank Hays

His Birthplace McKeesport Pa

Name of Mother Stella Kulas
(Maiden Name)

Her Birthplace Pittsburgh Pa

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at St Marys Cemetery
McKeesport Pa

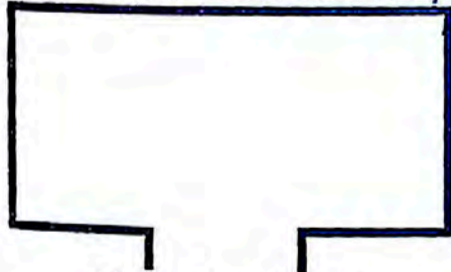


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket.....		
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with.....	Fluid
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced <u>J. McGowan</u>		
PAID <u>Aug 28/34</u>		
Total Footing of Bill.....	\$	<u>27.50</u>
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below		

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness:

RECORD OF FUNERAL

Total No. 769

Yearly No. 62

Date Sept 1, 1934

Name of Deceased William V. Mohon (What Race) Pa. (Where Born)

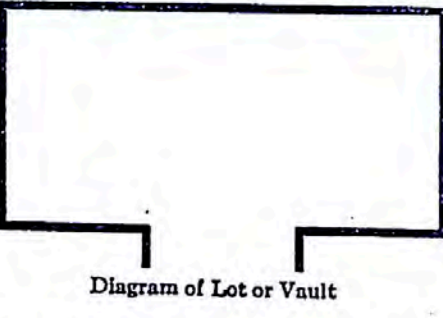
Charge to Mrs. Stacie Bruton
 Address 256 Beaver River Road
 Order Given by Emsworth, Pa.
 How Secured
 Date of Funeral Sept 4, 1934
 Residence 2 S. Guide St.
 Place of Death U.S. Veterans Hosp.
 Funeral Services at Epiphany
 Time of Funeral Service 10:30
 Clergyman J.A. Abonnell
 His Address
 Certifying Physician
 His Residence U.S. Veterans
 Cause of Death Pulmonary Tuberculosis (Primary)

Cause of Death (Secondary)
 Date of Death Sept 1, 1934
 Occupation of the Deceased Retired

Employed
 Single or Married Single Religion Cath.
 Date of Birth March 21, 1884
 Age 50 Years 5 Months 10 Days

Name of Father
 His Birthplace
 Name of Mother (Maiden Name)
 Her Birthplace

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Calvary Cem. Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket..... (State Kind)	175 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	25 00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Crepe, \$..... Gloves, \$.....	3 00
Hearse.....	14 00
Limousines to Cemetery..... @ \$.....	21 00
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	9 80
(Names of Newspapers)	
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	15 00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	31 00
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	
Church Charges, \$..... Ministers, \$.....	10 00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	326 80
By Amount Paid in Advance.....	
Balance.....	
Entered into Ledger, page..... or below	

Paid
J.M.

To Funeral Charges... Total, \$				
	Nov. 10	By Cash	\$ 150 00	
		U.S. Bureau	100 00	

Insurance, \$..... Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness: Signed: Signed:

RECORD OF FUNERAL

Total No.. 770...

Yearly No.. 63...

Date.. Sept 21. 1934.

Name of Deceased.. *Edna C. Collins*

Husband—
Wife—Widow—
Son—Daughter of

(What Race) *w*

(Where Born) *Pa*

Charge to.. *Joseph Collins*

Address.. *Joffne, Pa.*

Order Given by

How Secured

Date of Funeral

Residence.. *Joffne, Pa.*

Place of Death.. *Mercy Hospital*

Funeral Services at

Time of Funeral Service.. *Du Bois, Pa.*

Clergyman

His Address

Certifying Physician.. *C. F. Betsch*

His Residence.. *714 Jenkins Bldg.*

Cause of Death.. *General Peritonitis*

Cause of Death (Primary) *Bilateral Salpingitis*

Date of Death (Secondary) *Sept. 2, 1934*

Occupation of the Deceased.. *at school*

Employed

Single or Married.. *Single* Religion *Cath.*

Date of Birth.. *July 25, 1918*

Age.. *16* Years.. *1* Months.. *10* Days

Name of Father.. *Joseph Collins*

His Birthplace.. *md.*

Name of Mother.. *Catherine Gleason*

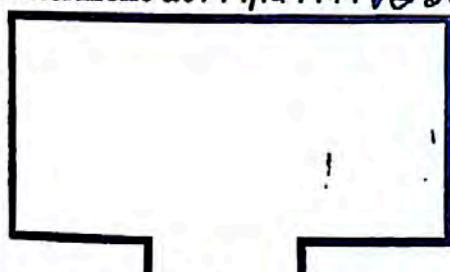
Her Birthplace.. *Pa.* (Maiden Name)

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at.. *Du Bois, Pa.* Cemetery



Lot No.

Grave No.

Section No.

Owner

Casket		175.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind) <i>S.B.</i>	25.00
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	15.00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	10.00
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	<i>Blanket</i>	6.00
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill	<i>EJM</i>	256.00
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page		or below

PAID
Sept 11, 34

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

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness

RECORD OF FUNERAL

Total No. 771

Yearly No. 64

Date Sept. 7, 1934

Name of Deceased John A. Reilly

(What Race) W (Where Born) R.I.

Husband— }
Wife—Widow— }
Son—Daughter of }
Charge to Mrs. Mary Reilly

Address 29 Chautauqua St.

Order Given by

How Secured

Date of Funeral Sept. 10, 1934

Residence 29 Chautauqua St.

Place of Death Annunciation Church

Funeral Services at Pgh.

Time of Funeral Service

Clergyman

His Address

Certifying Physician C. Schaffer

His Residence 1300 Teardrop Ave.

Cause of Death cerebral thrombosis (Primary)

Hypertension

Cause of Death Chronic nephritis (Secondary)

Date of Death Sept. 7, 1934

Occupation of the Deceased Patrolman

Employed U.S. Steel

Single or Married m Religion Cath

Date of Birth Aug. 27, 1879

Age 55 Years 0 Months 10 Days

Name of Father Hugh Reilly

His Birthplace Ireland

Name of Mother not known (Maiden Name)

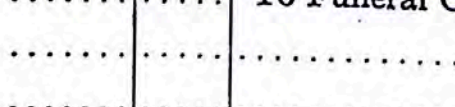
Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Mount Pleasant Cemetery



Lot No.

Grave No.

Section No.

Owner

Casket	(State Kind)	160 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	40 00
Hearse		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	9 60
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	10 00
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 302 60
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Paied
E.M.

To Funeral Charges... Total, \$		
	By Cash	\$
	Allegh. Co.	75 00
	U.S.W. B.	100 00
	Mrs. Reilly	135 00

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness: Signed: Signed: Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 772...

Yearly No. 65

Date Sept 12 1934

Name of Deceased Ann Burns

W: (What Race)

Ireland (Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Charge to Estate of Ann Burns

Address James J & Bernard Burns

Order Given by Executors

How Secured

Date of Funeral Sept 15 - 34

Residence 339 Mcgraw

Place of Death St Pauls

Funeral Services at St Pauls

Time of Funeral Service

Clergyman

His Address

Certifying Physician W. J. Mc Gregor

His Residence McJaque

Cause of Death

Cerebral Hemorrhage (Primary)

Cause of Death

Date of Death Sept 12 - 34 (Secondary)

Occupation of the Deceased Retired

Employed

Single or Married Widow Religion Cath

Date of Birth

Age 55 Years Months Days

Name of Father Thomas Mc Guinness

His Birthplace Ireland

Name of Mother Mary Mc Garthar

Her Birthplace Ireland (Maiden Name)

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

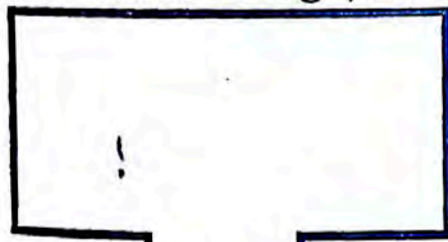
Interment at St Marys Cemetery

Lot No.

Grave No.

Section No.

Owner Elizabeth M. Ward (Miss)



Casket.....		285	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	20	00
Grave Vault.....	(State Kind)		
Embalming Body.....	(State Kind) with Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	13	50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....	21	00
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	10	80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	20	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		31	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	25	00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$ 481	30
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....	or below		

To Funeral Charges... Total, \$

By Cash..... \$

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies :.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed :.....

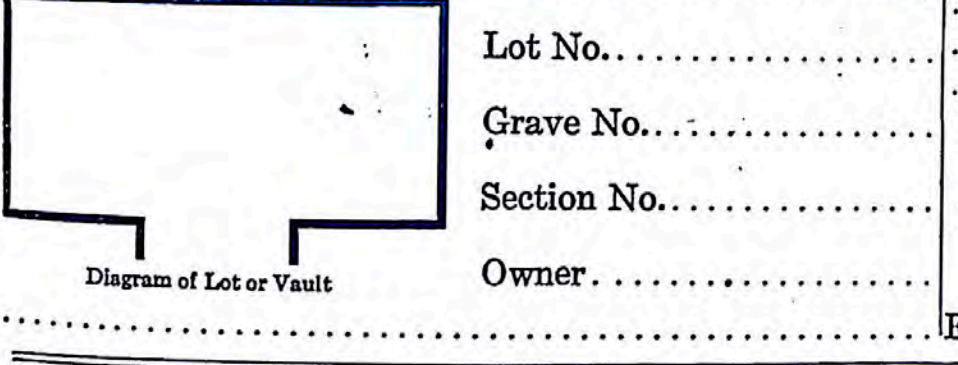
Witness :.....

RECORD OF FUNERAL

Total No. 774 Yearly No. 67 Date Sept 19 1934
 Name of Deceased Dolores Hollis
 Charge to James Hollis (What Race) Mo (Where Born) Jgh Pa.

Address 1837 Diaz Way
 Order Given by
 How Secured
 Date of Funeral Sept 20, 1934
 Residence 1837 Diaz Way
 Place of Death Mercy Hospital
 Funeral Services at St. Agnes (M.S.A. way)
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician McGregor
 His Residence County Morgan
 Cause of Death Meningitis
Mm-epidermic
 Cause of Death
 Date of Death Sept 19, 1934 (Secondary)
 Occupation of the Deceased Infant
 Employed
 Single or Married Single Religion Cath
 Date of Birth Dec 15, 1933
 Age 9 Years 4 Months 4 Days
 Name of Father James Hollis
 His Birthplace Italy
 Name of Mother Mary Francich (Maiden Name)
 Her Birthplace Pa
 Body to be Shipped to
 Size and Style of Casket Steel
 Manufactured by
 Interment at Minersville Cemetery

Casket.....		30.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	1.00
Grave Vault.....	(State Kind)	
Embalming Body.....	(State Kind) with Fluid	1.00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	3.50
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	
Door Crepe, \$.....	Gloves, \$	
Hearse.....		
Limousines to Cemetery.....	@ \$	10.50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		1.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 73.00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		



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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed:

Signed:

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. *775* Yearly No. *68* Date *Sept 25* 19*34*
 Name of Deceased *Jacob Grimm* (What Race) *W* (Where Born) *U.S.A.*

Husband— } Charge to *150.00*
 Wife—Widow— }
 Son—Daughter of }
 Address
 Order Given by
 How Secured
 Date of Funeral *Sept 27 / 34*
 Residence *Mercy Hosp.*
 Place of Death *Epiph. Hosp.*
 Funeral Services at *Epiph. Hosp.*
 Time of Funeral Service *9 A.M.*
 Clergyman
 His Address
 Certifying Physician
 His Residence *Mercy Hosp.*
 Cause of Death *Carcinoma of St. Ovid +*
general metastasis
 Date of Death *Sept 25 / 34*
 Occupation of the Deceased *Retired*
 Employed
 Single or Married *Widowed* Religion *Cath.*
 Date of Birth
 Age *abt 80* Years Months Days
 Name of Father *not known*
 His Birthplace
 Name of Mother
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at *Calvary* Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner *Mercy Hosp. Records*

Casket.....	(State Kind)	1.00	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with Fluid	15	00
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$ Slippers, \$		
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$	2	00
Door Crepe, \$.....	Gloves, \$	2	00
Hearse.....		1	00
Limousines to Cemetery.....	@ \$	1	00
Autos to R. R. Station.....	@ \$	0	50
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers		
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$		
Rental of Palms, \$.....	Tent Rental, \$		
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....			
Opening Grave or Vault.....		15	00
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$		
Church Charges, \$.....	Ministers, \$	10	00
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	183 50
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....	or below		

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

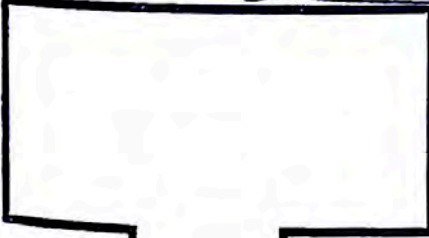
Witness..... Signed.....

RECORD OF FUNERAL

Total No. 776 Yearly No. 69 Date Sept 29 1934
 Name of Deceased Infant Bonners (What Race) W. (Where Born) Ogh Pa
 Charge to John J Bonners (Frank)

Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Oct 1 1934
 Residence 847 N. Yorkside St.
 Place of Death St. Johns Hosp.
 Funeral Services at.....
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician R. Dunlap
 His Residence St. Johns Hosp.
 Cause of Death Stillborn
 Cause of Death (Secondary).....
 Date of Death Sept 29 1934
 Occupation of the Deceased Infant
 Employed.....
 Single or Married..... Religion Cath.
 Date of Birth Sept 29 1934
 Age Stillborn Years..... Months..... Days.....
 Name of Father John J Bonners
 His Birthplace Ogh Pa
 Name of Mother Susan Daley
 Her Birthplace Ogh Pa
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at St. Johns Cemetery

Casket.....		5 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		
Grave Vault..... (State Kind)		
Embalming Body..... (State Kind) with..... Fluid		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Crepe, \$..... Gloves, \$.....		
Hearse.....		
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....		
Rental of Palms, \$..... Tent Rental, \$.....		
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....	10 00	
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$ 15 00	
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.....		

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

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 777

Yearly No. 70

Date Oct 11 1934 Pa.

Name of Deceased ~~Elyan~~ ~~Scott~~ ~~James~~ ~~Scott~~ (What Race) (Where Born)

Charge to ~~James H. Cairns~~ (Husband—Wife—Widow—Son—Daughter of)

Address ~~Scioto Ohio~~

Order Given by ~~Same~~

How Secured

Date of Funeral Oct 13 1934

Residence 2655 Perryville

Place of Death 2655 Perryville

Funeral Services at

Time of Funeral Service 2 P.M.

Clergyman Rev. Ross

His Address Dravosburg Pa.

Certifying Physician E. V. Miller

His Residence 1356 Brighton Rd.

Cause of Death Arterio Sclerosis (Primary)

Cause of Death Pulmonary Emphysema (Secondary)

Date of Death Oct 11 1934

Occupation of the Deceased Retired

Employed

Single or Married Widowed Religion Prot.

Date of Birth Apr 29 1847

Age 86 Years 5 Months 12 Days

Name of Father Joseph Hutchinson

His Birthplace

Name of Mother Jane Meel (Maiden Name)

Her Birthplace Pa.

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at (Richland) Dravosburg Pa. Cemetery

Diagram of Lot or Vault

Owner Jessie M. Scott (Daughter)

2653 Perryville Ave

To Funeral Charges... Total, \$

Insurance, \$

Names of Insurance Companies

Names of Lodges

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness

Signed

Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1934

Casket	(State Kind)	
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		16 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	8 40
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 87 40
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Paid E.J.M.

RECORD OF FUNERAL

Total No. 778

Yearly No. 715

Date Oct 20 1934

Name of Deceased *Nancy J. McBoy*

Virginia McBoy (What Race) *M* (Where Born) *W. Va.*

Charge to
Address

Order Given by
How Secured

Date of Funeral *Oct 24 34*

Residence *124 Virginia av Pgh Pa*

Place of Death *Mary St*

Funeral Services at *Richwood W Va*

Time of Funeral Service

Clergyman

His Address

Certifying Physician *W J McGregor*

His Residence *Cornish Morgantown*

Cause of Death *Fracture of skull*
(Primary)

Cause of Death *du to being struck by an*
auto
(Secondary)

Date of Death *Oct 20 1934*

Occupation of the Deceased *Truck Driver*

Employed *M J Nannon*

Single or Married
Religion *Prot*

Date of Birth *June 28 1902*

Age *32* Years *3* Months *22* Days

Name of Father *Thomas McBoy*

His Birthplace *W Va*

Name of Mother *Jessie Demmon*
(Maider Name)

Her Birthplace *W Va*

Body to be Shipped to

Size and Style of Casket

Manufactured by *Hill*

Interment at *Richwood W Va Cemetery*

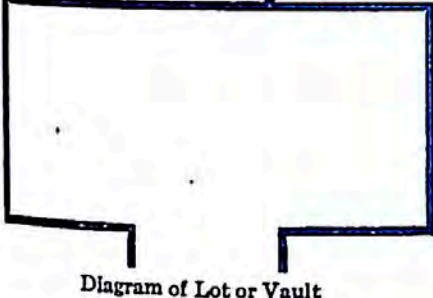


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket		147.00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Grave Vault (State Kind)		
Embalming Body with Fluid		25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	23.50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		20.00
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		2.50
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		1.84
Railroad Tickets		
Cash Advanced		
<i>Hospital Bill</i>		15.00
<i>Paym</i>		
Total Footing of Bill		\$ 234.34
By Amount Paid in Advance		\$
Balance		\$

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed Witness

RECORD OF FUNERAL

Date *Oct 21* 19*34*

Total No. *779*

Yearly No. *72*

Name of Deceased *Mary Hagen* (What Race) (Where Born)

Charge to *Mrs Mary Hogan (Mother)*

Address *1319 Webster Ave*

Order Given by

How Secured

Date of Funeral *Oct 24 1934*

Residence *1319 Webster Ave*

Place of Death *Passavant Hosp*

Funeral Services at *St Ann's*

Time of Funeral Service *9 A.M.*

Clergyman

His Address

Certifying Physician *Dr McConnell*

His Residence *Passavant*

Cause of Death *Acute Lobar pneumonia*
(Primary)

Cause of Death *Heart Failure*
(Secondary)

Date of Death *Oct 21 1934*

Occupation of the Deceased *at Home*

Employed

Single or Married *Single* Religion *Cath*

Date of Birth *Oct 29 1915*

Age *18* Years *11* Months *22* Days

Name of Father *Charles Hagen*

His Birthplace *Syria*

Name of Mother *Mary Jabour*
(Maiden Name)

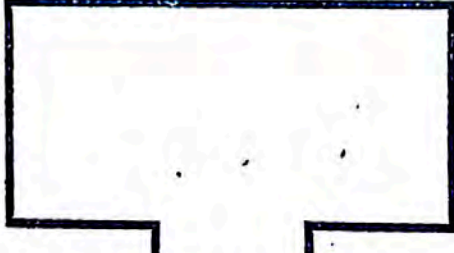
Her Birthplace *Syria*

Body to be Shipped to

Size and Style of Casket

Manufactured by *Hill*

Interment at *Calvary* Cemetery



Lot No. *188*
Grave No.
Section No. *R*
Owner

Casket..... (State Kind)	160	00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)	15	00
Grave Vault..... (State Kind)		
Embalming Body..... with..... Fluid	25	00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	10	50
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....	3	00
Door Crepe, \$..... Gloves, \$.....	3	00
Hearse.....	14	00
Limousines to Cemetery..... @ \$.....	21	00
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers, \$..... Flower Wagon, \$.....	10	00
Rental of Palms, \$..... Tent Rental, \$.....	15	00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....	15	00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	291	50
By Amount Paid in Advance.....		
Balance.....		

Total Footing of Bill \$ *291.50*

By Amount Paid in Advance \$

Balance \$

Entered into Ledger, page or below

To Funeral Charges... Total, \$	<i>27</i>	By Cash..... \$	<i>250</i>	<i>00</i>

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

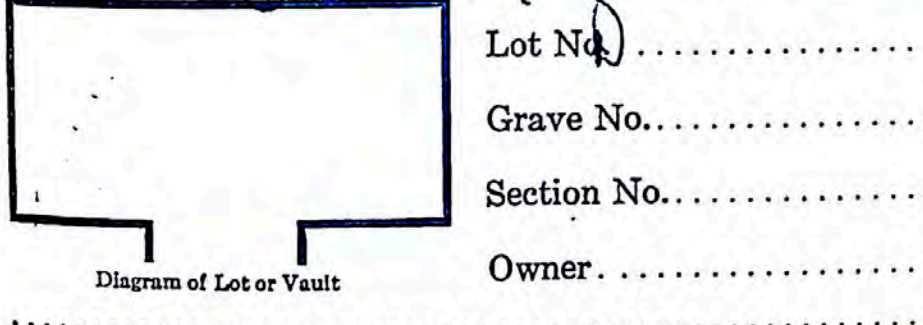
Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 780 Yearly No. 73 Date Oct 31 1934
 Name of Deceased Baby Donatelli (What Race) W (Where Born) Pgh Pa
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Nov 34
 Residence 115 S. Graham St
 Place of Death West Penn Hosp
 Funeral Services at.....
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician Harry E. Cantor
 His Residence 5218 5th ave
 Cause of Death Hemorrhage
Cerebral (Primary)
 Cause of Death.....
 Date of Death Oct 31 1934 (Secondary)
 Occupation of the Deceased.....
 Employed Still born
 Single or Married..... Religion Cath
 Date of Birth Oct 31 1934
 Age Still born Years..... Months..... Days.....
 Name of Father Venry Donatelli
 His Birthplace Pgh Pa
 Name of Mother Katherine Woods
 Her Birthplace Pgh Pa (Maiden Name)
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Steel
 Interment at Carmel Mt Cemetery

Casket.....	(State Kind)	8 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	5 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	5 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		5 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 18 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below



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

To Funeral Charges.....	Total, \$	By Cash.....	\$
		EDW. J. MCAVOY PAID <u>Aug 14 1935</u> R. B.	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Date... Nov. 7, 1934

Total No. 781 Yearly No. 74

Name of Deceased. John Sarraf
(What Race) W.
(Where Born) Syria

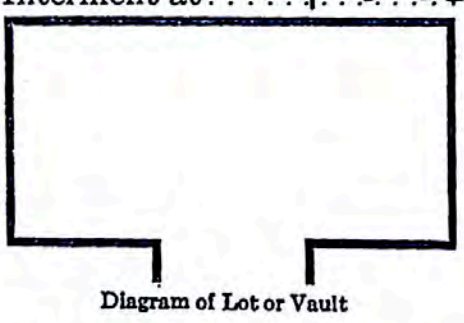
Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to Mr. Mrs. J. Sarraf
 Address 3701 Richmond Ave.
 Order Given by

How Secured
 Date of Funeral Nov 10 / 34
 Residence 1040 Buxtrick Way
 Place of Death St. George 10.36
 Funeral Services at St. George

Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician W. J. Mc Gregor
 His Residence Malverne
 Cause of Death Coronary Thrombosis
(Primary)

Cause of Death
(Secondary)
 Date of Death Nov 7 / 34
 Occupation of the Deceased Grocer

Employed
 Single or Married Widower Religion Orth
 Date of Birth July 18 1874
 Age 60 Years 3 Months 27 Days
 Name of Father John Sarraf
 His Birthplace Syria
 Name of Mother
(Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Alexander's Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	4.50	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	25	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	24	50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		1	40
Limousines to Cemetery.....	@ \$.....	2	00
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....	<u>Blanket</u>	15	00
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers	7	20
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$ <u>10 B</u>	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	20	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		15	00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....		2	50
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
		Paid <u>Dec. 7, 1934</u> <u>EJM</u>	
Total Footing of Bill.....		\$	660.70
By Amount Paid in Advance.....		\$	
Balance.....		\$	

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

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

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 782

Yearly No. 75

Date Nov 18 1934

Name of Deceased Velen Lanheady

Husband-
Wife-
Son-
Daughter-

Dennis J Lanheady

(What Race) W

(Where Born) NY City

Charge to 226 M. Gully Ave
Address Mr. Leboron NY City

Order Given by

How Secured

Date of Funeral

Residence

Place of Death Mercy Hosp

Funeral Services at

Time of Funeral Service

Clergyman

His Address

Certifying Physician J. H. Carroll

His Residence Mercy Hosp

Cause of Death

Carlyle J. Leno
Cesarian Section

Date of Death Nov 18 1934

Occupation of the Deceased Housewife

Employed

Single or Married Married Religion Cath

Date of Birth Mar 13 1899

Age 35 Years 8 Months 6 Days

Name of Father Robert Jones

His Birthplace NY

Name of Mother Ellen Flynn

Her Birthplace NY

Body to be Shipped to Brooklyn NY

Size and Style of Casket 11' 11" 11/18 34

Manufactured by

Interment at NY City Cemetery

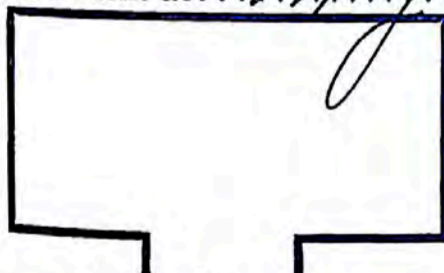


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket		400	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	25	00
Grave Vault	(State Kind)		
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$		
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$		
Hearse			
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to	<u>Blanket</u>	20	00
Death Notices in	Newspapers		
Flowers, \$	(Names of Newspapers) Flower Wagon, \$		
Rental of Palms, \$	Tent Rental, \$		
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot			
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$	20	00
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets		31	64
Cash Advanced			
Total Footing of Bill		521	64
By Amount Paid in Advance			
Balance			

Paid in full
E. J. M.

Entered into Ledger, page _____ or below

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

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof _____

Signed _____

Signed _____

Witness _____

RECORD OF FUNERAL

Total No. 784 Yearly No. 77 Date Dec 13 1934
 Name of Deceased Nannah Mellett (What Race) M (Where Born) Pa
 Charge to Mathew

Address 1708 Locust
 Order Given by
 How Secured
 Date of Funeral Dec 15 1934
 Residence 1708 Locust
 Place of Death 1708 Locust
 Funeral Services at Epiphany
 Time of Funeral Service 9 AM
 Clergyman
 His Address
 Certifying Physician J. J. McCarthy
 His Residence 2816 5th ave
 Cause of Death Chronic myocarditis
 Cause of Death Lues
 Date of Death Dec 13 1934
 Occupation of the Deceased Housewife
 Employed
 Single or Married Married Religion Cath
 Date of Birth Not known
 Age 58 Years Months Days
 Name of Father Edward Gallagher
 His Birthplace Ireland
 Name of Mother Mary
 Her Birthplace Ireland
 Body to be Shipped to
 Size and Style of Casket Self
 Manufactured by
 Interment at St Marys Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner Mathew Mellett (Husband)

Casket		150	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	15	00
Grave Vault	(State Kind)		
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$	9	50
Folding Chairs, \$	Tarpaulins, \$	3	00
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$	3	00
Hearse		14	00
Limousines to Cemetery	@ \$	21	00
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers	9	80
Flowers, \$	(Names of Newspapers) Flower Wagon, \$		
Rental of Palms, \$	Tent Rental, \$	15	00
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot		33	00
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges	Blanket	6	00
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$	25	00
Church Charges, \$	Ministers, \$	10	00
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced	<u>Nov 23, 1935</u>		
Total Footing of Bill		\$	339 30
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page or below			

To Funeral Charges	Total, \$	By Cash
<u>Mrs A Ingham</u>		<u>Paid Each</u>
<u>2600 Forbes St.</u>		<u>Mrs. Sullivan</u>
		<u>Wa. 1536 J.</u>

Insurance, \$ Names of Lodges
 Names of Insurance Companies :
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness

RECORD OF FUNERAL

Total No. 785 Yearly No. 78 Date Dec 16 1934
 Name of Deceased William P. M. McBride (What Race) W.P. (Where Born) Igha Pa

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral Dec 20 / 34
 Residence 218 N. Gray
 Place of Death Mercy Hosp
 Funeral Services at St. Mary's
 Time of Funeral Service 9:30 A.M.
 Clergyman
 His Address
 Certifying Physician G. L. J. Jays
 His Residence Mercy Hosp
 Cause of Death Pneumonia
 (Primary) Carcinoma of Rectum
 (Secondary)
 Date of Death Dec 16 / 34
 Occupation of the Deceased Construction
 Employed Work
 Single or Married Married Religion Cath
 Date of Birth Oct 47
 Age Years Months Days
 Name of Father Wm. G. McBride
 His Birthplace Newfoundland
 Name of Mother Marian Bell
 (Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Mary's Cemetery

Lot No.
 Grave No.
 Section No.
 Owner Mrs. Lela L. McBride

Casket.....	(State Kind)	340	175.00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		25.00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid		25.00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		3.00
Door Crepe, \$.....	Gloves, \$.....		3.00
Hearse.....			14.00
Limousines to Cemetery.....	@ \$.....		10.50
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....	Blanket		9.00
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		16.20
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....		10.00
Rental of Palms, \$.....	Tent Rental, \$.....		15.00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			33.00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			25.00
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....			363.70
By Amount Paid in Advance.....			219.55
Balance.....			144.15

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness: Signed:
 Signed:
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 786 Yearly No. 79 Date Dec 27 1934
 Name of Deceased Louis Tambellin (What Race) M. (Where Born) Italy
 Husband— }
 Wife—Widow— }
 Son—Daughter of }

Charge to

Address.....

Order Given by.....

How Secured.....

Date of Funeral Dec 31, 1934

Residence 1347 Vickers St

Place of Death Passavant Hosp

Funeral Services at St Peters

Time of Funeral Service.....

Clergyman.....

His Address.....

Certifying Physician Howard Goldman

His Residence Passavant

Cause of Death Cerebral Hemorrhage
(Primary)
myocarditis
(Secondary)

Cause of Death Cerebral Hemorrhage
(Secondary)

Date of Death Dec 27, 1934

Occupation of the Deceased Hotel

Employed.....

Single or Married..... Religion Cath

Date of Birth.....

Age 63 Years..... Months..... Days

Name of Father Francisco T

His Birthplace Italy

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

Her Birthplace Italy

Body to be Shipped to.....

Size and Style of Casket.....

Manufactured by.....

Interment at Calvary Cemetery

Lot No.....

Grave No.....

Section No.....

Owner.....

Casket.....	150 00
Metallic Lining..... <small>(State Kind)</small>	
Outside Box..... <small>(State Kind)</small>	20 00
Grave Vault..... <small>(State Kind)</small>	
Embalming Body..... <small>(State Kind)</small> with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$	12 50
Folding Chairs, \$..... Tarpaulins, \$	
Candelabrum, \$..... Candles, \$	3 00
Door Crepe, \$..... Gloves, \$	3 00
Hearse.....	14 00
Limousines to Cemetery..... @ \$	21 00
Autos to R. R. Station..... @ \$	
Aeroplane Service, \$..... Ambulance, \$	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers	
Flowers, \$..... <small>(Names of Newspapers)</small> <u>10 B.</u> Flower Wagon, \$	10 00
Rental of Palms, \$..... Tent Rental, \$	15 00
Rental of Vault, \$..... Lowering Device, \$	
Outlay for Lot.....	50 00
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$	
Church Charges, \$..... Ministers, \$	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 323 50
By Amount Paid in Advance.....	\$ 205 50
Balance.....	\$ 118 00
Entered into Ledger, page..... or below	

	By Cash..... \$
To Funeral Charges..... Total, \$	
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Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Signed.....

Signed.....

Witness.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date Dec 30 1934

Total No. 787

Yearly No. 80

Name of Deceased Eugene Finnegan (What Race) W. (Where Born) 340 00

Husband—
Wife—Widow—
Son—Daughter of }

Charge to

Address

Order Given by

How Secured

Date of Funeral Jan 2 1935

Residence 1721 5th Ave

Place of Death Mayview Hosp

Funeral Services at Epiphany

Time of Funeral Service 9 AM

Clergyman

His Address

Certifying Physician

His Residence Mayview

Cause of Death Pulmonary Tubercul

osis

Cause of Death

Date of Death Dec 30 1934

Occupation of the Deceased

Employed

Single or Married

Religion

Date of Birth

Age 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

Manufactured by

Interment at Calvary Cemetery



Diagram of Lot or Vault

Lot No. 175

Grave No. 6

Section No. 0

Owner Owen

Finnegan

Casket.....	(State Kind)	17.50
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	1.50
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	1.65
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	3.00
Hearse.....		14.00
Limousines to Cemetery.....	@ \$.....	31.50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....	<u>Mayview</u>	1.00
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	1.08
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	1.50
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		33.00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 376.80
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

Paid

To Funeral Charges.... Total, \$

Mrs Ella Morris

2612 Brownsville Rd.

Dash

Co. 4 29 R.

By Cash..... \$

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed:

Signed:

RECORD OF FUNERAL

Total No. 788

Yearly No. 1

Date Jan 4 1935

Name of Deceased James Martin

Husband—
Wife—Widow—
Son—Daughter of }
Charge to

(What Race)

(Where Born) Pgh Pa

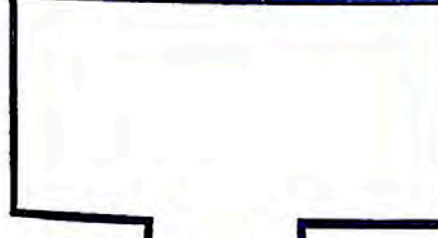
Address.....
Order Given by.....
How Secured.....
Date of Funeral Jan 7 1935
Residence 304 S. Elizabeth
Place of Death St. Stephen
Funeral Services at St. Stephen
Time of Funeral Service 9 A.M.
Clergyman.....

His Address.....
Certifying Physician J. Blessing
His Residence 1208 2nd Ave
Cause of Death Pneumonia
Cause of Death Broncho Pneumonia

Date of Death Jan 4 1935
Occupation of the Deceased Elevator Janitor
Employed.....

Single or Married Single Religion Cath
Date of Birth July 14 1915
Age 19 Years 5 Months 20 Days
Name of Father Howard Martin
His Birthplace Pgh Pa
Name of Mother Mary M. Grath
Her Birthplace Pgh Pa

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by Hill
Interment at Calvary Cemetery

Diagram of Lot or Vault 
Lot No.....
Grave No.....
Section No.....
Owner Mrs Mary Martin (mother)

Casket.....		240	00
Metallic Lining (State Kind).....			
Outside Box (State Kind).....		20	00
Grave Vault (State Kind).....			
Embalming Body (State Kind) with Fluid.....		25	00
Barber, \$..... Hair Dressing, \$.....			
Dressing Body.....			
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....			
Folding Chairs, \$..... Tarpaulins, \$.....			
Candelabrum, \$..... Candles, \$.....		3	00
Door Crepe, \$..... Gloves, \$.....		3	00
Hearse.....		14	00
Limousines to Cemetery @ \$.....		30	00
Autos to R. R. Station @ \$.....			
Aeroplane Service, \$..... Ambulance, \$.....			
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in..... Newspapers.....		9	80
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....		8	00
Rental of Palms, \$..... Tent Rental, \$.....		15	00
Rental of Vault, \$..... Lowering Device, \$10B.....		10	00
Outlay for Lot.....			
Opening Grave or Vault.....		68	00
Lining Grave, \$..... Matting, \$.....			
Outlay for Shipping Charges.....			
Removal Charges, \$..... Cremation, \$.....			
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$..... Singers, \$.....		25	00
Church Charges, \$..... Ministers, \$.....			
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		470	80
By Amount Paid in Advance.....			
Balance.....			
Entered into Ledger, page..... or below.....			

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....
Witness:.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 789 Yearly No. 2 Date Jan 7 1935
 Name of Deceased Rose Mendicini (What Race) It. (Where Born) Italy

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Vincent Qiella
 Address 116 Sumner Ave.
Forest Hills (21) Pa.
 Order Given by
 How Secured
 Date of Funeral Jan. 10, 1935
 Residence 1308 Locust St.
 Place of Death Same
 Funeral Services at St. Peter's
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician B. B. Wood
 His Residence 2118 - 5th Ave.
 Cause of Death Acute Bronchitis
 (Primary)
 Cause of Death Broncho-Pneumonia
 (Secondary)
 Date of Death Jan. 7, 1935
 Occupation of the Deceased Housewife
 Employed
 Single or Married Married Religion Cath.
 Date of Birth Oct. 8, 1876
 Age 57 Years 2 Months 29 Days
 Name of Father Vincent Qiella
 His Birthplace Italy
 Name of Mother Lucrezia Bastolatta
 (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Braddock Cath. Cemetery

Casket.....	(State Kind)	150 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	3 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	1 00
Hearse.....		2 00
Limousines to Cemetery.....	@ \$.....	24 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$.....	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	15 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		25 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 314 50
By Amount Paid in Advance.....		\$ 75 00
Balance.....		\$
Entered into Ledger, page..... or below		

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$		By Cash	\$ 100 00
		<u>Recd of Alfred Costa</u>	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness:..... Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 790

Yearly No. 3

Name of Deceased Arthur West

Date Jan 10 1935

Husband—
Wife—Widow—
Son—Daughter of }

(What Race)

(Where Born)

Charge to
Address 2 South Pride St

Order Given by

How Secured

Date of Funeral

Residence

Place of Death 2 South Pride St

Funeral Services at Albany N.Y.

Time of Funeral Service

Clergyman

His Address

Certifying Physician C. Murray

His Residence 1434 5th Ave

Cause of Death Chronic Interstitial Nephritis

(Primary)

Cause of Death

Date of Death Jan 10 1935

Occupation of the Deceased Pol. Sundry Towel

Employed M. Quast

Single or Married Widowed Religion C

Date of Birth Dec 18 1864

Age 70 Years 0 Months 22 Days

Name of Father

His Birthplace

Name of Mother

(Maiden Name)

Her Birthplace

Body to be Shipped to (G.D.) C.F. Friedrich

Size and Style of Casket 302 Washington

Manufactured by Albany

Interment at _____ Cemetery



Lot No.

Grave No.

Section No.

Owner

Mrs. Edna Stewart 2 S. Pride Entered into

Casket		25 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Grave Vault (State Kind)		
Embalming Body (State Kind)		
Barber, \$	with Fluid	
Dressing Body	Hair Dressing, \$	
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	20 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone Calls		
Railroad Ticket		
Cash Advance		

1988
2

39.78

To Funeral Charges.... Total, \$	

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses there

Signed...

Signed:..

Witness: _____

NOTICE

2%

Last Discount Day Jan. 10th

If paid on or before Jan. 10th, a 2% cash discount on this bill will be allowed, providing there is no unpaid balance.

PROVIDING THERE IS NO UNPAID BALANCE

The Pittsburgh Press

Telephone: COurt 7200

Boulevard of the Allies
PITTSBURGH, PA.
For Classified Advertising

Amount \$ 15.04

Date 12-31-34

E J MCAVOY
1700 FORBES STREET
PITTSBURGH PA

DETACH HERE When paying by check please do not return bill. Detach this stub and enclose with check. Your cancelled check will be your receipt.

12-31 193 4 THE PITTSBURGH PRESS Rate per line 30

DATES		CLASSIFICATION	LINES	TIMES	TOTAL LINES	AMOUNT
1ST	LAST					
13	13	MELLETT	6	1	6	1 80
14	14	MELLETT	11	1	11	3 30
17	19	MCCBRIDE	7	3	21	6 30
31	31	FLYNN	6	1	6	1 80
31	31	FINNEGAN	9	1	9	2 70
31	31	BOUR	6	1	6	1 80
						17 90 3 30 6 30 15 00 15 04

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Agricultural
Insurance Company,
of Vermont, U.S.

Fire, Lightning, Windstorm, Marine, Automobile,
Sprinkler Leakage, Riot and Explosion
Insurance

John Nicholas
304 Suncrest St Pgh Pa
Secty Henry Lambert Lodge
475. I.O.O.F.

RECORD OF FUNERAL

Total No. 791 Yearly No. 4 Date Jan 26, 1935
 Name of Deceased Bernard Barr (What Race) Wh (Where Born) Pg.

Charge to Miss Mary E. Pace
 Address 642 Summerlea St.
 Order Given by
 How Secured
 Date of Funeral Jan 29, 1935
 Residence 642 Summerlea St.
 Place of Death " "
 Funeral Services at Sacred Heart
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician Hagerty
 His Residence Medical Arts Bldg
 Cause of Death Chr. Valvular
Heart disease
 Cause of Death (Secondary)
 Date of Death Jan 26, 1935
 Occupation of the Deceased Ret.
 Employed
 Single or Married S Religion Cath
 Date of Birth not known
 Age 72 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
 Manufactured by
 Interment at Calvary Cem. Cemetery
 Lot No. 667
 Grave No. 4
 Section No. 8
 Owner

Casket.....	(State Kind)	190.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	100.00
Embalming Body.....	with Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	4.50
Hearse.....		14.00
Limousines to Cemetery.....	@ \$.....	10.50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	14.40
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$ <u>R/B</u>	12.00
Rental of Palms, \$.....	Tent Rental, \$.....	15.00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		38.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 451.40
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

2/21/35 Paid EM

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness..... Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1792 Yearly No. 5 Date Jan 27 1935
 Name of Deceased Maria Liberty (Lebarti Liberty) W. Italy
Husband— Wife—Widow—
Son—Daughter of
 Charge to James V. Liberty
 Address 18 Laverne

Order Given by
 How Secured
 Date of Funeral Jan 30
 Residence 18 Laverne
 Place of Death Same
 Funeral Services at St. Peters
 Time of Funeral Service 9:30 A.M.
 Clergyman
 His Address
 Certifying Physician M. J. McLaughlin
 His Residence M. J. McLaughlin
 Cause of Death
 Cause of Death Acute Dilatation of the heart
 to Chronic Myocarditis
 (Primary) (Secondary)
 Date of Death Jan 27
 Occupation of the Deceased Housekeeper
 Employed
 Single or Married Widowed Religion Catholic
 Date of Birth
 Age 66 Years Months Days
 Name of Father Michael Wolfe
 His Birthplace Italy
 Name of Mother Rosalia Gugliuzza
 (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Mary Cemetery

Casket.....	1.85 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	2.0 00
Grave Vault..... (State Kind)	
Embalming Body..... with Fluid	2.5 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Crepe, \$..... Gloves, \$.....	4 50
Hearse.....	14 00
Limousines to Cemetery @ \$.....	21 00
Autos to R. R. Station @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest Blanket	12 00
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	9 90
Flowers, \$..... Flower Wagon, \$.....	12 00
Rental of Palms, \$..... Tent Rental, \$.....	2.0 00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	33 00
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	2.5 00
Church Charges, \$..... Ministers, \$.....	1.5 00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
2/19/35 Paid E.J.M.	
Total Footing of Bill.....	\$ 399.90
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page..... or below	

Diagram of Lot or Vault
 Lot No. Grave No. Section No. Owner Anthony Liberty 2205, 5th

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed:.....
 Witness:.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 793

Yearly No. 6

Date Jan 27

19 35

Name of Deceased

Augustine Berard
Paul Berard

(What Race)

(Where Born)

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

Charge to

Address

Order Given by

How Secured

Date of Funeral

Residence

Place of Death

Funeral Services at

Time of Funeral Service

Clergyman

His Address

Certifying Physician

His Residence

Cause of Death

Cause of Death

Date of Death

Occupation of the Deceased

Employed

Single or Married

Religion

Date of Birth

Age

Years

Months

Days

Name of Father

His Birthplace

Name of Mother

Her Birthplace

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at

Cemetery

Lot No.

Grave No.

Section No.

Owner

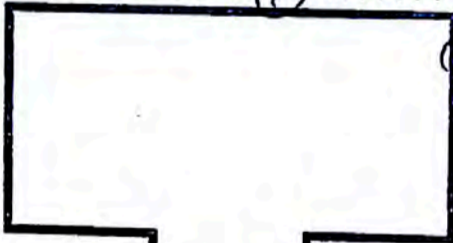


Diagram of Lot or Vault

Casket.....	(State Kind)	175 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalsming Body..... with Fluid		2 50
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	18 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery..... @ \$.....		21 00
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	4 80
Flowers, \$.....	(Names of Newspapers)	
Rental of Palms, \$.....	Flower Wagon, \$.....	12 00
Rental of Vault, \$.....	Tent Rental, \$.....	15 00
Outlay for Lot.....	Lowering Device, \$.....	
Opening Grave or Vault.....		50 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Paid 2/5/35 EJM</i>		
Total Footing of Bill.....	\$	360 80
By Amount Paid in Advance.....	\$	
Balance.....	\$	
Entered into Ledger, page.....	or below	

To Funeral Charges... Total, \$

By Cash..... \$

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 794 Yearly No. 7 Date Jan 29 1935
 Name of Deceased Mary Clifford (What Race) (Where Born)
 Husband— } James
 Wife—Widow— }
 Son—Daughter of }

Charge to St Seneca
 Address 8 Seneca
 Order Given by
 How Secured
 Date of Funeral Jan 31
 Residence 8 Seneca
 Place of Death 8 Seneca St
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician Keel
 His Residence 1007 Mylie
 Cause of Death Carcinoma of Uterus
 Cause of Death (Secondary)
 Date of Death Jan 28
 Occupation of the Deceased Housewife
 Employed
 Single or Married Married Religion Cath
 Date of Birth Oct 9 1890
 Age 44 Years 3 Months 19 Days
 Name of Father James Carroll
 His Birthplace Pa
 Name of Mother Mary Lynch (Maiden Name)
 Her Birthplace Pa
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Calvary Cemetery

Casket.....		360.00
Metallic Lining.....	(State Kind)	175.00
Outside Box.....	(State Kind)	2.50
Grave Vault.....	(State Kind)	2.50
Embalming Body.....	with Fluid	2.50
Barber, \$.....	Hair Dressing, \$	8.00
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3.00
Door Crepe, \$.....	Gloves, \$	3.00
Hearse.....		14.00
Limousines to Cemetery.....	@ \$	10.50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	9.80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	10.00
Rental of Palms, \$.....	Tent Rental, \$	15.00
Rental of Vault, \$.....	Lowering Device, \$	10.00
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	33.00
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	25.00
Church Charges, \$.....	Ministers, \$	10.00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 385.30
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

Diagram of Lot or Vault
 Owner James Clifford (Husband)
 Lot No. 451
 Grave No.
 Section No. R

<u>535 Augusta St.</u> To Funeral Charges... Total, \$ <u>Int Wash;</u>	
	By Cash..... \$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness:.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 795

Yearly No. 8

Date Jan 29 1935

Name of Deceased Anna M. Mamarra (What Race) M. Ireland (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

Charge to:
Address: Rear 2205 5th ave.
Order Given by:
How Secured:
Date of Funeral: Feb 1
Residence: Rear 2205 5th ave
Place of Death: Passavant Hosp.
Funeral Services at: St. Agnes
Time of Funeral Service: 9 A.M.

Clergyman:
His Address:
Certifying Physician: W. J. Mc Gregor
His Residence: M. O'Connell
Cause of Death: Broncho pneumonia
following a fracture of neck of the
femur. (Primary)
Cause of Death: Fall on ice. (Secondary)

Date of Death: Jan 29
Occupation of the Deceased: Housewife
Employed:
Single or Married: Married Religion: Both
Date of Birth: Oct 6 1871
Age: 63 Years Months Days
Name of Father: W. M. Mamarra
His Birthplace: Ireland
Name of Mother: (Maiden Name)

Her Birthplace:
Body to be Shipped to:
Size and Style of Casket:
Manufactured by:
Interment at: Calvary Cemetery



Lot No.
Grave No.
Section No.
Owner: Mary Joyce 4014 Lydia St.

Casket.....	(State Kind)	250 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	21 00
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....	Blanket	8 00
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	10 80
Flowers, \$.....	(Names of Newspapers)	
Rental of Palms, \$.....	Flower Wagon, \$	12 00
Rental of Vault, \$.....	Tent Rental, \$	15 00
Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	25 00
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 439 80
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below	

No Funeral Charges.....	Total, \$				
		Feb. 25	By Cash	Ch. Paid	\$ 243 14
					175 00

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Witness..... Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 796

Yearly No. 9

Name of Deceased Antonette Marie Descalzi W. Date Feb 3 1935

Husband- } John B. Descalzi (What Race) Italy (Where Born)

Charge to James A. Descalzi Address 1346 90

Order Given by How Secured Date of Funeral Feb 7

Residence 129 Stratford Place of Death Same

Funeral Services at Immaculate Conception Time of Funeral Service 10 A.M.

Clergyman His Address Certifying Physician James W. Clark

His Residence 5173 Penn ave Cause of Death Cerebral Hemorrhage

High Blood Pressure (Primary) Cause of Death Arterio Sclerosis (Secondary)

Date of Death Feb 3 Occupation of the Deceased Housewife

Employed Single or Married Widowed Religion Catholic

Date of Birth Jan 28 1853 Age 82 Years 0 Months 6 Days

Name of Father Pasquale Campo His Birthplace Italy

Name of Mother Peretti (Maiden Name) Her Birthplace Italy

Body to be Shipped to Size and Style of Casket Manufactured by Hill

Interment at St. Marys Cemetery Lot No. Grave No. Section No.

Owner Mrs. Louis Pasella

Diagram of Lot or Vault To Funeral Charges Total, \$ By Cash \$

Casket		9.85	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)		
Grave Vault	2 (State Kind)	2.00	00
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$		
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$	3	00
Door Crepe, \$	Gloves, \$	4	50
Hearse		14	00
Limousines to Cemetery	@ \$	42	00
Autos to R. R. Station	Floaser bus	10	00
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to	Blanket	12	00
Delivering Remains to			
Death Notices in	Newspapers	14	40
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	15	00
Rental of Palms, \$	Tent Rental, \$	25	00
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot			
Opening Grave or Vault	C.C.	63	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$	25	00
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced	2/21/25		
Paid			
Total Footing of Bill	E.J.M.	\$ 1436	90
By Amount Paid in Advance			
Balance			
Entered into Ledger, page			

1919 Broadway Ave	Total, \$	By Cash	\$
To Funeral Charges			

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed: _____

Signed: _____

Witness: _____

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 798

Yearly No. 11

Date Feb 8, 1935

Name of Deceased Margaret Murphy

(What Race)

Pa. (Where Born)

Charge to James J. Murphy

Address 1000 Locust St.

Order Given by Same

Date of Funeral Feb 11, 1935

Residence 1000 Locust St.

Place of Death " " "

Funeral Services at " " "

Time of Funeral Service 1 P.M.

Clergyman Rev. Voss

His Address F. H. Frederick

His Residence 1500 Penna Ave

Cause of Death Brights Disease

Cause of Death Fistula of Uterus

Date of Death Feb 8, 1935

Occupation of the Deceased at home

Employed

Single or Married Widowed Religion Prot

Date of Birth not known

Age 65 Years Months Days

Name of Father Jacob Titus

His Birthplace Germany

Name of Mother not known

Her Birthplace Germany

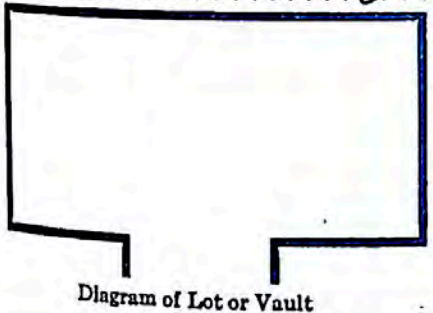
Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Mt. Calvary Cemetery

Lot No. 42
Grave No. 3
Section No. B. 1
Owner



Casket		275.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25.00
Grave Vault	(State Kind)	
Embalming Body	(State Kind) with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	11.50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to	Blanket	1.20
Delivering Remains to		
Death Notices in	Newspapers	7.20
Flowers, \$	(Names of Newspapers) Flower Wagon, \$10 B.	12.00
Rental of Palms, \$	Tent Rental, \$	2.00
Rental of Vault, \$	Lowering Device, \$	1.50
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 444.70
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page or below		

Aug 30, 1935
Paid in full

To Funeral Charges... Total, \$

Dr. Voss 7.20

Estate of Margaret Murphy
Allegheny Trust Co
Admins.

Feb 25 By check

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

Date Feb. 8, 1935
Italy (Where Born)

Total No. 799 Yearly No. 12
Name of Deceased Ellia Vannucci (What Race)

Charge to Edward Vannucci
Address 300 Miltenberger St.
Order Given by Peter Incalucia
How Secured
Date of Funeral Feb. 11, 1935
Residence 300 Miltenberger St.
Place of Death
Funeral Services at St. Peters
Time of Funeral Service 9:30 a.m.
ClergymanHis Address

Certifying Physician W. J. McGeary, M.D.
His Residence
Cause of Death Cerebral Vascular
Heart Disease
Cause of Death
Date of Death Feb. 8, 1935
Occupation of the Deceased at school
Employed

Single or Married Single Religion Catholic
Date of Birth Sept. 30, 1926
Age 8 Years 4 Months 9 Days
Name of Father Edward Vannucci
His Birthplace Italy
Name of Mother Libertha Miscolai
Her Birthplace Italy

Body to be Shipped to
Size and Style of Casket 5/10
Manufactured by Hill
Interment at Calvary Cemetery

Row No. 27
Grave No. 17
Section No. 8
Owner

Casket	(State Kind)	9.50
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	1.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	15.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		1.40
Limosines to Cemetery	@ \$	1.00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers) <u>Flowers</u>	1.00
Flowers, \$	Flower Wagon, \$ <u>10 B.</u>	8.00
Rental of Palms, \$	Tent Rental, \$	1.20
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		45.00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	2.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 245.50
By Amount Paid in Advance		\$ 50.00
Balance		\$ 195.50
Entered into Ledger, page		or below

Paul F. Hill
7/10/37

April 13	To Funeral Charges... Total, \$	10.00	June 22	By Cash	\$ 20.00
May -		10.00	July 20		20.00
June 9		20.00	Aug 22		15.00
July 13		20.00	Sept 26		15.00
Aug 31		10.00	May 29		10.00
Sept 28		10.00	Sept 10		20.00
Nov 30		5.00			
May 9		10.00			
		75.00			100.00

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof

Witness: Signed: Signed:
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 800..... Yearly No. 13..... Date Feb. 9,..... 1935.

Name of Deceased Harry J. Murphy (What Race) W (Where Born) Pa.
 Husband— } Mary Lupinacci
 Wife—Widow— }
 Son—Daughter of }

Charge to Mrs Harry J. Murphy
 Address 15 Industry St.
 Order Given by

How Secured

Date of Funeral Feb. 12, 1935
 Residence 15 Industry St.
 Place of Death " " "

Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician E. W. Foster
 His Residence 120 E. Baymar St.
 Cause of Death Lobar Pneumonia
(Primary)

Cause of Death

Date of Death Feb. 9, 1935
(Secondary)

Occupation of the Deceased Civil Engineer
 Employed City of Pgh.

Single or Married Un Religion

Date of Birth

Age

Name of Father James J. Murphy
 His Birthplace

Name of Mother Margaret Titus
(Maiden Name)

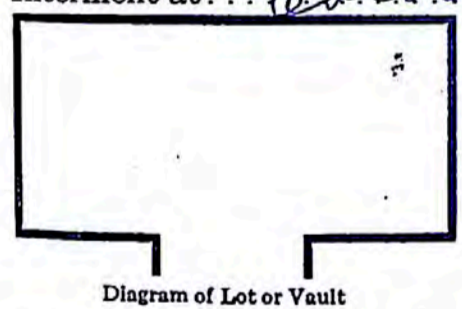
Her Birthplace Pa.

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....		150 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	2 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....	<u>Blanket</u>	8 00
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	7 20
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		68 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 355.70
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

To Funeral Charges... Total, \$	By Cash..... \$
Mrs. Concetta Lup	
Mrs. Mary Murphy	
3151 Backenridge St.	

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness.....

RECORD OF FUNERAL

Date *Feb. 13.* 1935

Total No. *801*

Yearly No. *14*

Name of Deceased *George Nadair* (What Race) *W.* (Where Born) *Pa.*

Husband—
Wife—Widow—
Son—Daughter of }
Charge to.....

Address.....
Order Given by.....
How Secured.....
Date of Funeral *Feb. 16, 1935*
Residence *615 Elm St.*
Place of Death *" " "*
Funeral Services at *St. Ann's Syrian*
Time of Funeral Service.....
Clergyman *Elias Basil*
His Address.....
Certifying Physician *Geo. J. Thomas*
His Residence *4066 Opera Ave.*
Cause of Death *Branchio pneumonia*
(Primary)

Cause of Death.....
Date of Death *Feb. 13, 1935* (Secondary)
Occupation of the Deceased.....
Employed.....
Single or Married *S.* Religion *Cath.*
Date of Birth *Feb. 23, 1935*
Age *1* Years *11* Months *18* Days
Name of Father *Shaban Nadair*
His Birthplace *Syria*
Name of Mother *Essie Thomas*
(Maiden Name)
Her Birthplace *Pa.*

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by.....
Interment at *St. Mary's* Cemetery



Diagram of Lot or Vault

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

Casket.....	(State Kind)	1.05	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	1.0	00
Grave Vault.....	(State Kind)		
Embalsming Body.....	with..... Fluid	1.5	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	2.	00
Door Crepe, \$.....	Gloves, \$.....	2.	00
Hearse.....		1.4	00
Limousines to Cemetery.....	@ \$.....	2.6	00
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
	(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	10.00	00
Rental of Palms, \$.....	Tent Rental, \$.....	1.2	00
Rental of Vault, \$.....	Lowering Device, \$.....	2.0	00
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	1.5	00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	224.00
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....		or below.....	

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness:..... Signed:.....
Signed:.....

RECORD OF FUNERAL

Total No. 802 Yearly No. 15 Date Feb 17 1935
 Name of Deceased Mary Mike
 Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Mary Elias (What Race) w. (Where Born) Syria
 Address 1015 Wylie Ave

Order Given by
 How Secured
 Date of Funeral Feb 20 1935
 Residence
 Place of Death 1015 Wylie Ave
 Funeral Services at St Ann's
 Time of Funeral Service 9 A.M.
 Clergyman Rev. Elias Basil
 His Address
 Certifying Physician George J. Sarraf
 His Residence 3701 Penn Ave
 Cause of Death Mitral Stenosis
Chronic Myocardial
 Cause of Death Disease
 Date of Death Feb 17 1935
 Occupation of the Deceased Housekeeper
 Employed
 Single or Married Widowed Religion C
 Date of Birth not known
 Age 53 Years Months Days
 Name of Father John Hellow
 His Birthplace Syria
 Name of Mother Unknown
 (Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Calvary Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner

Casket		250.00
Metallic Lining (State Kind)		
Outside Box (State Kind)		20.00
Grave Vault (State Kind)		
Embalming Body with Fluid		25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	14.50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery @ \$		1.00
Autos to R. R. Station @ \$		50
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to <u>Blanket</u>		8.00
Delivering Remains to		
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$ <u>Doors</u>	12.00
Rental of Palms, \$	Tent Rental, \$	20.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		50.00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25.00
Church Charges, \$	Ministers, \$	25.00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced <u>Rental of Hall</u>		7.50
Total Footing of Bill		\$ 455.00
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

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

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date Feb 20 1935

Total No. 803 Yearly No. 16

Name of Deceased John Parsi (What Race) OW (Where Born) Italy

Husband—
Wife—Widow—
Son—Daughter of }

Charge to.....
Address.....
Order Given by.....
How Secured.....
Date of Funeral Feb 23
Residence 800 Watson St
Place of Death Mayview
Funeral Services at St Peters
Time of Funeral Service 9 A.M.
Clergyman.....
His Address.....
Certifying Physician.....

His Residence Mayview Hrp
Cause of Death Bronchopneumonia
Psychosis Somatic
Cause of Death Chronic Cardiovascular
Date of Death Feb 20 1935

Occupation of the Deceased.....
Employed Not Employed
Single or Married Married Religion Cath

Date of Birth.....
Age 60 Years..... Months..... Days.....
Name of Father Frank Parsi

His Birthplace Italy
Name of Mother Amelia Giorgetti
Her Birthplace Italy

Body to be Shipped to.....
Size and Style of Casket.....
Manufactured by.....
Interment at Calvary Cemetery

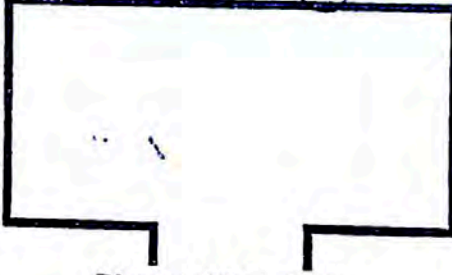


Diagram of Lot or Vault

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

Casket..... (State Kind)	250 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	20 00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$	
Dressing Body.....	14 50
Suit or Dress, \$..... Hose, \$..... Slippers, \$	
Folding Chairs, \$..... Tarpaulins, \$	2 00
Candelabrum, \$..... Candles, \$	3 00
Door Crepe, \$..... Gloves, \$	3 00
Hearse.....	14 00
Limousines to Cemetery..... @ \$	21 00
Autos to R. R. Station..... @ \$	
Aeroplane Service, \$..... Ambulance, \$	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to..... <u>Blanket</u>	8 00
Delivering Remains to.....	
Death Notices in..... Newspapers.....	
Flowers, \$..... (Names of Newspapers) Flower Wagon <u>WB</u>	10 00
Rental of Palms, \$..... Tent Rental, \$	20 00
Rental of Vault, \$..... Lowering Device, \$	
Outlay for Lot.....	50 00
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$	20 00
Church Charges, \$..... Ministers, \$	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 468 50
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page..... or below	

To Funeral Charges..... Total, \$		By Cash..... \$
<u>Annetta Capogoli</u> 100 00	<u>Paid</u>	
<u>Ward</u> 100 00	<u>Paid</u>	
<u>Mrs. Albusch</u> 100 00	<u>Paid</u>	
<u>Francis Scollere</u> 16 45	<u>watson</u> 89 50	<u>Paid in full</u>
<u>Jouis Scordano</u> 8 00	<u>watson</u> 89 50	<u>177 Paid in full</u>
<u>Ethel Timpane</u> 15 14 1/2	<u>Beach</u> 89 00	
<u>James</u> 75 00	<u>Paid</u>	

Insurance, \$.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:..... Signed:.....
Signed:.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

Burial of

John Parsi

Statement
of

Professional Service Rendered

Date of Death
February 20, 1935

Date of Burial
February 23, 1935

Place of Burial
Calvary Cemetery

Addressed to

Casket	260.00
Outside Box	20.00
Embalming	25.00
Suit etc.	14.50
Candles	3.00
Gloves	3.00
Hearse	14.00
Limousines	21.00
Blanket	8.00
Door Badge	10.00
Rental of Palms	20.00
Grave	50.00
Personal Services	<u>20.00</u>
	\$468.50

Edward J. McAvoy
Funeral Director

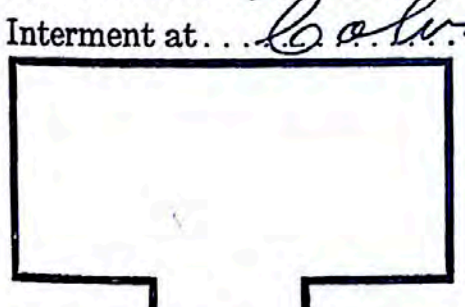
1700 FORBES STREET, PITTSBURGH, PA.
PHONE GRANT 7675

RECORD OF FUNERAL

Total No. *804* Yearly No. *17* Date *Feb 24* 19*35*
 Name of Deceased *Nannah Blaylocks m* *Pgh*
Husband—
 Wife—Widow—
 Son—Daughter of }
 (What Race) (Where Born)

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral *Feb 27*
 Residence *1631 Fifth ave*
 Place of Death *Same*
 Funeral Services at *Epiphany*
 Time of Funeral Service *9 AM*
 Clergyman
 His Address
 Certifying Physician *Paul A Murray*
 His Residence *1436 5th ave*
 Cause of Death *Lobar pneumonia*
(Primary)
 Cause of Death *Bronchitis*
(Secondary)
 Date of Death *Feb 24*
 Occupation of the Deceased *at home*
 Employed
 Single or Married *Single* Religion *Cath*
 Date of Birth *Mar 26 1897*
 Age *37* Years *10* Months *28* Days
 Name of Father *Wm Blaylock*
 His Birthplace
 Name of Mother *Nannah Woster*
(Maiden Name)
 Her Birthplace *Ireland*

Casket		260	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	20	00
Grave Vault	(State Kind)		
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$ Slippers, \$	18	50
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$	3	00
Door Crepe, \$	Gloves, \$	3	00
Hearse		14	00
Limousines to Cemetery	@ \$	10	50
Autos to R. R. Station	@ \$		
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in	Newspapers	8	40
	(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	10	00
Rental of Palms, \$	Tent Rental, \$	15	00
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot		50	00
Opening Grave or Vault			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$	20	00
Church Charges, \$	Ministers, \$	10	00
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill			
Total Footing of Bill		\$ 467	40
By Amount Paid in Advance		\$	
Balance		\$	
Entered into Ledger, page	or below		



Lot No.
 Grave No.
 Section No.

Diagram of Lot or Vault
 Owner *Mrs Nannah Blaylocks*
1631 5th ave (mother)
 To Funeral Charges Total, \$

Insurance, \$ Names of Lodges
 Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed

Witness Signed

RECORD OF FUNERAL

Total No. 805 Yearly No. 18 Date Mar 1 1935
 Name of Deceased Ellen Daly (What Race) W. (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Thos. Daly
 Address 1338 Forbes St
 Order Given by
 How Secured
 Date of Funeral 3-4-35
 Residence 13 Forbes St
 Place of Death Mercy Hosp
 Funeral Services at 6 Fitzhugh
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician
 His Residence Mercy Hosp
 Cause of Death Arterio-sclerosis
 (Primary)
 Cause of Death Embolism TI thrombosis
 (Secondary)
 Date of Death Mar 1 1935
 Occupation of the Deceased Retired
 Employed
 Single or Married Widowed Religion Cath
 Date of Birth
 Age 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
 Manufactured by
 Interment at Calvary Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	200 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	18 50
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3 00
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	10 50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	9 80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	12 00
Rental of Palms, \$.....	Tent Rental, \$	20 00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		33 00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	20 00
Church Charges, \$.....	Ministers, \$	25 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 413 80
By Amount Paid in Advance.....		\$ 410 00
Balance.....		\$ 3 80
Entered into Ledger, page.....	or below	

Paul S. Full
 Paid \$/24/37

1937		Total, \$		1936		Total, \$	
Mar 5	To Funeral Charges	10	00	Mar 19	By Cash	200	00
Mar 23	Cash	10	00	Apr 4	Cash	10	00
Apr 6	Cash	10	00	Apr 18	Cash	10	00
Apr 11	"	10	00	Apr 28	Cash	10	00
May 9	Cash	10	00	May 8	Cash	10	00
May 18	Cash	10	00	May 20	Cash	10	00
June 7	Cash	10	00	May 27	Cash	10	00
June 21	Cash	10	00	May 29	Cash	10	00
July 6	Cash	10	00	June 4	Cash	10	00
Aug 10	Insurance, \$			June 21	Cash	10	00
Aug 24	Names of Insurance Companies			July 1	Cash	10	00
	Names of Lodges	10	00	Jan 7	Cash	10	00
		5	00	Feb 8	"	15	00

We hereby authorize the above funeral and agree to pay the expenses thereof

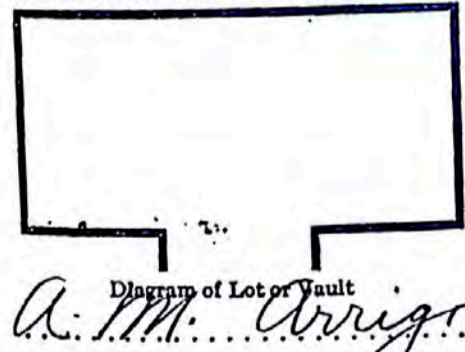
Witness: _____ Signed: _____

RECORD OF FUNERAL

Total No. 806 Yearly No. 19 Date Mar 1 1935
 Name of Deceased Samuel Porco (What Race) W. (Where Born) Italy

Charge to Joseph P.
 Address 800
 Order Given by
 How Secured
 Date of Funeral 3-5-35
 Residence
 Place of Death Mayview Hosp
 Funeral Services at
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician City
 His Residence Mayview Hosp
 Cause of Death B. Myocarditis
Arterio Sclerosis
 Cause of Death (Secondary)
 Date of Death Mar 1 - 35
 Occupation of the Deceased Involved
 Employed for years
 Single or Married Widowed Religion Cath.
 Date of Birth 2-8-1874
 Age 61 Years Months Days
 Name of Father Joseph
 His Birthplace Italy
 Name of Mother Vieida
 (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Anthony Cemetery
Millvale Pa.

Casket		75.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	10.00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	10.00
Rental of Palms, \$	Tent Rental, \$	15.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 164.00
By Amount Paid in Advance		\$ 40.00
Balance		\$ 124.00
Entered into Ledger, page		or below



Lot No.
 Grave No.
 Section No.
 Owner A. M. Arrigoni

To Funeral Charges... Total, \$		Mar 26	By Cash	\$ 20.00

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness

RECORD OF FUNERAL

Date *Mar 6* 19*35*

Total No. *807* Yearly No. *20*

Name of Deceased *David Zabor* (What Race) *M.* (Where Born)

Husband—
Wife—Widow—
Son—Daughter of }

alias David Zabor

Charge to

Address

Order Given by

How Secured

Date of Funeral *Mar 9 / 35*

Residence

Place of Death *Highland Park, Detroit Mich*

Funeral Services at *St. Georges P.M.*

Time of Funeral Service

Clergyman

His Address

Certifying Physician *Chas. A. Reinbolt*

His Residence *Highland Park, Mich*

Cause of Death *Angina Pectoris* (Primary)

Cause of Death

Date of Death *Mar 6 / 35* (Secondary)

Occupation of the Deceased *Labr*

Employed

Single or Married

Religion *Orthodox*

Date of Birth

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

Manufactured by

Interment at *Minersville* Cemetery

Lot No.

Grave No.

Section No.

Owner *Alfred E. Crosby, Detroit*

Diagram of Lot or Vault

{Funeral Service}

Casket.....	(State Kind)	<i>175 00</i>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	<i>3 00</i>
Door Crepe, \$.....	Gloves, \$.....	<i>3 00</i>
Hearse.....		<i>14 00</i>
Limousines to Cemetery.....	@ \$.....	<i>1 0 50</i>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....	<i>Blanket</i>	<i>8 00</i>
Delivering Remains to.....		
Death Notices in.....	Newspapers	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	<i>1 0 00</i>
Rental of Palms, \$.....	Tent Rental, \$.....	<i>1 5 00</i>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	<i>25 00</i>
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		<i>6 00</i>
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		<i>\$ 2 69 50</i>
Amount Paid in Advance <i>A. Dep</i>		<i>\$ 1 11 30</i>
<i>Total</i> Balance.....		<i>\$ 38 0 80</i>
Entered into Ledger, page <i>dash</i> or below.....		<i>150 00</i>

To Funeral Charges.....	Total, \$								
								By Cash.....	<i>230 80</i>
								By <i>Bal due</i>	

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed:

Signed:

Burial of

David Zachor

Date of Death

March 6, 1935

Date of Burial

March 9, 1935

Place of Burial

Minersville Cemetery

Addressed to

Edward J. McAvey
Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Statement
of

Professional Service Rendered

Casket	175.00
Candles	3.00
Gloves	3.00
Hearse	14.00
Limousine	10.50
Blanket	8.00
Door Badge	10.00
Rental of Palms	15.00
Personal Services	25.00
Telephone Charges	<u>6.00</u>
	\$269.50
Cash Advanced to Detroit Funeral Dr.	<u>111.30</u>
Total	380.80
Cash	<u>150.00</u>
Balance	\$230.80

RECORD OF FUNERAL

Total No. 808

Yearly No. 21

Date Mar 7 1935

Name of Deceased *Ethel M. Rothrock*

(What Race) *W*

(Where Born) *Pa.*

Husband-
Wife-Widow-
Son-Daughter of

Mrs. Lillian Rothrock (Mother)

Charge to

380

Address... *3432 Forbes St.*

Order Given by

How Secured

Date of Funeral *Mar 9 1935*

Residence... *3432 Forbes St.*

Place of Death... *Same*

Funeral Services at... *Chapel (McAvoy)*

Time of Funeral Service... *10 A.M.*

Clergyman

His Address

Certifying Physician *L. J. Barnett*

His Residence... *2004 ... ave*

Cause of Death... *Dumy & Septicemia*
(Primary)

Cause of Death... *Scar pneumonia*
(Secondary)

Date of Death... *Mar 7 1935*

Occupation of the Deceased... *Waitress*

Employed

Single or Married... *Single* Religion... *Lutheran*

Date of Birth... *Feb 24 1917*

Age... *18* Years... *0* Months... *13* Days

Name of Father... *Emery Rothrock*

His Birthplace... *Pa.*

Name of Mother... *Lillian Erickson*

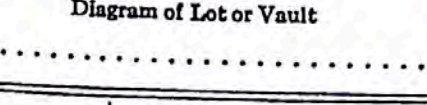
Her Birthplace... *Pa.*

Body to be Shipped to... *Clearfield*

Size and Style of Casket

Manufactured by... *W.H. H.*

Interment at... *Glen Richey Pa. Cemetery*



Lot No.
Grave No.
Section No.
Owner

Casket		155.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15.00
Grave Vault	(State Kind)	
Embalming Body	(State Kind) with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	18.50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3.00
Hearse		45.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	5.00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		30.00
<i>Paid 3/19/35 G.M.</i>		
Total Footing of Bill		\$ 286.50
By Amount Paid in Advance		\$
Balance		\$

Entered into Ledger, page ... or below

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

Insurance, \$ Names of Lodges
Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed

Witness

RECORD OF FUNERAL

Total No. 809 Yearly No. 22 Date March 11 1935
 Name of Deceased Sister Clarissa (Magaret Nolan) (What Race) W (Where Born) Maryland
 Husband—
 Wife—Widow—
 Son—Daughter of } Sister of Mercy

Charge to Mercy Hospital
 Address Mercy Hospital
 Order Given by
 How Secured
 Date of Funeral March 14, 1935
 Residence
 Place of Death Mercy Hospital
 Funeral Services at Same
 Time of Funeral Service 8:30 A.M.
 Clergyman
 His Address
 Certifying Physician William Mullen
 His Residence Mercy Hospital
 Cause of Death Coronary Occlusion (Primary)
 Cause of Death (Secondary)
 Date of Death March 11, 1935
 Occupation of the Deceased
 Employed Sister of Mercy
 Single or Married Religion Cath.
 Date of Birth Sept. 17, 1875
 Age 59 Years 5 Months 24 Days
 Name of Father Peter Nolan
 His Birthplace Ireland
 Name of Mother Johanna Collins (Maiden Name)
 Her Birthplace Virginia
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Charles Cemetery

Casket.....	(State Kind)	65 00	
Metallic Lining.....	(State Kind)	15 00	
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalmng Body.....	with Fluid	15 00	
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....	Suit or Dress, \$.....	Hose, \$.....	Slippers, \$
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$		
Door Crepe, \$.....	Gloves, \$	3 00	
Hearse.....		3 50	
Limousines to Cemetery.....	@ \$		
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....	Taking Body to Inquest.....		
Delivering Box to.....	Delivering Remains to.....		
Death Notices in.....	Newspapers	16 80	
(Names of Newspapers)			
Flowers, \$.....	Flower Wagon, \$		
Rental of Palms, \$.....	Tent Rental, \$		
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....	Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....	Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....	Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$		
Church Charges, \$.....	Ministers, \$		
Pall Bearer Service.....	Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....	Cash Advanced.....		
May 16, 1935 Paid EGM			
Total Footing of Bill.....		\$ 132 80	
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page..... or below			

Diagram of Lot or Vault
 Owner Sister Anna Marie (Informant)
Mercy Hospital

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

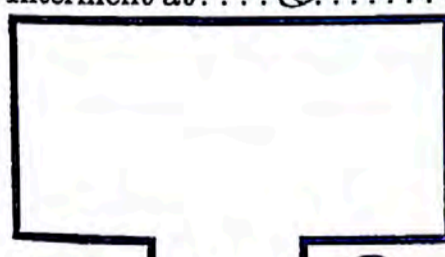
RECORD OF FUNERAL

Total No. 810 Yearly No. 23 Date Mar 15 1935

Name of Deceased John J. Rice (What Race) M (Where Born) I. G. H.
 Husband—
 Wife—Widow— } Elizabeth Farrell

Charge to \$ 15.00
 Address 1501 Locust St.
 Order Given by
 How Secured
 Date of Funeral Mar 19 1935
 Residence
 Place of Death 1501 Locust
 Funeral Services at Epiphany
 Time of Funeral Service 9 A.M.
 Clergyman
 His Address
 Certifying Physician W. J. Mc-Gregor
 His Residence Moque
 Cause of Death Coronary occlusion
 (Primary)

Cause of Death
 Date of Death Mar 15 1935 (Secondary)
 Occupation of the Deceased Retired
 Employed
 Single or Married Widowed Religion Cath.
 Date of Birth Apr 1 1860
 Age 74 Years 11 Months 14 Days
 Name of Father John Rice
 His Birthplace I. G. H.
 Name of Mother Catherine Dequan
 (Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Cathary Cemetery



Lot No.
 Grave No.
 Section No.

Diagram of Lot or Vault Florence Rice Owner Daughter
1501 Locust

Casket.....	(State Kind)	<u>150.00</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	<u>20.00</u>
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	<u>25.00</u>
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	<u>7.75</u>
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	<u>3.00</u>
Door Crepe, \$.....	Gloves, \$.....	<u>3.00</u>
Hearse.....		<u>14.00</u>
Limousines to Cemetery.....	@ \$.....	<u>2.10</u>
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	<u>10.80</u>
Flowers, \$.....	(Names of Newspapers) <u>Dem B.</u> Flower Wagon, \$.....	<u>10.00</u>
Rental of Palms, \$.....	Tent Rental, \$.....	<u>2.00</u>
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	<u>33.00</u>
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	<u>25.00</u>
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Paid April 2 1935 E.F.M.</i>		
Total Footing of Bill.....		\$ <u>336.55</u>
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed :.....
 Witness :.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 814 Yearly No. 34 Date March 24 1935
 Name of Deceased Frances Engel (What Race) W (Where Born) Austria

Husband— }
 Wife—Widow— }
 Son—Daughter of } Joseph
 Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Mar 24 / 35
 Residence Idlev
 Place of Death West Penn
 Funeral Services at West View Cem
 Time of Funeral Service 2 PM
 Clergyman.....
 His Address.....
 Certifying Physician M. N. Weinberg
 His Residence West Penn
 Cause of Death meningoma (Primary)
 Cause of Death medullary compression (Secondary)
 Date of Death Mar 22
 Occupation of the Deceased Housewife
 Employed.....
 Single or Married Married Religion J. Hebrew
 Date of Birth Nov 25 1880
 Age 54 Years 3 Months 27 Days
 Name of Father Harry Reintz
 His Birthplace Austria Hungary
 Name of Mother Salie Mogoross (Maiden Name)
 Her Birthplace Austria Hungary
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at West View Cemetery

Casket..... (State Kind)	250 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	20 00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	18 00
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Crepe, \$..... Gloves, \$.....	3 00
Hearse.....	14 00
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	9 60
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....	35 00
Rental of Palms, \$..... Tent Rental, \$.....	
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	20 00
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 394 60
By Amount Paid in Advance.....	
Balance.....	

Lot No.....
 Grave No.....
 Section No.....
 Owner.....
 Diagram of Lot or Vault
Dr. T. B. Engel 7411 Penna

To Funeral Charges... Total, \$					
		By Cash			\$ 200 00
					45 00
					45 00
					30 00
					30 00
					30 00

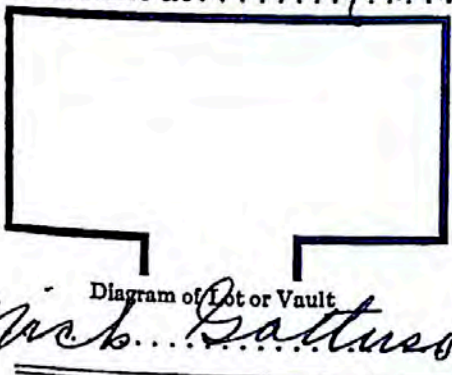
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 812 Yearly No. 25 Date Mar 28 1935
 Name of Deceased Rinaldi Gattuso (What Race) It (Where Born) Pa
 Charge to Son Nick Gattuso

Address
 Order Given by
 How Secured
 Date of Funeral Apr 1 1935
 Residence 132 Elm St
 Place of Death Childrens Hosp
 Funeral Services at St Peters
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician W J M Gregor
 His Residence Morgue
 Cause of Death Streptococcus
Secondary
W. emolyticus Septicemia
 Cause of Death following infection port
hand dis to scratch by a cat
 Date of Death Mar 28
 Occupation of the Deceased Infant
 Employed
 Single or Married Religion Cath
 Date of Birth Feb 6 1933
 Age 2 Years 0 Months 22 Days
 Name of Father Nick Gattuso
 His Birthplace Italy
 Name of Mother Virginia Spera
 (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Palmyra Cemetery

Casket.....	<u>f. services</u>	
Metallic Lining.....	(State Kind)	<u>80.00</u>
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u> <u>E J M</u>		
Total Footing of Bill.....	\$.....	<u>80.00</u>
By Amount Paid in Advance.....	\$.....	
Balance.....	\$.....	
Entered into Ledger, page.....	or below	



Lot No.
 Grave No.
 Section No.
 Owner Nick Gattuso

To Funeral Charges.... Total, \$		By Cash..... \$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....
 Signed.....

Witness:

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. *813*

Yearly No. *26*

Date *Mar 29* 19 *35*

Name of Deceased *Bertha Egan*

W.
(What Race)

Pa
(Where Born)

Husband—
Wife—Widow—
Son—Daughter of } *William A.*

Charge to.....
Address.....

Order Given by.....
How Secured.....

Date of Funeral *Apr 2*

Residence *2319 Vodell St.*

Place of Death *Mercy Hosp*

Funeral Services at *Epiphany*

Time of Funeral Service.....
Clergyman.....

His Address.....
Certifying Physician *James W. Sterling*

His Residence *Mercy Hosp*

Cause of Death *Acute Leukemia*
(Primary)

Cause of Death.....
(Secondary)

Date of Death *Mar 29*

Occupation of the Deceased.....

Employed.....

Single or Married..... Religion *Cath*

Date of Birth *Sept 13 1900*

Age *34* Years..... Months..... Days

Name of Father *Joseph B. Egan*

His Birthplace.....

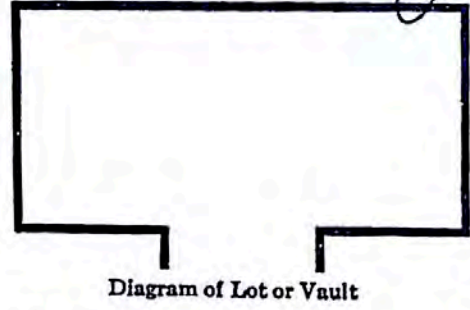
Name of Mother *Anna W. Egan*
(Maiden Name)

Her Birthplace *Germany*

Body to be Shipped to.....

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

Interment at *St. Joseph's* Cemetery



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

Casket..... (State Kind)	1.50 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	20 00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	11 00
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Crepe, \$..... Gloves, \$.....	3 00
Hearse.....	14 00
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	4 80
Flowers, \$..... (Names of Newspapers).....	8 00
Rental of Palms, \$..... Flower Wagon, \$.....	15 00
Rental of Vault, \$..... Tent Rental, \$.....	
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	20 00
Church Charges, \$..... Ministers, \$.....	25 00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 298 80
By Amount Paid in Advance.....	\$
Balance.....	\$

Paid April 3, 1935
EJM

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

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 814 Yearly No. 27 Date Apr 3 1935

Name of Deceased Mary Nancy (What Race) Irish (Where Born) Ireland

Husband—
Wife—Widow—
Son—Daughter of } John

Charge to Alice Ward

Address 428 Mapleton Ave.

Order Given by

How Secured

Date of Funeral Apr 8 1935

Residence 428 Mapleton Ave.

Place of Death Same

Funeral Services at St. Bernards

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician J. A. Martin

His Residence Maple Blv

Cause of Death Chr. myocardial Degeneration
(Primary)

Cause of Death

Date of Death Apr 3 (Secondary)

Occupation of the Deceased at home

Employed Widowed

Single or Married Widowed Religion Cath.

Date of Birth

Age 82 Years .. Months .. Days

Name of Father Michael Reddy

His Birthplace Ireland

Name of Mother Mary Molloy
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery

Lot No.

Grave No.

Section No.

Owner Mrs. Alice Ward
428 Mapleton

Casket.....	(State Kind)	120	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	20	00
Grave Vault.....	(State Kind)		
Embalming Body.....	(State Kind) with Fluid	25	00
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$ Slippers, \$	15	00
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$	3	00
Door Crepe, \$.....	Gloves, \$	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$		
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers	14	20
Flowers, \$.....	(Names of Newspapers) Flower Wagon, <u>D.B.</u>	12	00
Rental of Palms, \$.....	Tent Rental, \$	15	00
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$	33	00
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$	20	00
Church Charges, \$.....	Ministers, \$		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill <u>Paid</u> <u>May 2, 1935</u>		\$ 294	20
By Amount Paid in Advance.....		\$	
Balance.....		\$	

Entered into Ledger, page or below

To Funeral Charges... Total, \$		By Cash	\$
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Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness:

RECORD OF FUNERAL

Total No. 815

Yearly No. 28

Date April 7 1935

Name of Deceased

James Gaffney

(What Race)

Ireland (Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Charge to

Address

Order Given by

How Secured

Date of Funeral

Residence

Place of Death

Funeral Services at

Time of Funeral Service

Clergyman

His Address

Certifying Physician

His Residence

Cause of Death

Cause of Death

Date of Death

Occupation of the Deceased

Employed

Single or Married

Religion

Date of Birth

Age 74 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

Manufactured by

Interment at

Cemetery

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Casket	(State Kind)	6.50
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	2.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	2.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	1.50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	2.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		2.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		2.50
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	2.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 190.00
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page or below		

To Funeral Charges... Total, \$

Mrs. Albert Quinn
629 Betty St.
McKeesport Pa.

By Cash \$

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 816

Yearly No. 29

Name of Deceased Lester Houst Jr

Date Apr 13 1935

Husband—
Wife—Widow—
Son—Daughter of

Charge to Lester L. Houst Sr.

(What Race) ms

(Where Born) Pg Pa

Address

Order Given by

How Secured

Date of Funeral Apr 15 1935

Residence 424 Stanley St

Place of Death Mary Hosp

Funeral Services at

Time of Funeral Service

Clergyman

His Address

Certifying Physician J. H. Carroll

His Residence Mary Hosp

Cause of Death Typhoid

Cause of Death 7.0 Pregnancy

Date of Death Apr 13

Occupation of the Deceased Infant

Employed

Single or Married

Date of Birth

Age

Name of Father Lester L. Houst

His Birthplace Pa

Name of Mother M. Esther Guiney

Her Birthplace Pa

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at Calvary Cemetery

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

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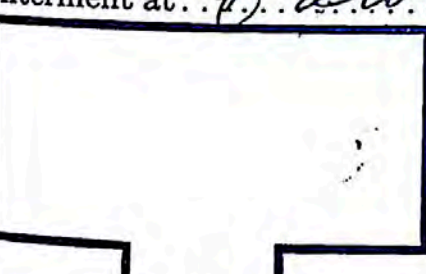
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Casket.....		8 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		
Grave Vault..... (State Kind)		
Embalming Body..... (State Kind)		
Barber, \$..... with..... Fluid		
Dressing Body.....		
Suit or Dress, \$.....		
Hose, \$.....		
Slippers, \$.....		
Folding Chairs, \$.....		
Candelabrum, \$.....		
Door Crepe, \$.....		
Hearse.....		
Limousines to Cemetery..... @ \$.....		5 00
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$.....		
Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....		
..... (Names of Newspapers)		
Flowers, \$.....		
Flower Wagon, \$.....		
Rental of Palms, \$.....		
Tent Rental, \$.....		
Rental of Vault, \$.....		
Lowering Device, \$.....		
Outlay for Lot.....		10 00
Opening Grave or Vault.....		
Lining Grave, \$.....		
Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$.....		
Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....		
Singers, \$.....		
Church Charges, \$.....		
Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		23 00
By Amount Paid in Advance.....		
Balance.....		



Lot No.
Grave No.
Section No.
Owner

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness:.....

RECORD OF FUNERAL

Total No. 817

Yearly No. 30

Date Apr 11

1935

Name of Deceased

Charles A. Gardner

(What Race)

M. J. Tyrone

(Where Born)

Husband—
Wife—
Son—
Daughter of

Elizabeth Gardner

Charge to

Address

165 S. New York ave

Order Given by

How Secured

Date of Funeral

Apr 15

Residence

Place of Death

Atlantic City (Hosp)

Funeral Services at

St. Michaels

Time of Funeral Service

9 A.M.

Clergyman

Rev. Hopkins

His Address

at Pittsburg Pa.

Certifying Physician

J. M. Mackel

His Residence

Atlantic City 709 Pacific

Cause of Death

Streptococcus

Cause of Death

Infection of left arm

Date of Death

Apr 11

Occupation of the Deceased

Restaurant Owner

Employed

Single or Married

Married

Date of Birth

Feb 23 1893

Age

Years Months Days

Name of Father

Harry Gardner

His Birthplace

Ireland

Name of Mother

Beatrice Dougherty

Her Birthplace

Ireland

Body to be Shipped to

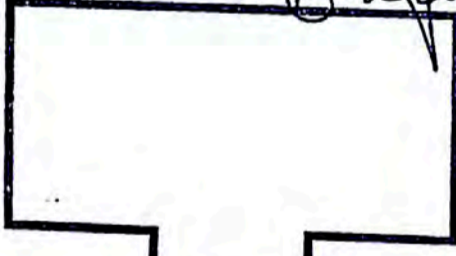
Size and Style of Casket

Manufactured by

Boyerlown Casket

Interment at

Calvary Cemetery



Lot No.

Grave No.

Section No.

Owner

Casket.....	(State Kind)	
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	4.00
Door Crepe, \$.....	Gloves, \$.....	14.00
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		33.00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25.00
Church Charges, \$.....	Ministers, \$.....	5.00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 81.00
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below	

PAID
Apr 15/35
T. J. MCAVOY

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:..... Signed.....

RECORD OF FUNERAL

Total No. 818 Yearly No. 31

Date Apr 17 1935

Name of Deceased Robert Ecker
Husband }
Wife - Widow - } Jesse R. Ecker
Son - Daughter of }

(What Race) M (Where Born) Pgh Pa

Charge to 1838 Forbes St.
Address 1838 Forbes St.

Order Given by
How Secured
Date of Funeral April 19

Residence 1838 Forbes St 2nd fl.
Place of Death Mercy Hosp

Funeral Services at 1838 Forbes
Time of Funeral Service 2 P.M.

Clergyman
His Address
Certifying Physician Norman Miller

His Residence Mercy Hosp
Cause of Death Malnutrition
(Primary)

pylorospasm
Cause of Death (Secondary)
Date of Death Apr 17

Occupation of the Deceased Infant
Employed
Single or Married
Religion Cath

Date of Birth Mar 17 1935
Age 1 Years 1 Months 1 Days

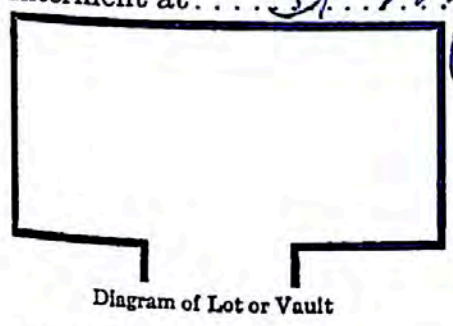
Name of Father Jesse R. Ecker
His Birthplace Philadelphia Pa

Name of Mother Mary Staufe
(Maiden Name)
Her Birthplace Pgh Pa

Body to be Shipped to
Size and Style of Casket Steel

Manufactured by
Interment at St. Marys Cemetery

Lot No.
Grave No.
Section No.
Owner



Casket		20.00
Metallic Lining (State Kind)		
Outside Box (State Kind)		10.00
Grave Vault (State Kind)		
Embalming Body (State Kind) with Fluid		10.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	Slippers, \$
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	8.00
Hearse		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot (Per. Cash)		20.00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	10.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
EDW. J. McAVOY		
PAID		
Aug. 14, 35		
Total Footing of Bill		78.00
By Amount Paid in Advance		20.00
Per <u>J.R.</u>		
Balance		

Entered into Ledger, page _____ or below

To Funeral Charges... Total, \$					
		<u>May 1</u>	By Cash	\$	10.00
		<u>May 30</u>			10.00
		<u>June 26</u>			10.00
		<u>July 31</u>			18.00 P.M.
		<u>Aug 14</u>			10.00 P.M.

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Witness
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date Apr 24 1935

Total No. 819

Yearly No. 32

Name of Deceased Elizabeth Moeller

(What Race) W

(Where Born) Pgh Pa

Husband—
Wife—Widow—
Son—Daughter of

Charge to Charles A Moeller
Address 1017 Chartiers ave

Order Given by

How Secured

Date of Funeral April 27

Residence 1105 Bluff

Place of Death Same

Funeral Services at Same

Time of Funeral Service 2:30 PM

Clergyman Rev B E Servey

His Address Lounge St

Certifying Physician Wm. Gangloff

His Residence 1010 Chartiers

Cause of Death Carcinoma of

Liver
(Primary)

Cause of Death

Date of Death Apr 24 (Secondary)

Occupation of the Deceased Retired

Employed

Single or Married Single Religion Prot.

Date of Birth

Age 73 Years

Name of Father Casper Moeller

His Birthplace Germany

Name of Mother Elizabeth Seaman

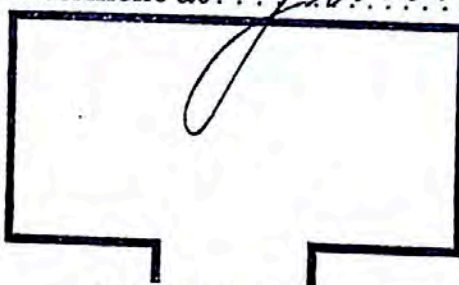
Her Birthplace Germany
(Maiden Name)

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Zimmerman Cemetery



Lot No.

Grave No.

Section No.

Owner

Casket.....	(State Kind)	3.15 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	2.00 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	2.50 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	1.50 25
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	3.00 00
Hearse.....		1.40 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....	<u>Blanket</u>	6.00 00
Death Notices in.....	Newspapers.....	8.40 00
Flowers, \$.....	(Names of Newspapers)	
Rental of Palms, \$.....	Flower Wagon, \$.....	12.00 00
Rental of Vault, \$.....	Tent Rental, \$.....	1.50 00
Outlay for Lot.....	Lowering Device, \$.....	
Opening Grave or Vault.....		20.00 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	2.50 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 478.65
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

D.V. J. MCGAVOY

To Funeral Charges.... Total, \$		By Cash..... \$	
.....
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.....
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Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed:

Signed:

RECORD OF FUNERAL

Total No. 820

Yearly No. 33

Date April 28 1935

Name of Deceased Anna C. Edwards

(What Race) W. (Where Bred) M'Keesport Pa.

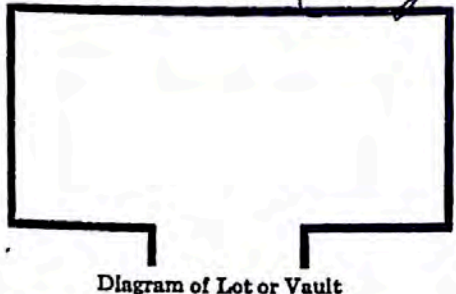
Husband - [checked] } Charge to Elmer M. Edwards
Wife - [checked]
Son - []

Address
Order Given by
How Secured
Date of Funeral May 1
Residence 1718 Forbes St
Place of Death Same
Funeral Services at Chapel
Time of Funeral Service 2:30 P.M.
Clergyman

His Address
Certifying Physician L. J. Barnett
His Residence 2004 5th Ave
Cause of Death Subacute Bacterial
(Primary)
Endocarditis
Cause of Death (Secondary)
Date of Death April 28, 1935
Occupation of the Deceased Housewife

Employed
Single or Married Married Religion Prot
Date of Birth Oct 13, 1894
Age 40 Years 6 Months 15 Days
Name of Father Logan Spelman
His Birthplace Penna
Name of Mother Sadie Grace
(Maiden Name)
Her Birthplace Penna

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at Allegheny Co. Memorial Cemetery



Lot No.
Grave No.
Section No.
Owner

Casket		165 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		20 00
Grave Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		16 00
Suit or Dress, \$	Hose, \$	Slippers, \$
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		16 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	Blanket	8 00
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		9 20
Flowers, \$ (Names of Newspapers)	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		75 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced May 11 Paid EJM		
Total Footing of Bill		\$ 382 20
By Amount Paid in Advance		\$
Balance		\$

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To Funeral Charges Total, \$	By Cash \$

Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness Signed

RECORD OF FUNERAL

Total No. 821 Yearly No. 34 Date May 5 1935
 Name of Deceased William Cassey (What Race) W (Where Born) Pg Pa Pa

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to
 Address 1228 Webster ave
 Order Given by
 How Secured
 Date of Funeral May 8 1935
 Residence
 Place of Death St Francis Hosp
 Funeral Services at St Ann
 Time of Funeral Service 9 A.M.
 Clergyman Fr. Basil
 His Address
 Certifying Physician A.H. Colwell
 His Residence St Francis
 Cause of Death Bronch-pneumonia
 (Primary)
 Cause of Death Acute arthritis
 (Secondary)
 Date of Death May 5 1935
 Occupation of the Deceased
 Employed Yes
 Single or Married Single Religion Cath
 Date of Birth March 21 1906
 Age 29 Years 1 Months 14 Days
 Name of Father Joseph Cassey
 His Birthplace Syva
 Name of Mother Japan Eliza
 (Maiden Name)
 Her Birthplace Syva
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Steel
 Interment at Calvary Cemetery

Lot No. 319
 Grave No. 3
 Section No. N
 Owner Charles Cassey 1228 Webster ave

Casket.....	(State Kind)	150	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	16	50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....	<u>Blanket</u>	6	00
Death Notices in.....	Newspapers.....		
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....		20	00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	20	00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	297.50
By Amount Paid in Advance.....		\$	175.50
Balance.....		\$	122.00

To Funeral Charges... Total, \$					
				By Cash.....	\$ 27.00

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness:..... Signed :.....
 Signed :.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

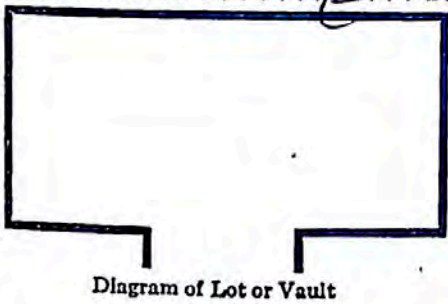
RECORD OF FUNERAL

Total No. *S.D.* Yearly No. *35* Date *May 9* 19*35*
 Name of Deceased *Dessie Tole*
 Husband— Wife— Son— Daughter of } *Edward Tole* (What Race) (Where Born)
 Charge to *360*

Address *1437 Rockland St. (Beechview)*
 Order Given by
 How Secured
 Date of Funeral *May 13, 1935*
 Residence
 Place of Death *Magee Hospital*
 Funeral Services at *St. Catharines*
 Time of Funeral Service *9 A.M.*
 Clergyman
 His Address
 Certifying Physician *Asa Douglas Young*
 His Residence *Magee Hospital*
 Cause of Death *Peridental Cellulitis*
Vincent's Infection
 Cause of Death *Branchial Pneumonia*
 Date of Death *May 9, 1935*
 Occupation of the Deceased *Housewife*
 Employed
 Single or Married *Married* Religion *Cath.*
 Date of Birth *April 18, 1895*
 Age *40* Years *0* Months *21* Days
 Name of Father *William Klingensmith*
 His Birthplace *Penn.*
 Name of Mother *Bertha Rodula Cook*
 Her Birthplace *Penn.*
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at *Cadaver* Cemetery

Casket		250	00
Metallic Lining (State Kind)			
Outside Box (State Kind)		20	00
Grave Vault (State Kind)			
Embalsming Body with Fluid		25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$		
Candelabrum, \$	Candles, \$		
Door Crepe, \$	Gloves, \$		
Hearse		3	00
Limousines to Cemetery @ \$		3	00
Autos to R. R. Station @ \$		1	00
Aeroplane Service, \$	Ambulance, \$		
Getting Remains from			
Taking Body to Inquest			
Delivering Box to			
Delivering Remains to			
Death Notices in Newspapers		8	40
Flowers, \$ (Names of Newspapers)	Flower Wagon, \$ <i>10.19</i>	12	00
Rental of Palms, \$	Tent Rental, \$	20	00
Rental of Vault, \$	Lowering Device, \$		
Outlay for Lot			
Opening Grave or Vault <i>Blanket</i>		9	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Removal Charges, \$	Cremation, \$		
Getting Burial Permit			
Certified Copies of Death Certificate			
Personal Charges, \$	Singers, \$	20	00
Church Charges, \$	Ministers, \$		
Pall Bearer Service			
Telegr., Telephone, Cable or Radio Charges			
Railroad Tickets			
Cash Advanced			
Total Footing of Bill		\$	384.40
By Amount Paid in Advance		\$	
Balance		\$	

Paid EJM



Lot No.
 Grave No.
 Section No.
 Owner

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

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness

RECORD OF FUNERAL

Date *May 10* 19*35*

Total No. *823*

Yearly No. *36*

Name of Deceased *Maria Conception Fernandez* (What Race) *M* (Where Born)

Charge to *Joseph Fernandez* (Husband, Wife, Son, Daughter)

Address *20 Whiteside Rd.*

Order Given by *Marie*

How Secured

Date of Funeral *May 13, 1935*

Residence *Childrens Hospital*

Place of Death *Childrens Hospital*

Funeral Services at *2 P.M.*

Time of Funeral Service

Clergyman *Dr. J. Amshel*

His Address

Certifying Physician *Dr. J. Amshel*

His Residence

Cause of Death *Lobar Pneumonia R.* (Primary)

Cause of Death *Acute Extreme Cardiac Enlargement* (Secondary)

Date of Death *May 9, 1935*

Occupation of the Deceased *Child*

Employed

Single or Married *Single* Religion

Date of Birth *Sept 13, 1934*

Age *0* Years *7* Months *26* Days

Name of Father *Joseph Fernandez*

His Birthplace *Spain*

Name of Mother *Maria Penteira* (Maiden Name)

Her Birthplace *Spain*

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at *Calvary* Cemetery



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket.....	(State Kind)	45 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	10 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	10 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	2 00
Door Crepe, \$.....	Gloves, \$	2 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	10 00
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	8 00
Rental of Palms, \$.....	Tent Rental, \$	12 00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		20 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 133 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

To Funeral Charges... Total, \$			
	<i>May 23</i>	By Cash.....	\$ 50 00
	<i>June 13</i>		20 00

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:..... Signed:.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 824 Yearly No. 37 Date May 13 1935
 Name of Deceased Infant Graziano (What Race) W (Where Born) Pgh. Pa.
 Husband— } Michael Graziano
 Wife—Widow— }
 Son—Daughter of }

Charge to 5700
 Address Maryanna St.
 Order Given by
 How Secured
 Date of Funeral May 15 1935
 Residence
 Place of Death Pgh. Hosp.
 Funeral Services at
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician C. G. Bocia
 His Residence Pgh. Hosp.
 Cause of Death Cerebral Hemorrhage
 (Primary)

Cause of Death (Secondary)
 Date of Death May 13 1935
 Occupation of the Deceased Infant
 Employed
 Single or Married Single Religion Cath.
 Date of Birth May 12 1935
 Age . . . Years . . . Months . . . Days
 Name of Father Michael Graziano
 His Birthplace Italy
 Name of Mother Mary Sturiano
 (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to
 Size and Style of Casket

Manufactured by Hill
 Interment at St. Mary's Cemetery
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner

Casket					
Metallic Lining	(State Kind)				10.00
Outside Box	(State Kind)				
Grave Vault	(State Kind)				
Embalming Body	with	Fluid			
Barber, \$	Hair Dressing, \$				
Dressing Body					
Suit or Dress, \$	Hose, \$	Slippers, \$			
Folding Chairs, \$	Tarpaulins, \$				
Candelabrum, \$	Candles, \$				
Door Crepe, \$	Gloves, \$				
Hearse					
Limousines to Cemetery	@ \$				5.00
Autos to R. R. Station	@ \$				
Aeroplane Service, \$	Ambulance, \$				
Getting Remains from					
Taking Body to Inquest					
Delivering Box to					
Delivering Remains to					
Death Notices in	Newspapers				
	(Names of Newspapers)				
Flowers, \$	Flower Wagon, \$				
Rental of Palms, \$	Tent Rental, \$				
Rental of Vault, \$	Lowering Device, \$				
Outlay for Lot					20.00
Opening Grave or Vault					
Lining Grave, \$	Matting, \$				
Outlay for Shipping Charges					
Removal Charges, \$	Cremation, \$				
Getting Burial Permit					
Certified Copies of Death Certificate					
Personal Charges, \$	Singers, \$				
Church Charges, \$	Ministers, \$				
Pall Bearer Service					
Telegr., Telephone, Cable or Radio Charges					
Railroad Tickets					
Cash Advanced					
Paid May 13, 1935					
Total Footing of Bill					35.00
By Amount Paid in Advance					
Balance					

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

Insurance, \$. . . Names of Lodges . . .
 Names of Insurance Companies : . . .
 We hereby authorize the above funeral and agree to pay the expenses thereof . . .
 Signed . . .
 Signed . . .
 Witness . . .
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date *May 15*, 193*5*

Total No. *525*

Yearly No. *38*

Name of Deceased *Joseph Hennessey* (What Race) (Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Widowed

Charge to *Mrs. Henry O'Brien*
Address *Plaza Bldg*

Order Given by

How Secured

Date of Funeral *May 20, 1935*

Residence *4000 main St. Halladay Cove W. Va*

Place of Death *Mexico D.C.*

Funeral Services at *Calvary*

Time of Funeral Service

Clergyman *Rev. Hopkins*

His Address

Certifying Physician *W. J. McGeehan* Coroner

His Residence

Cause of Death *Admiral embolism*
fractured femur auto accid

(Primary)

(Secondary)

Date of Death *May 15, 1935*

Occupation of the Deceased *Structural Iron Worker*

Employed *Unemployed*

Single or Married *W* Religion *Cath*

Date of Birth *U.S.A.*

Age *63* Years Months Days

Name of Father

His Birthplace

Name of Mother *Not Known*

(Maiden Name)

Her Birthplace

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at *Calvary* Cemetery



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket.....	(State Kind)	8.50
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	1.50
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	2.50
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$ Slippers, \$	1.50
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	2.00
Door Crepe, \$.....	Gloves, \$	2.00
Hearse.....		1.40
Limousines to Cemetery.....	@ \$	1.00
Autos to R. R. Station.....	@ \$.50
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		50.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	20.00
Church Charges, \$.....	Ministers, \$	1.00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 248.50
By Amount Paid in Advance.....		
Balance.....		

Entered into Ledger, page or below

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness: Signed:

RECORD OF FUNERAL

Total No. 826

Yearly No. 39

Date May 17, 1935 19

Name of Deceased Norman J. Curry

St. Pittsburgh, Pa.
(What Race) (Where Born)

Husband— }
Wife—Widow— }
Son—Daughter of } John Curry

Charge to

Address

Order Given by

How Secured

Date of Funeral May 20, 1935

Residence 1528 Clifton St

Place of Death St. Francis Hospital

Funeral Services at St. Ann's Church

Time of Funeral Service

Clergyman

His Address

Certifying Physician

His Residence

Cause of Death Meningitis (mixed infection)

Primary Cause of Death
asphyxial abscess due to lolly pop stick
swimming into left eye (accidental)

Date of Death

Occupation of the Deceased Child

Employed

Single or Married Single Religion Catholic

Date of Birth May 30, 1932

Age Years Months Days

Name of Father John Curry

His Birthplace Syria

Name of Mother Marie De Basi

Her Birthplace Wilkes Barre Pa.
(Maiden Name)

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at St. Marys Cemetery

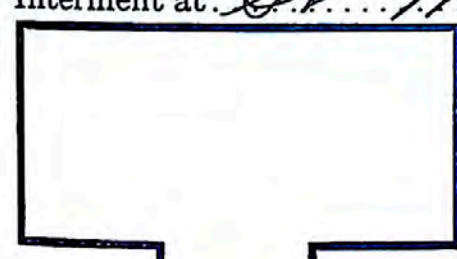


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Casket		75.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalmng Body	with Fluid	10.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	
Hearse		14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Flower Wagon, \$ 10.00	6.00
Rental of Palms, \$	Tent Rental, \$	1.00
Rental of Vault, \$	Lowering Device, \$	2.00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced	Paid	
	May 20, 1935	
Total Footing of Bill		\$ 138.00
By Amount Paid in Advance		\$
	Balance	\$
Entered into Ledger, page		or below

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

RECORD OF FUNERAL

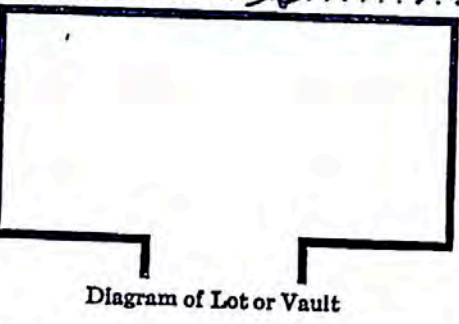
Total No. 827 Yearly No. 40 Date May 19 1935
Name of Deceased Annie Harhey (What Race) W (Where Born) Pgh Pa

Charge to Charles Harhey
Address 1030 Bustrick wjy
Order Given by
How Secured
Date of Funeral May 22, 1935
Residence 1030 Bustrick wjy
Place of Death mesny nos
Funeral Services at St. Ann's church
Time of Funeral Service
Clergyman Rev. Elias Basil
His Address
Certifying Physician W. J. McGeorbor
His Residence
Cause of Death Bronchitis Pneumonia
(Primary)

Cause of Death Teething & Diarrhea
(Secondary)
Date of Death May 17, 1935
Occupation of the Deceased
Employed

Single or Married S Religion Cath
Date of Birth April 22, 1934
Age 1 Years 28 Months 28 Days
Name of Father Charles Harhey
His Birthplace Syria
Name of Mother Eveline Suse
(Maiden Name)
Her Birthplace Syria

Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at St. Marys Cemetery



Lot No.
Grave No.
Section No.
Owner

Casket	(State Kind)	7.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	1.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	1.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	2.00
Door Crepe, \$	Gloves, \$	
Hearse		1.40
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	7.00
Rental of Palms, \$	Tent Rental, \$	1.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		2.00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	1.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 143.00
By Amount Paid in Advance		\$ 95.00
Balance		\$

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

Insurance, \$ Names of Lodges
Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed:
Signed:

Burial of

Arline Harbey

Date of Death

May 19, 1935

Date of Burial

May 22, 1935

Place of Burial

St. Mary's Cemetery

Addressed to

Mr. Charles Harbey

1030 Bustrick Way

Pittsburgh Pa.

Edward J. McAvey

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Statement
of
Professional Service Rendered

Casket	70.00
Outside Box	10.00
Embalming	10.00
Candles	2.00
Hearse	14.00
Door Badge	7.00
Rental of Palms	10.00
Cemetery Charges	<u>20.00</u>
	\$143.00
By Cash in Advance	<u>95.00</u>
Balance	\$ 48.00

RECORD OF FUNERAL

Total No... 828

Yearly No... 41

Date... May 21 1935

Name of Deceased... Margaret Scabill

Husband— }
Wife—Widow— }
Son—Daughter of }

(What Race) 7 (Where Born)

Charge to... Margaret Neffles

Address... 81 Burgess St.

Order Given by...

How Secured...

Date of Funeral... May 24, 1935

Residence... 81 Burgess St.

Place of Death... Same

Funeral Services at... Epiphany

Time of Funeral Service...

Clergyman...

His Address...

Certifying Physician... J. J. McCarthy

His Residence... 2016 5th Ave

Cause of Death...

Chronic Myocarditis (Primary)

Cause of Death... Atherosclerosis (Secondary)

Date of Death... May 21, 1935

Occupation of the Deceased... Unemployed

Employed...

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

Date of Birth... Not known

Age... About 61 Years

Name of Father... Scabill

His Birthplace... Ireland

Name of Mother... Julia

Her Birthplace... Ireland

Body to be Shipped to...

Size and Style of Casket...

Manufactured by...

Interment at... Calvary Cemetery

Lot No.

Grave No.

Section No.

Owner

Casket		150.00
Metallic Lining (State Kind)		
Outside Box (State Kind)		15.00
Grave Vault (State Kind)		
Embaling Body (State Kind) with Fluid		2.50
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	9.50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	2.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		1.40
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		3.00
(Names of Newspapers)		
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	15.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		1.50
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	2.50
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Paid		
E.J.M.		
Total Footing of Bill		\$ 276.50
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page _____ or below		

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

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies : _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____

Signed : _____

Witness : _____

RECORD OF FUNERAL

Total No. 829 Yearly No. 42 Date May 27 1935
 Name of Deceased Annie Wardley Cobby (What Race) W (Where Born) Syria

Husband— } Assad Cobby
 Wife—Widow— }
 Son—Daughter of }

Charge to 1320 Webster ave
 Address 1320 Webster ave
 Order Given by
 How Secured

Date of Funeral May 29 1935
 Residence

Place of Death 1320 Webster
 Funeral Services at St Annis

Time of Funeral Service 9 A.M.
 Clergyman Mr. Basil

His Address Gilmore
 Certifying Physician J. Z. Dickson

His Residence 200 1/2 Ninth
 Cause of Death Urima from

Nephritis (Primary)
 Cause of Death Gastric Ulcer (Secondary)

Date of Death May 27 1935
 Occupation of the Deceased Housewife

Employed

Single or Married Single Religion Beth

Date of Birth Apr 15 1884
 Age 50 Years 9 Months 12 Days

Name of Father George W
 His Birthplace Syria

Name of Mother Marian George (Maiden Name)
 Her Birthplace Syria

Body to be Shipped to
 Size and Style of Casket

Manufactured by Hill
 Interment at Calvary Cemetery

Diagram of Lot or Vault

Lot 22
 Grave No. 7

Section No. 13
 Owner Thos. Cobby 1320 Webster

Casket.....	(State Kind)	150.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		12.50
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	3.00
Hearse.....		14.00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....	<u>Blanket</u>	8.00
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$ <u>D.B.</u>	12.00
Rental of Palms, \$.....	Tent Rental, \$.....	20.00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		53.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	20.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 335.50
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness..... Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 830 Yearly No. 43 Date June 1 1935
 Name of Deceased Marda George
 Husband—Wife—Widow—Son—Daughter of Tom George (What Race) M. (Where Born) Syria

Charge to Tom George
 Address 1314 Webster
 Order Given by
 How Secured
 Date of Funeral June 4 1935
 Residence
 Place of Death 1314 Webster
 Funeral Services at St Annus
 Time of Funeral Service 9 A.M.

Clergyman
 His Address
 Certifying Physician W. J. McGee
 His Residence County Morgue
 Cause of Death Cornary degeneration
 Cause of Death (Secondary)
 Date of Death June 1 1935
 Occupation of the Deceased Retired
 Employed

Single or Married Widow Religion Cath
 Date of Birth June 1
 Age 56 Years Months Days
 Name of Father John Gardin
 His Birthplace Syria
 Name of Mother Mary Hadid
 Her Birthplace Syria
 Body to be Shipped to
 Size and Style of Casket

Manufactured by
 Interment at Calvary Cemetery
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	16.50
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	12.50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	3.00
Hearse.....		14.00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....	<u>Blanket</u>	8.00
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	12.00
Rental of Palms, \$.....	Tent Rental, \$.....	20.00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		53.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		5.00
Personal Charges, \$.....	Singers, \$.....	25.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Sept. 30, 1935</u> <u>Paid in full</u> <u>E. J. M.</u>		
Total Footing of Bill.....		\$ 360.50
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....		or below

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed :.....
 Witness :.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 531 Yearly No. 44 Date June 4 1935

Name of Deceased Ethel Mae Montgomery (What Race) W.P. (Where Born) Pgh. Pa.
 Husband— } Thomas Montgomery (Teacher)

Charge to
 Address
 Order Given by
 How Secured
 Date of Funeral June 5
 Residence 2099 Dear Thacker St.
 Place of Death Mercy Hosp.
 Funeral Services at
 Time of Funeral Service 1:30 PM.
 Clergyman
 His Address
 Certifying Physician Norman C. Miller
 His Residence Mercy Hosp.
 Cause of Death Enlarged Thyroid
Cyanosis (Primary)
 Cause of Death Preserved symptoms
 Date of Death June 4 1935 (Secondary)
 Occupation of the Deceased Infant
 Employed
 Single or Married Religion Prot.
 Date of Birth
 Age Years 1 Months 15 Days
 Name of Father Thomas Montgomery
 His Birthplace Pa.
 Name of Mother Mollie Leach (Maiden Name)
 Her Birthplace Pgh. Pa.
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Minersville Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	<u>10</u>	<u>00</u>
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalming Body.....	with Fluid		
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$ Slippers, \$		
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$		
Door Crepe, \$.....	Gloves, \$		
Hearse.....			
Limousines to Cemetery.....	@ \$		
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers		
Flowers, \$.....	(Names of Newspapers)		
Rental of Palms, \$.....	Flower Wagon, \$		
Rental of Vault, \$.....	Tent Rental, \$		
Outlay for Lot.....	Lowering Device, \$	<u>10</u>	<u>00</u>
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$		
Church Charges, \$.....	Ministers, \$		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
PAID 6-20-35 F. J. FEINEMAN			
Total Footing of Bill.....		\$	<u>20</u>
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....	or below		

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Witness:..... Signed.....

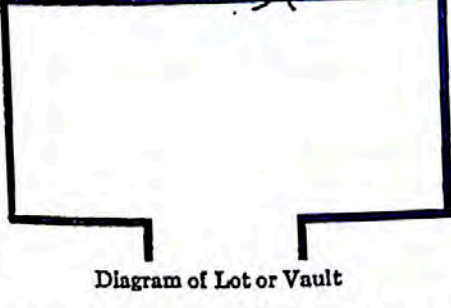
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 532 Yearly No. 45 Date June 11, 1935
 Name of Deceased Eugene P. White (What Race) (Where Born)

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to Wm E. Doyle
 Address 13 Hopper St. Utica, N.Y.
 Order Given by Utica, N.Y.
 How Secured
 Date of Funeral
 Residence
 Place of Death Maryview Hos, Utica, N.Y.
 Funeral Services at Utica, N.Y.
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician
 His Residence
 Cause of Death Chr. Myocarditis (Primary)

Cause of Death (Secondary)
 Date of Death June 11, 1935
 Occupation of the Deceased
 Employed SP
 Single or Married Religion
 Date of Birth
 Age 51 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
 Manufactured by
 Interment at Utica, N.Y. Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket <u>Case</u>	(State Kind)	55.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalming Body <u>& services</u>	(State Kind) Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	2.00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		70
Telegr., Telephone, Cable or Radio Charges		70
Railroad Tickets <u>Express Chg</u>		32.96
Cash Advanced <u>June 26, 1935</u>		
Total Footing of Bill		\$ 115.66
By Amount Paid in Advance		\$ 115.66
Balance		\$
Entered into Ledger, page or below		

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

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 833

Yearly No. 46

Date June 10 1935

Name of Deceased Ellis Evans

(What Race) W (Where Born) Pgh Pa

Husband—
Wife—Widow—
Son—Daughter of }

Charge to
Address 1607 Blvd allies
Order Given by
How Secured
Date of Funeral June 12 1935
Residence 1607 Blvd allies
Place of Death 1607 Blvd allies
Funeral Services at McAvoy Chapel
Time of Funeral Service 12 PM

Casket	(State Kind)	12.5 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	2.5 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	3 00
Hearse		1.4 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	4 80
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	15 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		13 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	20 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 239 80
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Clergyman
His Address
Certifying Physician W J McGregor
His Residence County Morgan
Cause of Death Diabetes Mellitus
(Found Dead in Bed)
Cause of Death
Date of Death June 10 1935
Occupation of the Deceased Retired
Employed
Single or Married Single Religion Prot
Date of Birth
Age 79 Years Months Days
Name of Father William Evans
His Birthplace Penna
Name of Mother Mary Donnelly
(Maiden Name)
Her Birthplace Penna
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill
Interment at Allegheny Cemetery

Lot No.
Grave No.
Section No.
Owner John O'Keefe 1607 Blvd allies

To Funeral Charges... Total, \$		any 6	By Cash	\$ 100 00
Old Age Pension Fund				

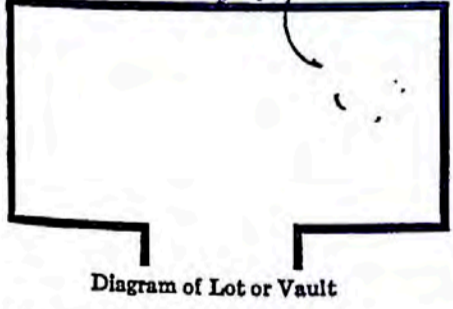
Insurance, \$ Names of Lodges
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness Signed

RECORD OF FUNERAL

Total No. 834... Yearly No. 47... Date June 11 1935... Name of Deceased Eugene Massan... (What Race) W.P. (Where Born) Pgh.

Charge to Norman Massan... Address 706 Elm... Date of Funeral June 13 1935... Residence Waden Hop Sheriden... Place of Death St. Georges Church... Time of Funeral Service 3:30 PM... Cause of Death Lobar pneumonia (Primary) Middle Ear infection (Secondary) Date of Death June 11 1935... Occupation of the Deceased Child... Name of Father Norman Massan... Name of Mother Helen Salem... Interment at Minersville Cemetery

Table with 3 columns: Description, Amount, Total. Includes items like Casket (120.00), Metallic Lining, Outside Box, Grave Vault, Embalming Body, Barber, Dressing Body, Suit or Dress, Folding Chairs, Candelabrum, Door Crepe, Hearse, Limousines to Cemetery, Autos to R. R. Station, Aeroplane Service, Getting Remains from, Taking Body to Inquest, Delivering Box to, Delivering Remains to, Death Notices in Newspapers, Flowers, Rental of Palms, Rental of Vault, Outlay for Lot, Opening Grave or Vault, Lining Grave, Outlay for Shipping Charges, Removal Charges, Getting Burial Permit, Certified Copies of Death Certificate, Personal Charges, Church Charges, Pall Bearer Service, Telegr., Telephone, Cable or Radio Charges, Railroad Tickets, Cash Advanced. Total Footing of Bill: \$257.00. By Amount Paid in Advance: \$. Balance: \$. Entered into Ledger, page... or below



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

Table with 3 columns: To Funeral Charges... Total, \$; By Cash... \$; and a blank column for balance or other charges.

Insurance, \$... Names of Lodges... Names of Insurance Companies... We hereby authorize the above funeral and agree to pay the expenses thereof... Signed... Signed... Witness... Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 835 Yearly No. 48 Date June 16 1935
 Name of Deceased James M. Guinness (What Race) M. (Where Born) Ireland

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to.....
 Address 342 Atwood
 Order Given by.....
 How Secured.....
 Date of Funeral June 19 1935
 Residence 342 Atwood
 Place of Death Mercy Hosp.
 Funeral Services at St. Pauls Chh.
 Time of Funeral Service 9:30 A.M.
 Clergyman.....
 His Address.....
 Certifying Physician James Sterling
 His Residence Mercy Hosp.
 Cause of Death Pneumonia
 (Primary)

Cause of Death.....
 (Secondary)
 Date of Death June 16
 Occupation of the Deceased.....
 Employed.....
 Single or Married Single Religion Cath.
 Date of Birth Apr 24 1935
 Age 7.7 Years 1 Months 22 Days
 Name of Father Thomas M. Guinness
 His Birthplace Ireland
 Name of Mother Mary M. Garhan
 (Maiden Name)
 Her Birthplace Ireland

Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at St. Marys Cemetery

Lot No.....
 Grave No.....
 Section No.....
 Owner Mrs. E. Morrison

<u>222 N. Craig St.</u>	To Funeral Charges..... Total, \$	<u>Aug 1</u>	By <u>check</u>	\$ <u>206 40</u>
<u>Chg. to James P. M. Guinness</u>				

Casket.....	(State Kind)	<u>2.50</u>	<u>00</u>
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	<u>20</u>	<u>00</u>
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	<u>2.50</u>	<u>00</u>
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$	<u>1.60</u>	<u>50</u>
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$	<u>3</u>	<u>00</u>
Door Crepe, \$.....	Gloves, \$	<u>3</u>	<u>00</u>
Hearse.....		<u>1.40</u>	<u>00</u>
Limousines to Cemetery.....	@ \$		
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers	<u>8</u>	<u>90</u>
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$		
Rental of Palms, \$.....	Tent Rental, \$	<u>15</u>	<u>00</u>
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....			
Opening Grave or Vault.....		<u>31</u>	<u>00</u>
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$	<u>20</u>	<u>00</u>
Church Charges, \$.....	Ministers, \$		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill <u>E.J.M.</u>		\$ <u>406</u>	<u>40</u>
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....	or below		

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 836

Yearly No. 49

Name of Deceased William A. Beighley

Date June 27 1935

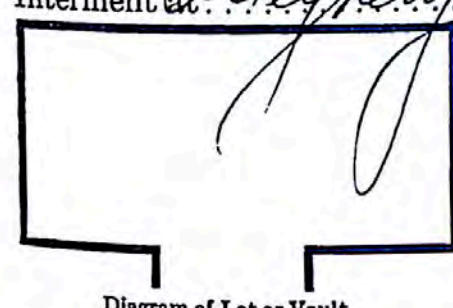
Olive B. Strott (What Race) Pgh. Pa. (Where Born)

Charge to
Address 1027 Welser St.
Order Given by 1st Cl. Supt. Hdqrs. San Train 305
How Secured 2-12-10 - 60-9-1919
Date of Funeral July 1, 1935
Residence
Place of Death Veterans Hosp. Aspinwall
Funeral Services at Home
Time of Funeral Service
Clergyman

His Address
Certifying Physician J. M. McCall
His Residence Aspinwall
Cause of Death Cerebral Hemorrhage (Primary)
Cause of Death (Secondary)
Date of Death June 27 - 35
Occupation of the Deceased Pharmacist
Employed
Single or Married Married Religion Prot.
Date of Birth 1-15-1892
Age 43 Years 5 Months 12 Days

Name of Father William Beighley
His Birthplace Pittsburgh Pa.
Name of Mother Elizabeth Craig (Maiden Name)
Her Birthplace Pittsburgh Pa.
Body to be Shipped to
Size and Style of Casket
Manufactured by Hill
Interment at Allegheny Commemorative Cemetery

Casket.....		5.85 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	1.00 00
Embalming Body.....	(State Kind) with..... Fluid	2.50 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		1.40 00
Limousines to Cemetery.....	@ \$.....	1.00 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	13.80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	12.00
Rental of Palms, \$.....	Tent Rental, \$.....	1.50 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 786.30
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below



Lot No.
Grave No.
Section No.
Owner

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness:.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 837 Yearly No. 50 Date June 30 1935
 Name of Deceased Antonietta Altavillo (What Race) NR (Where Born) Italy

Charge to } Leonard Altavillo
 Address 1840 Diaz Way
 Order Given by
 How Secured
 Date of Funeral July 5 1935
 Residence 1840 Diaz Way
 Place of Death 1840 Diaz Way
 Funeral Services at St. R. Church
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician D. J. M. Gregor
 His Residence County Morgue
 Cause of Death (Primary) Chronic myocarditis
 Cause of Death (Secondary)
 Date of Death June 30/35
 Occupation of the Deceased Housewife
 Employed
 Single or Married Married Religion Cath
 Date of Birth
 Age 50 Years Months Days
 Name of Father Anthony Tirone
 His Birthplace Italy
 Name of Mother Mary Silano (Maiden Name)
 Her Birthplace Italy
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Cemetery

Casket.....	(State Kind)	250 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	75 00
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	25 00
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	12 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	10 50
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$ <u>P.B.</u>	10 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....	<u>Blanket</u>	10 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	<u>Paid Sept 6, 1935 JAM</u>	\$ 458.00
By Amount Paid in-Advance.....		
Balance.....		
Entered into Ledger, page.....	or below	

Row 22
 Grave No. 24
 Section No. 13

Diagram of Lot or Vault Owner Antonietta Altavillo (Daughter)
1840 Diaz Way

To Funeral Charges.....	Total, \$.....			
		<u>aug 9</u>	By Cash.....	\$ 400.00

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness: Bernard Guttman Signed: Leonard Altavillo
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931

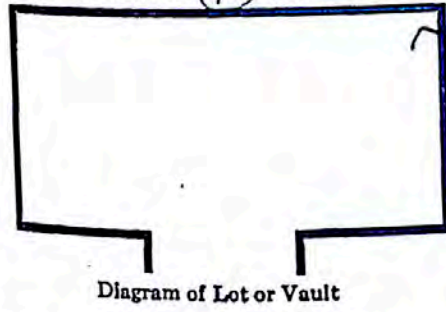
RECORD OF FUNERAL

Total No. 838 Yearly No. 51 Date July 6 1935
 Name of Deceased Ignat Hrubciak (What Race) Austria (Where Born)

Husband—
 Wife—
 Son—Daughter of
 Charge to Ignat Hrubciak
 Address 1716 Lombard
 Order Given by
 How Secured
 Date of Funeral July 9 - 35
 Residence 15012 E. Ohio
 Place of Death Woodville Home
 Funeral Services at St Elizabeth
 Time of Funeral Service 9 - A.M.
 Clergyman
 His Address
 Certifying Physician Wm J Mc Govern
 His Residence Woodville Home

Casket		2.00.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	25
Embalming Body	with Fluid	2.5.00
Barber, \$	Hair Dressing, \$	
Dressing Body		3.00
Suit or Dress, \$	Shirt & Tie & Hosiery, \$	17.10
Underwear & Stockings		2.00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$ 12	Gloves, \$ 3	15.00
Hearse		14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from <u>Woodville</u>		10.00
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to <u>Tele gram Collect</u>		50
Death Notices in <u>Newspapers</u>		8.0
<u>Notifying Ins Co Telegram</u>		
Flowers, \$	Flower Wagon, \$	15.00
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	50.00
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Lowering Matting, \$	3.00
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		2.5.00
Personal Charges, \$	Singers, \$	1.8.50
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		1.50
<u>Physicians Statement</u>		.50
<u>Undertakers Statement</u>		
Total Footing of Bill		\$ 4.29.90
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

Cause of Death Acute Enter Colitis (Primary)
 Cause of Death (Secondary)
 Date of Death July 6 1935
 Occupation of the Deceased
 Employed
 Single or Married Single Religion Cath
 Date of Birth May 5 1873
 Age 62 Years 2 Months 1 Days
 Name of Father Ignat Hrubciak
 His Birthplace Austria
 Name of Mother Sophia (Maiden Name)
 Her Birthplace Austria
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Calvary Single Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner



To Funeral Charges... Total, \$		By Cash	\$
		EDW. J. MCAVOY	
		PAID	
		Sept. 19, 1935	
		Per	

Insurance, \$ 1,000.00 Names of Lodges Reserve Loan Life Insurance Co
 Names of Insurance Companies from Policy #164560
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed Ignat Hrubciak
 Signed
 Witness Anthony Hrubciak
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 539

Yearly No. 52

Date July 7 1935

Name of Deceased Isabell Maggio

(What Race)

(Where Born)

Husband—
Wife—Widow—
Son—Daughter of }
Charge to

Address 31 Marion

Order Given by

How Secured

Date of Funeral July 10 - 35

Residence 31 Marion

Place of Death 31 Marion

Funeral Services at St. Peter's

Time of Funeral Service

Clergyman

His Address

Certifying Physician W. Rose

His Residence 1208 5th ave

Cause of Death (Primary)

Cause of Death (Secondary)

Date of Death July 7 1935

Occupation of the Deceased Infant

Employed

Single or Married Religion Cath

Date of Birth July 28 1934

Age 11 Years 11 Months 21 Days

Name of Father Dominick Maggio

His Birthplace Italy

Name of Mother Philomena Sacconato

(Maiden Name)

Her Birthplace Italy

Body to be Shipped to

Size and Style of Casket

Manufactured by Hill

Interment at Calvary Single Cemetery



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket.....	(State Kind)	57.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	10.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	14.00
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	10.00
Rental of Vault, \$.....	Lowering Device, \$.....	45.00
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	10.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 155.00
By Amount Paid in Advance.....		\$ 75.00
Balance.....		\$ 80.00
Entered into Ledger, page.....	or below	

Date	To Funeral Charges..... Total, \$	By Cash..... \$
7-11-35	Cash 25.00	
Aug 9	10.00	
Sept 14	10.00	
Nov 6	10.00	
May 25	Cash 5.00	

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed: Dominick Maggio
Signed: Dominick Maggio

RECORD OF FUNERAL

Total No... 840 Yearly No... 53 Date... July 15 1935

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

Charge to... Mrs. V. M. McCalland (niece)

Address... 1712 Forbes St.

Order Given by...
How Secured...

Date of Funeral... July 18, 1935

Residence... June

Place of Death... Mayview

Funeral Services at... St. Agnes

Time of Funeral Service... 9 A.M.

Clergyman...
His Address...

Certifying Physician...
His Residence...

Cause of Death... Hypertension (Primary)

Cause of Death... Heart Disease (Secondary)

Date of Death... July 15

Occupation of the Deceased...
Employed...

Single or Married... S. Religion... Catholic

Date of Birth...
Age... 70 Years... Months... Days

Name of Father... Thomas Cuff

His Birthplace... Ireland

Name of Mother... Anna Cuff

Her Birthplace... Ireland

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

Manufactured by...
Interment at... Calvary Cemetery

Lot No...
Grave No...

Section No...
Owner...

Casket.....	(State Kind)	150	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	20	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	12	50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	6	20
Flowers, \$.....	(Names of Newspapers) Flower Wagon \$.....	10	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		33	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....		20	00
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	311 70
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page..... or below			

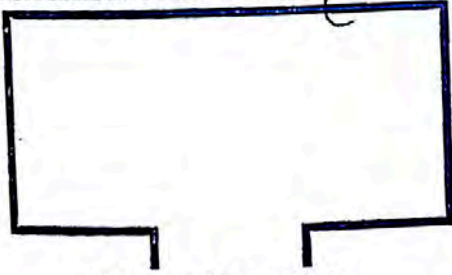


Diagram of Lot or Vault

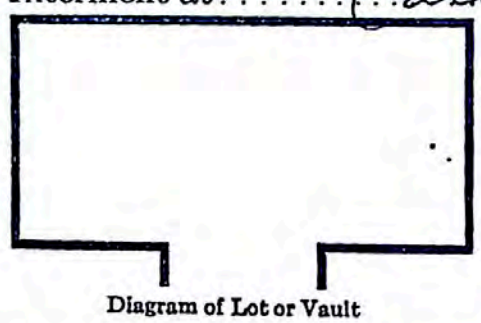
To Funeral Charges... Total, \$		By Cash..... \$

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed.....
Signed.....
Witness.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 841 Yearly No. 54 Date July 17 1935
 Name of Deceased Patrick J. McGrath (What Race) Irish (Where Born) D.P.
 Husband— } Caroline Ledergerber McGrath
 Wife—Widow— }
 Son—Daughter of }

Charge to 2724 - 13th St N.W.
 Address Wash. D.C.
 Order Given by Hub. A. C.
 How Secured July 18, 1935
 Date of Funeral Washington D.C.
 Residence Epiphany
 Place of Death 10 A.M.
 Funeral Services at 10 A.M.
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician
 His Residence
 Cause of Death Accident (Drowning)
 (Primary)
 Cause of Death (Secondary)
 Date of Death July 13, 1935
 Occupation of the Deceased
 Employed
 Single or Married M. Religion Cath.
 Date of Birth
 Age 39 Years 5 Months 1 Days
 Name of Father Michael McGrath
 His Birthplace
 Name of Mother Julia McGrath
 (Maiden Name)
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Palmyra Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner



Casket.....	(State Kind)	
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		80 00
Limousines to Cemetery.....	@ \$.....	2.1 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	9 80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	12 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		55 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	50 00
Church Charges, \$.....	Ministers, \$.....	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		1 75
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	\$.....	199 55
By Amount Paid in Advance.....	\$.....	
Balance.....	\$.....	

To Funeral Charges..... Total, \$	By Cash..... \$
<u>London 88.08</u>	
<u>1337 - 27th St N.W.</u>	
<u>Wash. D.C.</u>	
<u>21 - Salt Lake Way</u>	
<u>N. S. Park Pa.</u>	
	EDW. J. MCALVOY
	Aug 20, 1936
	Per.....

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness:..... Signed:.....
 Signed:.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 842 Yearly No. 55 Date July 17, 1935

Name of Deceased Elizabeth Murray (What Race) W. Ireland (Where Born)

Husband— }
Wife—Widow— }
Son—Daughter of } Katherine Male (Daughter)

Charge to
Address 2207 Forbes St

Order Given by
How Secured

Date of Funeral July 20, 1935

Residence 225 Kirkpatrick

Place of Death Mercy Hospital

Funeral Services at St. Agnes

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician W. J. McGregor

His Residence Canaan

Cause of Death Shock following
(Primary)

Cause of Death fracture of left femur
(Secondary)

Cause of Death due to fall

Date of Death July 17, 1935

Occupation of the Deceased Retired

Employed

Single or Married M. Religion Cath.

Date of Birth August 18, 49

Age 85 Years 11 Months Days

Name of Father Edward Boyle

His Birthplace Ireland

Name of Mother Margaret
(Maiden Name)

Her Birthplace Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Canaan Cemetery

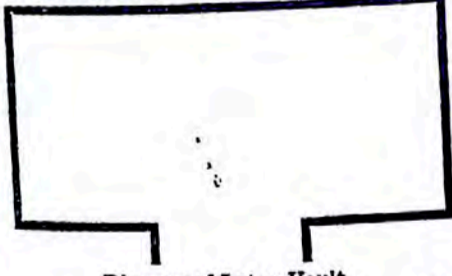


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner Katherine Male (Daughter)

Casket		185.00
Metallic Lining	<small>(State Kind)</small>	
Outside Box	<small>(State Kind)</small>	20.00
Grave Vault	<small>(State Kind)</small>	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery	@ \$	1.00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	10.00
Flowers, \$	<small>(Names of Newspapers)</small> Flower Wagon, \$ <u>10.00</u>	1.00
Rental of Palms, \$	Tent Rental, \$	15.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		15.00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		20.00
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 330.98
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

Paid
Jan

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

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____

Signed _____

Witness _____

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 843 Yearly No. 56 Date Aug 6 1935
 Name of Deceased Raymond Richard Joseph Davis (What Race) W (Where Born) Washington
Husband—
 Wife—Widow—
 Son—Daughter of E. Elizabeth Davis

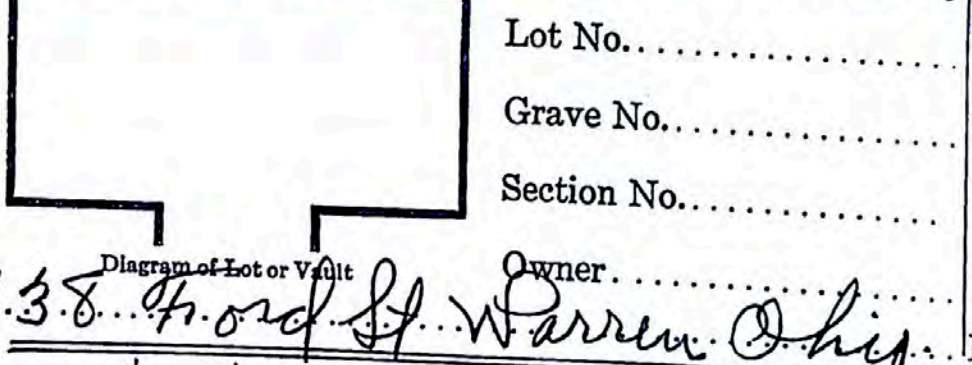
Charge to Chas. Lipscomb
 Address Meadow Gold
 Order Given by Meadow Gold
 How Secured
 Date of Funeral Aug 8 1935
 Residence
 Place of Death 10th St Bridge + on River
 Funeral Services at Beaver Falls

Time of Funeral Service 3 PM
 Clergyman Rev. Atwell
 His Address Beaver Falls
 Certifying Physician W. J. McGeehan
 His Residence County Morgue
 Cause of Death Drowning
(Primary)
from diving off 10th Bridge
(Secondary)
River on Dare
 Date of Death Aug 6 1935

Occupation of the Deceased Truck Driver
 Employed Meadow Gold
 Single or Married Married Religion Prot
 Date of Birth
 Age 24 Years 9 Months 2 Days

Name of Father John Davis
 His Birthplace
 Name of Mother Wattie Saunders
(Maiden Name)
 Her Birthplace

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Granite, Beaver Falls Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	85	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	15	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid		
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....	Suit or Dress, \$.....		
Suit or Dress, \$.....	Hose, \$.....		
	Slippers, \$.....	20	00
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....			
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers		
	(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....		
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	
By Amount Paid in Advance.....		\$	18.00
Balance.....		\$	
Entered into Ledger, page.....	or below		

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

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof

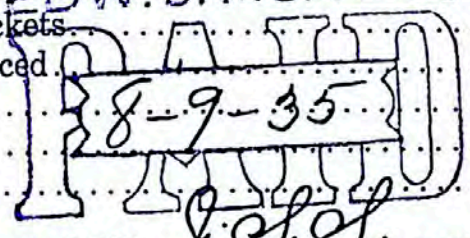
Witness: Signed:
 Signed:
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 844 Yearly No. 57 Date Aug 8 1935
 Name of Deceased Infant (Thomas) M^cFarland W. J. Merrey Hoop
 Husband— } Thomas M^cFarland (What Race) (Where Born)
 Wife—Widow— }
 Son—Daughter of }

Charge to 34 22 Ward
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Aug 9 1935
 Residence.....
 Place of Death Merrey Hoop
 Funeral Services at.....
 Time of Funeral Service 2 P.M.
 Clergyman.....
 His Address.....
 Certifying Physician Dr. J. N. Carroll
 His Residence Merrey Hoop
 Cause of Death.....
Septicemia (Primary)
 Cause of Death.....
 Date of Death Aug 8 1935 (Secondary)
 Occupation of the Deceased Bob
 Employed.....
 Single or Married..... Religion Cath.
 Date of Birth Aug 5 1935
 Age..... Years..... Months 3 Days.....
 Name of Father Thomas M^cFarland
 His Birthplace.....
 Name of Mother Mary Montague
 Her Birthplace.....
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at Calvary Cemetery
 Lot No. 569
 Grave No.....
 Section No. H
 Owner Francis M^cFarland
 Diagram of Lot or Vault

Casket... <u>Professional Service</u>	20
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Crepe, \$..... Gloves, \$.....	
Hearse.....	
Limousines to Cemetery... @ \$.....	
Autos to R. R. Station... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	10.00
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 30.00
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page..... or below	



<u>239</u>	To Funeral Charges... Total, \$				By Cash..... \$
	(Father's Mother)				

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date... Aug 9 1935

Total No. 845 Yearly No. 58

Name of Deceased Mary A. Geis (What Race) W.P. (Where Born) Pgh. Pa.

Husband—Edw. W. Geis
Wife—Widow—
Son—Daughter of

Charge to Edw. W. Geis
Address 3315 Ward St

Order Given by
How Secured

Date of Funeral 8-12-35

Residence 3315 Ward St

Place of Death Home

Funeral Services at Holy Trinity

Time of Funeral Service 10 AM

Clergyman
His Address

Certifying Physician Chas. A. Duffe

His Residence 303 Forbes Bldg

Cause of Death Cerebral Hemorrhage (Primary)

Cause of Death (Secondary) 8-9-35

Date of Death 8-9-35

Occupation of the Deceased Housewife

Employed
Single or Married Married Religion Cath

Date of Birth Sept 64 Years Months Days

Name of Father Chas. M. Carthy

His Birthplace Ireland

Name of Mother Catherine Hastings (Maiden Name)

Her Birthplace Ireland

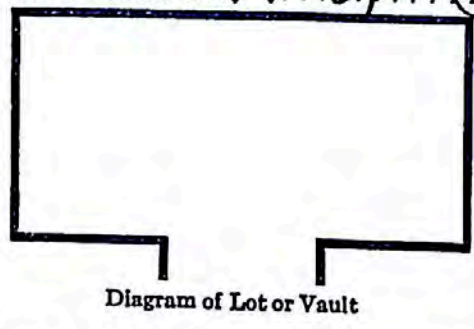
Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Mt. Carmel Cemetery

Casket..... (State Kind)	3.15 00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	2.50 00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	2.50 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	3.10 00
Under Garments.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Crepe, \$..... Gloves, \$.....	3 00
Hearse.....	1.40 00
Limousines to Cemetery..... @ \$.....	1.00 50
Autos to R. R. Station..... @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers	12 80
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....	12 00
Rental of Palms, \$..... Tent Rental, \$.....	20 00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	
Opening Grave or Vault.....	28 00
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	25 00
Church Charges, \$..... Ministers, \$.....	
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
Total Footing of Bill.....	\$ 524.30
By Amount Paid in Advance.....	\$
Balance.....	\$
Entered into Ledger, page..... or below	



Lot No.
Grave No.
Section No.
Owner

To Funeral Charges.... Total, \$	
By Cash..... \$	
EDW. J. MCAVOY	
PAID	
Aug - 35	
Per.....	

Insurance, \$..... Names of Lodges
Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness: Signed: :
Signed: :

RECORD OF FUNERAL

Total No. 846 Yearly No. 59 Date Aug 24 1935
 Name of Deceased Samuel Peters (What Race) W. (Where Born) Syria
 Husband—Wife—Widow—Son—Daughter of }
 Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral Aug 27 - 35
 Residence 1007 Bustrick Wy
 Place of Death Mercy Hosp
 Funeral Services at St. Agnes
 Time of Funeral Service 9 AM
 Clergyman.....
 His Address.....
 Certifying Physician Paul J. Dunn
 His Residence Mercy Hosp
 Cause of Death (Primary) Papillary carcinoma of Bladder
 Cause of Death (Secondary) Diabetes Mellitus
 Date of Death Aug 24 - 35
 Occupation of the Deceased Store Keeper
 Employed.....
 Single or Married Married Religion Cath.
 Date of Birth.....
 Age 49 Years..... Months..... Days.....
 Name of Father Peter Saab
 His Birthplace Syria
 Name of Mother Not Know (Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hill
 Interment at Calvary Cemetery

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Rose Peters 1007 Bustrick Wy
 (Daughter)

Casket.....		250 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		20 00
Grave Vault..... (State Kind)		
Embalming Body..... (State Kind) with..... Fluid		25 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....		18 50
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....		3 00
Door Crepe, \$..... Gloves, \$.....		3 00
Hearse.....		14 00
Limousines to Cemetery..... @ \$.....		10 00
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to..... <u>Blanket</u>		6 00
Delivering Remains to.....		
Death Notices in..... Newspapers.....		
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....		12 00
Rental of Palms, \$..... Tent Rental, \$.....		20 00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot.....		
Opening Grave or Vault.....		18 00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....		25 00
Church Charges, \$..... Ministers, \$.....		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced..... <u>1935</u>		
Total Footing of Bill <u>EJM.</u>		425 00
By Amount Paid in Advance.....		\$.....
Balance.....		\$.....

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date... Aug 27 19 35
W. J. Pgh a

Total No. 847 Yearly No. 60

Name of Deceased Ernest M. Mamara
 (What Race) _____ (Where Born) _____

Husband-
 Wife-
 Son-Daughter of } Ernest M. Mamara

Charge to 916 Locust
 Address.....

Order Given by.....
 How Secured.....

Date of Funeral... Aug 30 1935
 Residence.....

Place of Death... Mercy Hosp.
 Funeral Services at... Epiphany

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

His Address.....
 Certifying Physician... W. J. M. Greer

His Residence... County Morgue
 Cause of Death... Septicemia following

ostomyelitis of left tibia due
 to broken bottle (accidental)

Cause of Death... broken bottle (accidental)
 Date of Death... Aug 27

Occupation of the Deceased... Child
 Employed.....

Single or Married... Both Religion... Both

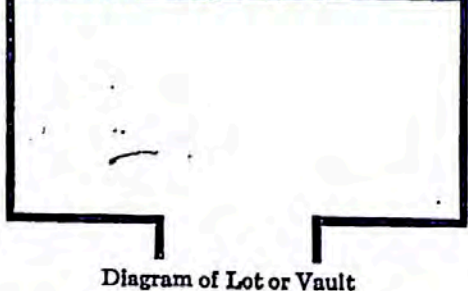
Date of Birth... Jan 21 1932
 Age... 3 Years 7 Months 6 Days

Name of Father... Ernest M. Mamara
 His Birthplace... Phila Pa

Name of Mother... Jean Waller
 Her Birthplace... Pgh Pa

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

Manufactured by.....
 Interment at... Calvary Cemetery



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

Casket.....	(State Kind)	6.00
Metallic Lining.....	(State Kind)	1.00
Outside Box.....	(State Kind)	1.00
Grave Vault.....	(State Kind)	1.00
Embalming Body.....	with Fluid	1.00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....	Suit or Dress, \$	
	Hose, \$ Slippers, \$	
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	2.00
Door Crepe, \$.....	Gloves, \$	1.40
Hearse.....		
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	6.60
	(Names of Newspapers)	
Flowers, \$.....	Flower Wagon, \$	8.00
Rental of Palms, \$.....	Tent Rental, \$	1.50
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		10.00
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	
Church Charges, \$.....	Ministers, \$	10.00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 145.60
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

Sept 25, 1935
paid E.M.

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof.....

Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 848 Yearly No. 61 Date Aug 30 1935

Name of Deceased Infant D. Dody (What Race) W (Where Born) Pgh.

Husband—
Wife—Widow—
Son—Daughter of } Regis D. Dody

Charge to 3415 Broad St.

Order Given by

How Secured

Date of Funeral 8-31-35

Residence

Place of Death Mercy Hosp.

Funeral Services at Pgh.

Time of Funeral Service

Clergyman

His Address

Certifying Physician J. W. Carroll

His Residence Mercy Hosp.

Cause of Death Stillborn from

Cause of Death Typhoid

Date of Death Aug 30 1935

Occupation of the Deceased Infant

Employed

Single or Married Cath Religion Cath

Date of Birth

Age 1 Years 11 Months 15 Days

Name of Father Regis D. Dody

His Birthplace Pgh. Pa.

Name of Mother Valent Murphy

Her Birthplace Pgh. Pa.

Body to be Shipped to

Size and Style of Casket

Manufactured by Calvary Cemetery

Interment at Calvary

Casket... <u>Profession of Sewing</u>	15.00
Metallic Lining	
Outside Box	
Grave Vault	
Embalming Body... with... Fluid	
Barber, \$... Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$... Hose, \$... Slippers, \$	
Folding Chairs, \$... Tarpaulins, \$	
Candelabrum, \$... Candles, \$	
Door Crepe, \$... Gloves, \$	
Hearse	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Aeroplane Service, \$... Ambulance, \$	
Getting Remains from	
Taking Body to Inquest	
Delivering Box to	
Delivering Remains to	
Death Notices in... Newspapers	
Flowers, \$... Flower Wagon, \$	
Rental of Palms, \$... Tent Rental, \$	
Rental of Vault, \$... Lowering Device, \$	
Outlay for Lot	10.00
Opening Grave or Vault	
Lining Grave, \$... Matting, \$	
Outlay for Shipping Charges	
Removal Charges, \$... Cremation, \$	
Getting Burial Permit	
Certified Copies of Death Certificate	
Personal Charges, \$... Singers, \$	
Church Charges, \$... Ministers, \$	
Pall Bearer Service	
Telegr., Telephone, Cable or Radio Charges	
Railroad Tickets	
Cash Advanced	
Total Footing of Bill	\$ 25.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page... or below	

W. J. MCAVOY

8-31-35



Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

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

Insurance, \$... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Signed:

Witness:

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 849 Yearly No. 62 Date Aug 30 1930

Name of Deceased Lillian A. Dryden (What Race) W. (Where Born) Md.

Husband } I. Thurston Dryden. Charge to Address 214 Birch ave Order Given by Mt Lebanon Pa. How Secured Residence Date of Funeral Removal Aug 31 Place of Death Magee St. Funeral Services at Time of Funeral Service Clergyman His Address Certifying Physician Chas. F. G. His Residence Magee St. Cause of Death Generalized Peritonitis (Primary) Cause of Death Miscarriage (Secondary) Date of Death Aug 30 Occupation of the Deceased Housewife Employed Single or Married Married Religion Prot Date of Birth Aug 9 1900 Age 3.5 Years 21 Months 21 Days Name of Father Noah Brittingham His Birthplace Md. Name of Mother Henderson (Maiden Name) Her Birthplace Md. Body to be Shipped to Princess Anne Md. Size and Style of Casket Manufactured by Interment at Princess Anne Md. Cemetery

Casket (State Kind)	300
Metallic Lining (State Kind)	20
Outside Box (State Kind)	
Grave Vault (State Kind)	
Embalming Body with Fluid	25.00
Barber, \$	
Hair Dressing, \$	9.50
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Slippers, \$	12.50
Folding Chairs, \$	
Tarpaulins, \$	
Candelabrum, \$	
Candles, \$	
Door Crepe, \$	
Gloves, \$	
Hearse	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	5.00
Aeroplane Service, \$	
Ambulance, \$	
Getting Remains from	
Taking Body to Inquest	
Delivering Box to	
Delivering Remains to	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$	
Flower Wagon, \$	
Rental of Palms, \$	
Tent Rental, \$	
Rental of Vault, \$	
Lowering Device, \$	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Removal Charges, \$	
Cremation, \$	
Getting Burial Permit	
Certified Copies of Death Certificate	
Personal Charges, \$	
Singers, \$	
Church Charges, \$	
Ministers, \$	
Pall Bearer Service	
Telegr., Telephone, Cable or Radio Charges	
Railroad Tickets	
Cash Advanced	
FW: J. McAVOY	
35.48	
Total Footing of Bill	\$ 406.98
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page or below	

To Funeral Charges.... Total, \$		

Insurance, \$ Names of Lodges Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

RECORD OF FUNERAL

Total No. 850

Yearly No. 63

Name of Deceased Abraham Owens

Date Sept 7 1935

Husband—
Wife—Widow—
Son—Daughter of

Charge to Mrs. Abraham Owens

Order Given by

How Secured

Date of Funeral Sept. 10

Residence

Place of Death Castle Shannon

Funeral Services at St. Anne's Hall

Time of Funeral Service

Clergyman

His Address

Certifying Physician W. J. McGowan

His Residence Co. of the Shrine

Cause of Death Fractured Skull due to

auto accident while driving colliding

with a milk truck on Saw Mill Run (S. Colburn & Edgerton Ave)

Date of Death Sept 7

Occupation of the Deceased News Boy

Employed

Single or Married Married

Religion Cath.

Age Years Months Days

Name of Father Jos. Owens

His Birthplace Syria

Name of Mother Martha Rahad

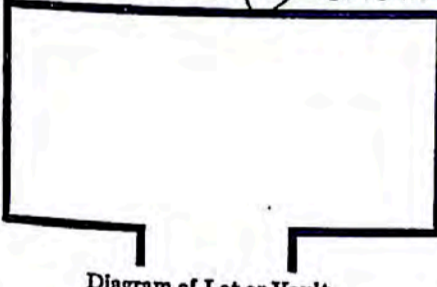
Her Birthplace Syria

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at St. Albans Cemetery



Lot No. Single
Grave No.
Section No.
Owner

Casket		<u>300 00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	<u>100 00</u>
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	<u>25 00</u>
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	<u>4 50</u>
Door Crepe, \$	Gloves, \$	<u>6 00</u>
Hearse		<u>14 00</u>
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	<u>4 80</u>
Flowers, \$	(Names of Newspapers) Flower Wagon, \$ <u>10 B</u>	<u>12 00</u>
Rental of Palms, \$	Tent Rental, \$	<u>20 00</u>
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		<u>55 00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		<u>13 00</u>
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	<u>25 00</u>
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		<u>\$ 579 30</u>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page	or below	

Sept 20 1935 Paid EJM

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

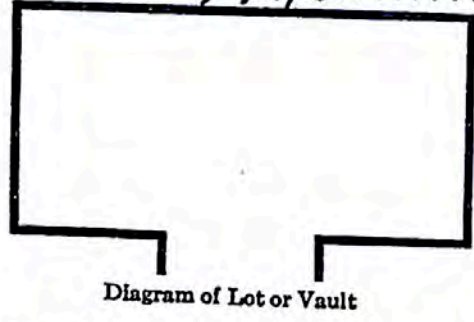
Witness

RECORD OF FUNERAL

Total No. 857 Yearly No. 64 Date Sept 18 1935
 Name of Deceased Infant Gibbons #1 W
(What Race) Pgh Pa.
(Where Born)
 Husband— } Ben Gibbons
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address 217 Rouse St
 Order Given by.....
 How Secured.....
 Date of Funeral Sept 18 - 35
 Residence Pgh Pa
 Place of Death Wagon
 Funeral Services at.....
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician T.R. Quinn / J. D. Mahue
 His Residence Pgh Pa
 Cause of Death Immaturity
(Primary)
 Cause of Death Immaturity
(Secondary)
 Date of Death Sept 18 - 35
 Occupation of the Deceased Infant
 Employed.....
 Single or Married..... Religion.....
 Date of Birth 9-7-35
 Age..... Years..... Months 11 Days.....
 Name of Father Ben Gibbons
 His Birthplace Ohio
 Name of Mother Tomina Gullock
(Maiden Name)
 Her Birthplace Scotland
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at W. Minerva Cemetery

Casket.....	(State Kind)	<u>10.</u>
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body..... with..... Fluid		
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		<u>10.00</u>
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	<u>10.00</u>
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		<u>\$ 30.00</u>
By Amount Paid in Advance <u>Check</u>		<u>\$ 10.00</u>
Balance.....		<u>\$ 20.00</u>
Entered into Ledger, page.....	or below	



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

To Funeral Charges..... Total, \$	<u>Oct 28</u>	By Cash.....	\$ <u>10.00</u>

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness:.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 852 Yearly No. 65 Date Oct 1 1935

Name of Deceased James Vicent Curry (Currie) W. (What Race) W. (Where Born) Pa.

Husband— } Mrs. Ellen Curry
 Wife—Widow— }
 Son—Daughter of }

Charge to 13 10 5th ave

Address

Order Given by

How Secured

Date of Funeral Oct 5 1935

Residence

Place of Death Leechs Farms

Funeral Services at Epiphany

Time of Funeral Service 9 A.M.

Clergyman

His Address

Certifying Physician M. Frishman

His Residence Leechs Farms

Cause of Death Pulmonary Tuberculosis
 (Primary)

Cause of Death

Date of Death Oct 1 - 35
 (Secondary)

Occupation of the Deceased Orderly

Employed

Single or Married Single Religion Cath.

Date of Birth May 16, 1898

Age 37 Years 4 Months 15 Days

Name of Father James Curry

His Birthplace Scotland

Name of Mother Ellen Conaghan
 (Maiden Name)

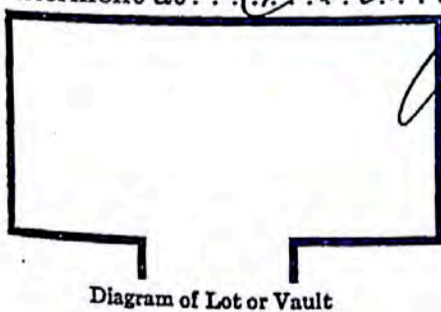
Her Birthplace Scotland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery



Row 22
 Lot No. Extra Deep
 Grave No.
 Section No.
 Owner

Casket		165.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body	Shirt & Tie	1.35
Suit or Dress, \$	Hose, \$ Slippers, \$	
Underwear, \$		2.00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	11.40
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$	Flower Wagon, \$	15.00
Rental of Vault, \$	Tent Rental, \$	
Outlay for Lot	Lowering Device, \$	3.00
Opening Grave or Vault	Extra Deep	50.00
Lining Grave, \$	Matting, \$	18.00
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit	Blanket	8.00
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	10.00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 345.95
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Paid
E.J.M.

To Funeral Charges	Total, \$	By Cash	\$

Insurance, \$

Names of Insurance Companies

Names of Lodges

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness:

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

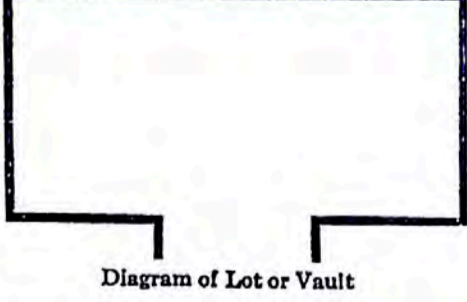
RECORD OF FUNERAL

Total No. 853 Yearly No. 66 Date Oct 2 1935
 Name of Deceased Patrick Barry (What Race) Irish (Where Born) Ireland

Husband— }
 Wife—Widow— }
 Son—Daughter of }
 Charge to Alive May Barry
 Address 1810 Forbes St.
 Order Given by
 How Secured
 Date of Funeral Oct. 7, 1935
 Residence
 Place of Death Mercy Hospital
 Funeral Services at St. Epiphany
 Time of Funeral Service 9:30 A.M.
 Clergyman
 His Address
 Certifying Physician Dr. J. P. Henry
 His Residence Mercy Hospital
 Cause of Death Gonorrhous Appendicitis
(Primary)
with Peritonitis (Localized)
 Cause of Death
 Date of Death Oct. 2, 1935
 Occupation of the Deceased Police Officer
 Employed City of Pgh.
 Single or Married M Religion Cath.
 Date of Birth March 17, 1889
 Age 46 Years 6 Months 15 Days
 Name of Father Patrick Barry
 His Birthplace Ireland
 Name of Mother
 Her Birthplace
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Cabron Cemetery

Casket.....	(State Kind)	2.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	2.5
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	2.5
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....	Suit or Dress, \$.....	Hose, \$.....
Slippers, \$.....	Folding Chairs, \$.....	Tarpaulins, \$.....
Candelabrum, \$.....	Candles, \$.....	3 .00
Door Crepe, \$ <u>1.20</u>	Gloves, \$ <u>4.80</u>	18 .00
Hearse.....		14 .00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....	Taking Body to Inquest.....	
Delivering Box to.....	Delivering Remains to.....	
Death Notices in.....	Newspapers.....	16 80
Flowers, \$ <u>5.00</u>	(Names of Newspapers)	5 .00
Flower Wagon, \$.....	Rental of Palms, \$.....	20 .00
Tent Rental, \$.....	Rental of Vault, \$.....	3 .00
Lowering Device, \$.....	Outlay for Lot.....	15 .00
Opening Grave or Vault.....	Lining Grave, \$.....	1.5
Matting, \$.....	Outlay for Shipping Charges.....	
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....	Certified Copies of Death Certificate.....	
Personal Charges, \$.....	Singers, \$.....	10 .00
Church Charges, \$.....	Ministers, \$.....	1.2 .00
Pall Bearer Service.....	Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	Cash Advanced.....	
Total Footing of Bill.....	By Amount Paid in Advance.....	381 80
Balance.....	Entered into Ledger, page.....	or below

Paid
E.J.M.



Lot No.
 Grave No.
 Section No.
 Owner

<u>Robert Rochford</u>	To Funeral Charges.....	Total, \$ <u>100.</u>					

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness:.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

"ESTABLISHED IN 1904"

UNITED STATES CASKET COMPANY

SCOTTDALE, PA.

Day Phone 181-J

Night Phones 181-M, 653-R, 322

PITTSBURGH, PA.

Day Phone Fairfax 8120

Night Phones Fairfax 8120
or Penhurst 9690

We warehouse "Springfield" Metal Caskets and Vaults
for immediate delivery

THEODORE THOMAS, Jr.

Representative

588 FOREST AVE.

BELLEVUE, PA.

Telephone: Linden 0738

RECORD OF FUNERAL

Total No... 857

Yearly No... 67

Date... Oct. 18, 1935

Name of Deceased... Mrs. Josephine Crowley

(What Race)

(Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Charge to... Mrs. Josephine Crowley
Address... 224 W. North Ave.

Order Given by

How Secured

Date of Funeral... Oct. 21, 1935
Residence... Chapel

Place of Death... Mercy Hospital
Funeral Services at... Chapel St. Bridget

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

His Address

Certifying Physician... Dr. L. Mullins
His Residence... Mercy Hospital

Cause of Death... Bronchial Pneumonia
(Primary)

Cause of Death... Rheumatic Heart Disease
(Secondary)

Date of Death... Oct. 18, 1935
Occupation of the Deceased... At home

Employed

Single or Married... Wid. Religion... Cath.

Date of Birth... Not known
Age... 68 Years Months Days

Name of Father... Boyle
His Birthplace... Ireland

Name of Mother... (Maiden Name)
Her Birthplace... Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at... Calvary Cemetery

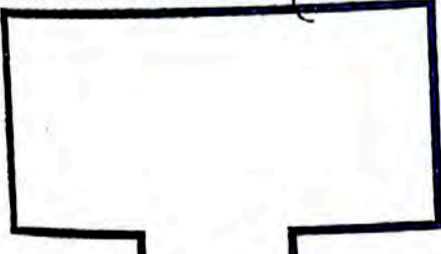


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket		165 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	14 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	Blanket	8 00
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	4 80
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	15 00
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		33 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		25 00
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 325 30
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

By Cash... \$ 268 00
Bal due... 37 00

To Funeral Charge	Total \$
Cash	5 00
Cash 2/26/36	5 00
Cash	10 00
Cash 5-18-36	10 00

Names of Lodges
Insurance, \$
Names of Insurance Companies
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Signed
Mo. in the year 1931.

RECORD OF FUNERAL

Total No. 855- Yearly No. 68 Date Oct 21 1935

Name of Deceased Robert Reich Egan. (What Race) W. (Where Born) J.P.

Husband—Wife—Widow—Son—Daughter of } Wm A. Egan. 150.

Charge to Address 6822 Kelly

Order Given by How Secured Date of Funeral Oct 24 - 35

Residence Place of Death Mercy Hosp.

Funeral Services at St. Mary Time of Funeral Service 9 AM

Clergyman His Address Certifying Physician W.P. Davis

His Residence Mercy Hosp.

Cause of Death Acute Osteomyelitis (Primary)

Cause of Death Malignant (Secondary) Date of Death Oct 21 - 35

Occupation of the Deceased Student Employed

Single or Married Religion Cath. Date of Birth Apr 10 - 1926

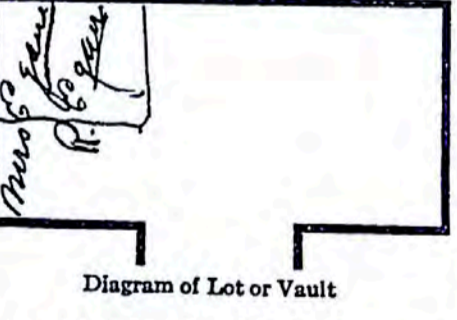
Age 9 Years 6 Months 11 Days

Name of Father Wm A. Egan Name of Mother Bertha Girungible (Maiden Name)

Her Birthplace Poland Body to be Shipped to

Size and Style of Casket Manufactured by

Interment at Cemetery



Lot No. Grave No. Section No. Owner

Casket.....	(State Kind)	80 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	15 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	4 40
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	8 00
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	15 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 157.40
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:.....
 Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 856 Yearly No. 69

Name of Deceased Fred Trail Date Oct 29 1935

Husband—
Wife—Widow—
Son—Daughter of } Agnes Smith Trail (What Race) W (Where Born) Kan.

Charge to
Address 1308 W 9th St Erie Pa

Order Given by
How Secured
Date of Funeral Oct 30

Residence
Place of Death Mercy Hosp

Funeral Services at
Time of Funeral Service

Clergyman
His Address

Certifying Physician L D O'Connell

His Residence Mercy Hosp

Cause of Death Acute appendicitis
(Primary)

Cause of Death Perforated duodenum peritonitis
(Secondary)

Date of Death Oct 29 - 35

Occupation of the Deceased Lead Burner

Employed
Single or Married Married Religion Prot

Date of Birth June 1, 1888

Age 47 Years 4 Months 28 Days

Name of Father Wylie Trail

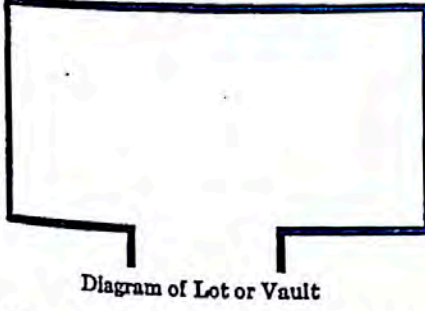
His Birthplace Mo

Name of Mother Malinda Rhodes
(Maiden Name)

Her Birthplace Pa

Body to be Shipped to
Size and Style of Casket
Manufactured by Hanses City Kan

Interment at _____ Cemetery



Lot No.
Grave No.
Section No.
Owner

Casket.....		250 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	<u>Shipping case</u> (State Kind)	25 00
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	3 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	20 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		1 80
Railroad Tickets.....		61 20
Cash Advanced.....		
<i>Paid in full</i>		
Total Footing of Bill.....		\$ 386 50
By Amount Paid in Advance.....		\$ 75 00
Balance.....		\$ 311 50
Entered into Ledger, page.....		or below

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

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed:.....

Witness:.....

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

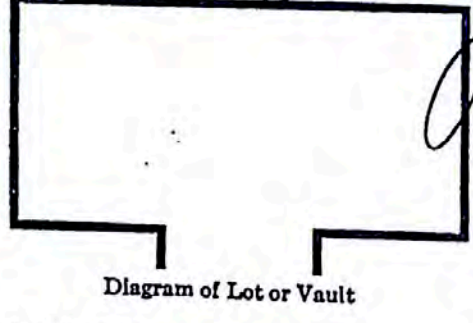
RECORD OF FUNERAL

Total No. 857..... Yearly No. 70..... Date Nov 3 1935
 Name of Deceased Antoinette Pasquard (What Race) W (Where Born) Italy
 Husband— } Frank Pasquarella
 Wife—Widow— }
 Son—Daughter of }

Charge to.....
 Address 1826 Forbes St
 Order Given by.....
 How Secured.....
 Date of Funeral Nov 7 - 35
 Residence.....
 Place of Death Mercy Hosp
 Funeral Services at St. Peter's
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician J. H. Better
 His Residence Mercy Hosp
 Cause of Death Primary Embolism
Complicating Subacute
 Cause of Death Bacterial Endocarditis
 Date of Death Nov 3
 Occupation of the Deceased Housewife
 Employed.....
 Single or Married Married Religion Cath
 Date of Birth Sept 26 1873
 Age 57 Years..... Months..... Days.....
 Name of Father Luigi Archangelo
 His Birthplace Italy
 Name of Mother Maria Pasquarella
 Her Birthplace Italy
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by Hell
 Interment at Calvary Cemetery

Casket.....	(State Kind)	2.80	00
Metallic Lining.....	(State Kind)		
Outside Box	(State Kind)	75	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	25	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....		18	50
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....	3	00
Door Crepe, \$.....	Gloves, \$.....	3	00
Hearse.....		14	00
Limousines to Cemetery <u>2</u> @ \$.....		21	00
Autos to R. R. Station @ \$.....			
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest <u>Blanket</u>		10	00
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....	8	40
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$ <u>NOB.</u>	12	00
Rental of Palms, \$.....	Tent Rental, \$.....	15	00
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....		125	00
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....	25	00
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			

Total Footing of Bill \$ 634.90
 By Amount Paid in Advance \$
 Balance \$
 Entered into Ledger, page..... or below



Lot No. 690-691
 Grave No. 8
 Section No. M
 Owner.....

To Funeral Charges..... Total, \$	By Cash.....		
	\$ 300	00	
	100	00	
	50	00	
	50	00	
	25	00	
	25	00	
	25	00	
	25	00	

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof

Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

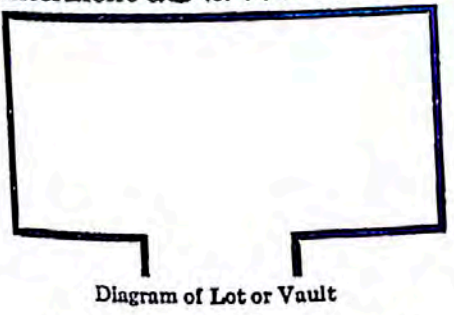
Total No. 858 Yearly No. 71 Date Nov 8 1935

Name of Deceased Mike Thomas (What Race) W (Where Born) Syria

Charge to Tony Thomas
 Address 24 1/2 - 19th St. Homestead Pa.
 Order Given by Homestead Pa.
 How Secured
 Date of Funeral Nov 11 1935
 Residence 1318 Webster
 Place of Death Same
 Funeral Services at St. George's
 Time of Funeral Service 1 P.M.
 Clergyman
 His Address
 Certifying Physician Dr. Sarraf
 His Residence
 Cause of Death Lobar Pneumonia
(Primary)

Cause of Death
(Secondary)
 Date of Death Nov 8 - 35
 Occupation of the Deceased murder
 Employed Pullman Steel Box Co Butler
 Single or Married Married # 9324 Religion Cath
 Date of Birth June 15 1895
 Age Years Months Days
 Name of Father Mike Thomas
 His Birthplace Syria
 Name of Mother Rajah Haded
(Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to
 Size and Style of Casket

Manufactured by
 Interment at Homestead Cemetery
 Lot No. Row 10
 Grave No. 17
 Section No. 3
 Owner



Casket.....		200.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Shoppers, \$.....	2.50 ✓
<u>Suit</u>		11.50 ✓
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3.00
Door Crepe, \$.....	Gloves, \$.....	10.50 ✓
Hearse.....		16.00 ✓
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	3.00
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		10.00
Delivering Remains to.....	<u>Blanket</u>	
Death Notices in.....	Newspapers	12.00
Flowers, \$.....	Flower Wagon, \$.....	26.00
Rental of Palms, \$.....	Tent Rental, \$.....	15.00
Rental of Vault, \$.....	Lowering Device, \$.....	50.00
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	20.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 700.50
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....

Signed.....

Witness.....

RECORD OF FUNERAL

Date *Nov. 12, 1935*

Total No. *859*

Yearly No. *72*

Name of Deceased

Mary Ellen Sullivan
(What Race)

(Where Born) *Pgh.*

Husband—
Wife—Widow—
Son—Daughter of }

Daniels Sullivan

Charge to

Address

18 Marion St

Order Given by

How Secured

Date of Funeral

Nov. 14, 1935

Residence

18 Marion St

Place of Death

Same

Funeral Services at

Time of Funeral Service

2:30 P.M.

Clergyman

His Address

Certifying Physician

Dr. Francis C. Hegarty

His Residence

Medical Arts Bldg.

Cause of Death

Primary Bronchitis
(Primary)

Cause of Death

Pneumonia
(Secondary)

Date of Death

Nov. 12, 1935

Occupation of the Deceased

Employed

Single or Married

Religion *Cath.*

Date of Birth

Sept. 10, 1935

Age

0 Years *1* Months *2* Days

Name of Father

Daniels

His Birthplace

Ireland

Name of Mother

Mary Kuchane
(Maiden Name)

Her Birthplace

Ireland

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at

St. Mary's Cemetery



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket	(State Kind)	4.50
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	1.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	2.00
Hearse		
Limousines to Cemetery	@ \$	10.50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	1.80
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	6.00
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	15.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 87.30
By Amount Paid in Advance		\$ 90
Balance		\$

Paid
J.M.

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:

Signed:

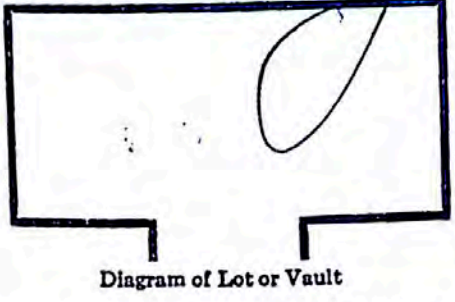
Signed: St. Louis, Mo., in the year 1935

RECORD OF FUNERAL

Total No. 860 Yearly No. 73 Date Nov 14 1935
 Name of Deceased Infant Buchignani (Joseph) W. (What Race) Pgh Pa (Where Born)

Husband— } Polish
 Wife—Widow— }
 Son—Daughter of }
 Charge to
 Address 2106 Woodward
 Order Given by
 How Secured
 Date of Funeral Nov 16
 Residence
 Place of Death Mercy Hosp
 Funeral Services at Polish Room
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician J. H. Carroll
 His Residence Mercy Hosp
 Cause of Death Respiratory Failure
 Cause of Death Prematurity
 Date of Death Nov 14 1935
 Occupation of the Deceased Infant
 Employed
 Single or Married Religion Cath
 Date of Birth Nov 13 1935
 Age Years Months Days
 Name of Father Joseph Buchignani
 His Birthplace Pgh Pa
 Name of Mother Angeline Mzyoch
 Her Birthplace Pa
 Body to be Shipped to
 Size and Style of Casket Will 2'
 Manufactured by
 Interment at Balmory Cemetery

Casket.....	(State Kind)	10.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		20.00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	3.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 33.00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		



Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges.... Total, \$	By Cash..... \$
	EDW. J. MCAVOY
	PAID
	11/16/35
	Per

Insurance, \$..... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 861 .. Yearly No. 74 .. Date Nov 16 1935

Name of Deceased George Lieberman (What Race) W. (Where Born) Pa.

Husband—
Wife—Widow—
Son—Daughter of
Charge to Mrs. R. M. Knight
Celestine McBright

Address 7460 Penfield Ct.

Order Given by [Signature]

How Secured ..
Date of Funeral Nov. 20, 1935

Residence ..
Place of Death Mayview Hosp.

Funeral Services at Holy Trinity

Time of Funeral Service ..
Clergyman ..

His Address ..
Certifying Physician ..

His Residence Mayview

Cause of Death Hypertensive Heart Disease (Primary)

Cause of Death Auricular Fibrillation (Secondary)

Date of Death Nov 16 1935

Occupation of the Deceased ..

Employed ..

Single or Married .. Religion ..

Date of Birth ..

Age 66 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 ..

Manufactured by ..

Interment at M.S. Catholic Cemetery

Diagram of Lot or Vault

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

Casket..... (State Kind)	300	00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)	20	00
Grave Vault..... (State Kind)		
Embalming Body..... with Fluid	25	00
Barber, \$..... Hair Dressing, \$		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$	18	00
Folding Chairs, \$..... Tarpaulins, \$		
Candelabrum, \$..... Candles, \$	3	00
Door Crepe, \$..... Gloves, \$	3	00
Hearse.....	14	00
Limousines to Cemetery..... @ \$	42	50
Autos to R. R. Station..... @ \$		
Aeroplane Service, \$..... Ambulance, \$		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in..... Newspapers	9	80
Flowers, \$..... Flower Wagon, \$		
Rental of Palms, \$..... Tent Rental, \$	15	00
Rental of Vault, \$..... Lowering Device, \$		
Outlay for Lot.....	31	00
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$	25	00
Church Charges, \$..... Ministers, \$		
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	505	80
By Amount Paid in Advance.....	\$	
Balance.....	\$	

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To Funeral Charges..... Total, \$	By Cash.....
	400 00

Insurance, \$..... Names of Lodges ..
Names of Insurance Companies : ..
We hereby authorize the above funeral and agree to pay the expenses thereof ..
Signed : ..
Witness : ..
Signed : ..

RECORD OF FUNERAL

Total No. 802... Yearly No. 75... Date Nov 25 1935

Name of Deceased Mary McMeal (What Race) W (Where Born) Pa.

Charge to James J. Kane
Wife—
Son—Daughter of

Address 614 Chautauque St

Order Given by James J. Kane

How Secured _____

Date of Funeral Nov 27 - 35

Residence _____

Place of Death 614 Chautauque St

Funeral Services at Epiphany

Time of Funeral Service 9 AM

Clergyman _____

His Address _____

Certifying Physician W. J. McEgan

His Residence Cornhill

Cause of Death (Primary) Cerebral Hemorrhage

Cause of Death (Secondary) _____

Date of Death Nov 25

Occupation of the Deceased Retired

Employed _____

Single or Married Single Religion Catholic

Date of Birth _____

Age abt. 74 Years _____ Months _____ Days _____

Name of Father Daniel McMeal

His Birthplace Pa.

Name of Mother Margaret Fitzgerald (Maiden Name)

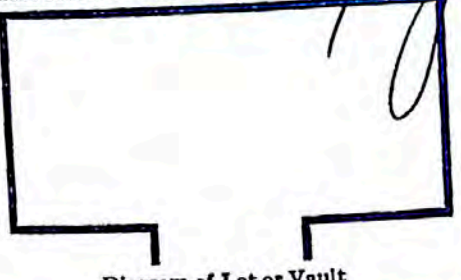
Her Birthplace Pa.

Body to be Shipped to _____

Size and Style of Casket _____

Manufactured by Steel

Interment at St. Mary's Cemetery



Lot No. _____
Grave No. _____
Section No. _____
Owner _____

Casket (State Kind)	150	00
Metallic Lining (State Kind)		
Outside Box (State Kind)	15	00
Grave Vault (State Kind)		
Embalming Body with Fluid	25	00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ Hose, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulins, \$		
Candelabrum, \$ Candles, \$	3	00
Door Crepe, \$ Gloves, \$	3	00
Hearse	14	00
Limousines to Cemetery @ \$	21	00
Autos to R. R. Station @ \$		
Aeroplane Service, \$ Ambulance, \$		
Getting Remains from		
Taking Body to Inquest <u>Blanket</u>	6	00
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers	9	80
Flowers, \$ Flower Wagon, \$		
Rental of Palms, \$ Tent Rental, \$	15	00
Rental of Vault, \$ Lowering Device, \$		
Outlay for Lot	15	00
Opening Grave or Vault		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Removal Charges, \$ Cremation, \$		
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$ Singers, \$		
Church Charges, \$ Ministers, \$	10	00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill	\$ 286	80
By Amount Paid in Advance	\$	
Balance	\$	
Entered into Ledger, page _____ or below		

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

To Funeral Charges...	Total, \$	By Cash	\$ 186	48

Insurance, \$ _____ Names of Lodges _____
Names of Insurance Companies _____
We hereby authorize the above funeral and agree to pay the expenses thereof

Signed _____
Signed _____

RECORD OF FUNERAL

Total No... 864... Yearly No... 77... Date... Dec... 6... 19... 35

Name of Deceased... Mary Hart... (What Race) W... (Where Born) Pa

Husband—Wife—Widow—Son—Daughter of } Charge to... Estate of Mary Hart

Address... Order Given by... How Secured... Date of Funeral... Dec... 10... Residence... 31 Miltenberger St... Place of Death... St. Francis Hosp... Funeral Services at... Chapel... Time of Funeral Service... 9 A.M.

Clergyman... His Address... Certifying Physician... B. F. Johnston... His Residence...

Cause of Death... Carcinoma of Rectum (Primary), Pneumonia (Labor)

Cause of Death... (Secondary) Dec... 6...

Occupation of the Deceased... Seamstress

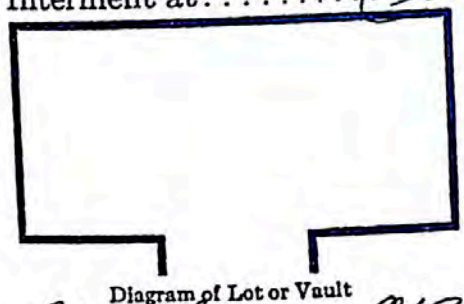
Employed... Bagg & Buhl... Single or Married... Religion... Cath...

Date of Birth... Not known... Age... 73... Years... Months... Days

Name of Father... John Hart... His Birthplace... Ireland... Name of Mother... Mary Donovan (Maiden Name)... Her Birthplace... Ireland

Body to be Shipped to... Size and Style of Casket... Manufactured by...

Interment at... Calvary... Cemetery



Lot No... Grave No... Section No... Owner... Mrs. George O'Brien (1609 Blvd. Altes)

Casket.....	(State Kind)	325.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	20.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25.00
Barber, \$.....	Hair Dressing, \$	1.60
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	7
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	3.00
Door Crepe, \$.....	Gloves, \$	3.00
Hearse.....		14.00
Limousines to Cemetery.....	@ \$	31.50
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	10.80
Flowers, \$.....	Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	20.00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		3.30
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	25.00
Church Charges, \$.....	Ministers, \$	25.00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		

Total Footing of Bill... \$ 551.30
 By Amount Paid in Advance... \$
 Balance... \$
 Entered into Ledger, page... or below

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

Insurance, \$... Names of Lodges... Names of Insurance Companies... We hereby authorize the above funeral and agree to pay the expenses thereof

Signed... Signed... Witness... Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

2951 Methuyn Ave
Pittsburgh 4 Pa

Sept 10th 1956

Mr M^c Army
Dear Sir

Will you please inform me if you can who has the deed to the lot of John Stark in Calvary Cemetery as you were the Undertaker who had the funeral of the late Mary Stark the last member of the Stark family as I have contacted Calvary Cemetery and they have no record of the deed I have also contacted the Colonial Trust Co and they have no record of the deed I am a cousin of the late Stark family and would like to have the deed any information you can give will be greatly appreciated & oblige

Sincerely yours
- Michael O'Donovan

RECORD OF FUNERAL

Total No. 8105..... Yearly No. 78..... Date Dec 9 1935
 Name of Deceased Margery Virginia Beach (What Race) W (Where Born) Pgh Pa

Husband— } John Beach (Father)
 Wife—Widow— }
 Son—Daughter of }
 Charge to John Beach
 Address Paradise Rd Pa
 Order Given by William Pa
 How Secured Dec 9 - 35
 Date of Funeral Dec 9 - 35
 Residence Mercy Hosp
 Place of Death Mercy Hosp
 Funeral Services at Salveston Va
 Time of Funeral Service Salveston Va
 Clergyman
 His Address
 Certifying Physician
 His Residence

Cause of Death Otitis Media Acute Suppurative (Primary)
Acute Suppuration Mastoid Rt (Secondary)
 Cause of Death
 Date of Death Dec 9 - 35
 Occupation of the Deceased Infant
 Employed
 Single or Married Religion
 Date of Birth Mar 28 - 35
 Age 9 Years 9 Months Days
 Name of Father John Beach
 His Birthplace Va
 Name of Mother Edith Hawkins (Maiden Name)
 Her Birthplace Va
 Body to be Shipped to Salveston Va
 Size and Style of Casket Will
 Manufactured by
 Interment at Cemetery

Casket... <u>W. Case</u> (State Kind)	40 00
Metallic Lining... (State Kind)	
Outside Box... (State Kind)	
Grave Vault... (State Kind)	
Embalming Body... with... Fluid	
Barber, \$... Hair Dressing, \$	
Dressing Body... Hose, \$... Slippers, \$	
Suit or Dress, \$... Tarpaulins, \$	
Folding Chairs, \$... Candles, \$	
Candelabrum, \$... Gloves, \$	
Door Crepe, \$... Hearse	
Limousines to Cemetery... @ \$	
Autos to R. R. Station... @ \$	
Aeroplane Service, \$... Ambulance, \$	
Getting Remains from... Taking Body to Inquest	
Delivering Box to... Delivering Remains to	
Death Notices in... Newspapers	
(Names of Newspapers)	
Flowers, \$... Flower Wagon, \$	
Rental of Palms, \$... Tent Rental, \$	
Rental of Vault, \$... Lowering Device, \$	
Outlay for Lot... Opening Grave or Vault	
Lining Grave, \$... Matting, \$	
Outlay for Shipping Charges... Removal Charges, \$... Cremation, \$	
Getting Burial Permit... Certified Copies of Death Certificate	
Personal Charges, \$... Singers, \$	10 00
Church Charges, \$... Ministers, \$	
Pall Bearer Service... Telegr., Telephone, Cable or Radio Charges	
Railroad Tickets... Cash Advanced	12 30
Total Footing of Bill... \$	62 30
By Amount Paid in Advance... \$	
Balance... \$	
Entered into Ledger, page... or below	

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner Oscar Beach (Grandfather)

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


Insurance, \$... Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed: :
 Witness: :
 Signed: :
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 866 Yearly No. 79 Date Dec 8 1935
 Name of Deceased Francis Galak (What Race) W (Where Born) Syria
 Husband— }
 Wife—Widow— }
 Son—Daughter of } Charge to Hadad

Address
 Order Given by
 How Secured
 Date of Funeral Dec 11 - 35
 Residence
 Place of Death Mayview
 Funeral Services at
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician Dr. J. Mayview
 His Residence
 Cause of Death Cerebral Hemorrhage
Left Hemiplegia (Primary)
 Cause of Death Coronary Myocarditis
 (Secondary)
 Date of Death Dec - 8 - 35
 Occupation of the Deceased
 Employed
 Single or Married Religion Cath
 Date of Birth
 Age 68 alt Years Months Days
 Name of Father
 His Birthplace Syria
 Name of Mother (Maiden Name)
 Her Birthplace Syria
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Cemetery

Casket.....	<u>+ Case</u>	70	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)		
Grave Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid	15	00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....		
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Crepe, \$.....	Gloves, \$.....		
Hearse.....		15	00
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		
	(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....		
Rental of Palms, \$.....	Tent Rental, \$.....		
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		
Church Charges, \$.....	Ministers, \$.....		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill <u>Paid EPM</u>		\$	150 00
By Amount Paid in Advance.....		\$	
Balance.....		\$	

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

To Funeral Charges.....	Total, \$	By Cash.....	\$
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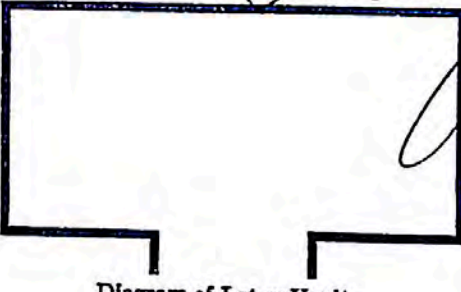
Insurance, \$..... Names of Lodges
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed..... Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 867 Yearly No. 80 Date Dec 9 1935
Name of Deceased John Facey (What Race) W. (Where Born) Pittsburgh Pa.

Husband—
Wife—Widow—
Son—Daughter of } Aunt. Bigger
Charge to Pittsburgh Pa.
Address 6889 Thomas Way
Order Given by _____
How Secured _____
Date of Funeral Dec 11 - 35
Residence Pittsburgh Pa.
Place of Death Pittsburgh Pa.
Funeral Services at Epiphany
Time of Funeral Service 7 A.M.
Clergyman _____
His Address _____
Certifying Physician P. J. Gauria
His Residence 121 University
Cause of Death Lobar Pneumonia (Primary)

Cause of Death (Secondary) _____
Date of Death Dec 9 - 35
Occupation of the Deceased Chef
Employed _____
Single or Married Married Religion Bath
Date of Birth Jan 3 1883
Age 52 Years 6 Months 6 Days
Name of Father John Facey
His Birthplace Mass
Name of Mother Matthanna (Maiden Name)
Her Birthplace Mass

Body to be Shipped to _____
Size and Style of Casket _____
Manufactured by _____
Interment at Calvary Cemetery

Lot No. _____
Grave No. _____
Section No. _____
Owner _____

Casket & Services		
Casket.....	(State Kind)	110.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Crepe, \$.....	Gloves, \$.....	
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u> <u>EJM</u>		
Total Footing of Bill.....		\$ 110.00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

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

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof
Witness:..... Signed:.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 568 Yearly No. 81 Date Dec 13 1935

Name of Deceased Frances Barket

Husband—
Wife—Widow—
Son—Daughter of }
Charge Miss Lillian Barket (What Race) W. (Where Born) Lyrus

Address 727 Rossmore ave

Order Given by
How Secured

Date of Funeral Dec. 16

Residence (10) 27 Bustrick Way

Place of Death same

Funeral Services at St Anns

Time of Funeral Service 9 A.M.

Clergyman
His Address

Certifying Physician Francis A. Hegarty

His Residence Medical Arts Bldg

Cause of Death Arterio-Sclerotic Heart Disease

Date of Death Dec 13 - 35

Occupation of the Deceased Housewife

Employed
Single or Married
Religion Cath

Date of Birth
Age 64 Years Months Days

Name of Father Alia Deganne

His Birthplace Lyrus

Name of Mother
(Maiden Name) Lyrus

Her Birthplace

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at Cathary Cemetery

Lot No.
Grave No.
Section No.
Owner Lillian Barket 727 Rossmore

Diagram of Lot or Vault

Casket		325.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	22.00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3.00
Door Crepe, \$	Gloves, \$	3.00
Hearse		14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to	<u>Blanket</u>	12.00
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers) <u>10 B</u>	12.00
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	20.00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		33.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 519.00
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

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

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Witness Signed

RECORD OF FUNERAL

Total No. 869 Yearly No. 82 Date Dec 16 1955

Name of Deceased Catherine M. Morn (What Race) W.P. (Where Born) 3.10

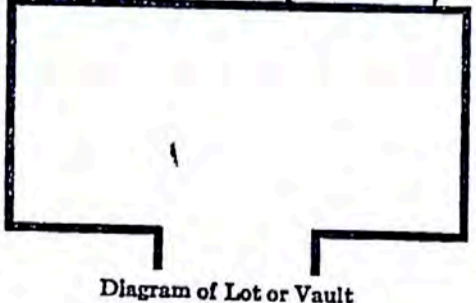
Husband— }
Wife—Widow— }
Son—Daughter of }
Charge to Mrs. Regis King
Address 2322 Jane St.
Order Given by
How Secured
Date of Funeral Dec 19

Residence
Place of Death Mayview
Funeral Services at Holy Cross
Time of Funeral Service 9 A.M.
Clergyman
His Address

Certifying Physician at Mayview
His Residence Mayview
Cause of Death Staphylococci septicemia
from Tumor on nose (Primary)
Cause of Death Senile Psychosis Depression (Secondary)
Date of Death Dec 16

Occupation of the Deceased Housewife
Employed
Single or Married Widowed Religion Catholic
Date of Birth
Age 65 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
Manufactured by
Interment at St. Michael Cemetery



Lot No.
Grave No.
Section No.
Owner

Casket.....	(State Kind)	1.50	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	20	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with Fluid	25	00
Barber, \$.....	Hair Dressing, \$		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$ Slippers, \$	3	50
Folding Chairs, \$.....	Tarpaulins, \$		
Candelabrum, \$.....	Candles, \$	3	00
Door Crepe, \$.....	Gloves, \$	3	00
Hearse.....		14	00
Limousines to Cemetery.....	@ \$	10	50
Autos to R. R. Station.....	@ \$		
Aeroplane Service, \$.....	Ambulance, \$		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers	9	80
Flowers, \$.....	(Names of Newspapers) <u>News B</u>	10	00
Flower Wagon, \$.....		15	00
Rental of Palms, \$.....	Tent Rental, \$	15	00
Rental of Vault, \$.....	Lowering Device, \$		
Outlay for Lot.....			
Opening Grave or Vault.....		30	00
Lining Grave, \$.....	Matting, \$		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$	20	00
Church Charges, \$.....	Ministers, \$		
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....			
Total Footing of Bill.....		\$	328 80
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....			or below

Paul G. M.

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

Insurance, \$..... Names of Lodges.....

Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness:..... Signed:.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 870 Yearly No. 83 Date Dec 16 1935

Name of Deceased Marie F. Duncan (What Race) W. (Where Born) Pa.

Husband—
Wife—Widow—
Son—Daughter of } Wm. J. Duncan
Charge to 32 Millenburger St. 2.12

Address.....
Order Given by.....
How Secured.....

Date of Funeral Dec 19
Residence.....

Place of Death Mercy Hosp.
Funeral Services at E. Rypshing

Time of Funeral Service 10 A.M.
Clergyman.....

His Address.....
Certifying Physician W. P. Davis

His Residence Mercy Hosp.
Cause of Death Acute Bronchopneumonia
(Primary)

Cause of Death.....
Date of Death Dec 16 - 35
(Secondary)

Occupation of the Deceased.....
Employed Student

Single or Married..... Religion Cath.
Date of Birth Jan 6 1927

Age 8 Years 4 Months 10 Days
Name of Father Wm. J. Duncan

His Birthplace.....
Name of Mother Marie Finley
(Maiden Name)

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

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

Interment at Calvary Cemetery
Lot No.....
Grave No.....
Section No.....
Owner.....

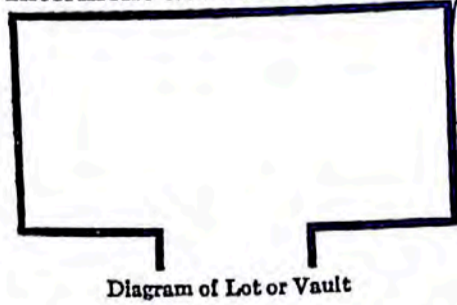


Diagram of Lot or Vault

Casket.....	(State Kind)	110 00
Metallic Lining.....	(State Kind)	15 00
Outside Box.....	(State Kind)	10 00
Grave Vault.....	(State Kind)	2 00
Embalming Body.....	with..... Fluid	3 50
Barber, \$.....	Hair Dressing, \$.....	2 00
Dressing Body.....		2 00
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	14 00
Folding Chairs, \$.....	Tarpaulins, \$.....	2 00
Candelabrum, \$.....	Candles, \$.....	2 00
Door Crepe, \$.....	Gloves, \$.....	9 60
Hearse.....		
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		26 00
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		20 00
Personal Charges, \$.....	Singers, \$.....	10 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 222 10
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page.....	or below	

Paid
E.J.M.

	By Cash.....	\$
To Funeral Charges.... Total, \$		
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Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....
We hereby authorize the above funeral and agree to pay the expenses thereof

Signed.....
Signed.....
Witness:.....
Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Date Dec 17 1935

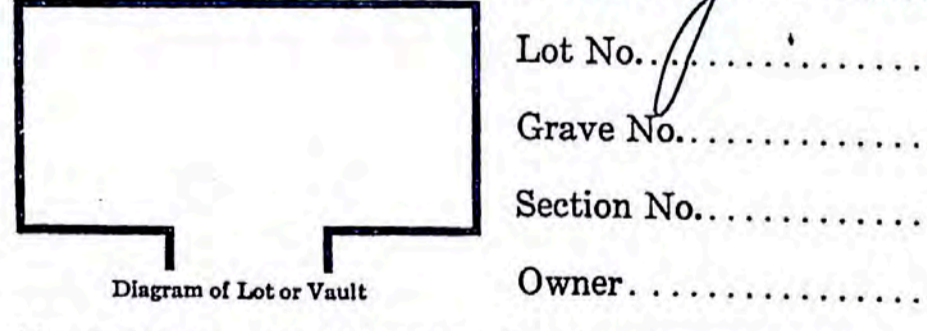
Total No. 871 Yearly No. 84

Name of Deceased Thomas Mulchy (What Race) (Where Born) M. J. Wellsville N. Y.

Husband— Daniel H. Mulchy (Bro.)
Wife—
Son—
Daughter of

Charge to
Address
Order Given by
How Secured
Date of Funeral Dec 18
Residence
Place of Death Mercy Hosp.
Funeral Services at Andrews N. Y.
Time of Funeral Service
Clergyman
His Address
Certifying Physician Shedy
His Residence Mercy Hosp.
Cause of Death (Primary) Acute lobar pneumonia
Cause of Death (Secondary)
Date of Death Dec 17
Occupation of the Deceased Salesman
Employed
Single or Married Single Religion Cath
Date of Birth Jan 28, 1883
Age 52 Years Months Days
Name of Father Patrick
His Birthplace Ireland
Name of Mother Mary Corran (Maiden Name)
Her Birthplace
Body to be Shipped to Bradford Pa
Size and Style of Casket By Quits to
Manufactured by
Interment at Andrews N. Y. Cemetery

Casket	(State Kind)	
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	26.75
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	Auto Service	10.00
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Dec 18 - 35 P. J. MULCHY		
Total Footing of Bill		\$ 321.75
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below



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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 872 Yearly No. 1 Date Jan 9 1936
 Name of Deceased Margaret Barry (What Race) W. (Where Born) Pgh. Pa.

Charge to Miss Mary Barry
 Address 1814 Forbes St
 Order Given by
 How Secured
 Date of Funeral Jan 13 1936
 Residence 1814 Forbes
 Place of Death Same
 Funeral Services at Epiphany
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician L. Barnett
 His Residence 2004 5th av

Cause of Death Chronic Rheumatic Arthritis
 Cause of Death (Secondary)
 Date of Death Jan 9
 Occupation of the Deceased Retired
 Employed
 Single or Married Single Religion Cath
 Date of Birth June 11 1877
 Age 58 Years 6 Months 28 Days
 Name of Father John Barry
 His Birthplace Ireland
 Name of Mother Margaret Barry
 Her Birthplace Ireland
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Mary's Cemetery

Casket		2.75 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	2.5 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	2.5 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	1.2 00
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		1.4 00
Limousines to Cemetery	@ \$	3.1 50
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	<u>Blanket</u>	8 00
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	14 10
Flowers, \$	(Names of Newspapers) Flower Wagon, \$	12 00
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		33 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	20 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 495.60
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

Lot No.
 Grave No.
 Section No.
 Owner Mary Barry (Sister)

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

Names of Lodges
 Insurance, \$
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness

RECORD OF FUNERAL

Total No... 874

Yearly No... 3

Date... Jan. 20, 1936

Name of Deceased... Infant Kuipers
Edward V. Kuipers (What Race)

Place of Birth... Pgh. (Where Born)

Relationship: Husband, Wife, Son, Daughter

Charge to...
Address... 1342 Belasco Ave.

Order Given by...
How Secured...
Date of Funeral... Jan. 21

Residence...
Place of Death... Mercy Hospital

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

Certifying Physician... J. H. Carroll
His Residence... Mercy Hospital

Cause of Death... Stillborn (Primary)

Date of Death... Jan. 19 (Secondary)

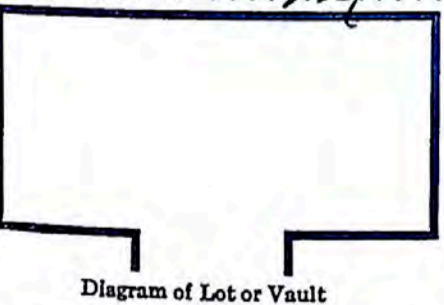
Occupation of the Deceased...
Employed...
Single or Married... Religion... Prot.

Date of Birth... Jan. 19, 1936
Age... Years... Months... Days

Name of Father... Edward V. Kuipers
His Birthplace... Pa.

Name of Mother... Helen Schapp (Maiden Name)
Her Birthplace... Pa.

Body to be Shipped to...
Size and Style of Casket...
Manufactured by...
Interment at... Minersville Cemetery



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

Casket		8 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Grave Vault (State Kind)		
Embalming Body with Fluid		
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	Slippers, \$
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery @ \$		3 00
Autos to R. R. Station @ \$		
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers)	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		10 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 21 00
By Amount Paid in Advance, 1936		\$ 11 00
Balance		\$ 10 00
Entered into Ledger, page		or below

To Funeral Charges... Total, \$	By Cash	\$
	May 15	2 50
	June 15	2 50

Insurance, \$... Names of Lodges...
 Names of Insurance Companies...
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed...
 Signed...
 Witness...

RECORD OF FUNERAL

Total No. 876 Yearly No. 5 Date Jan 25 1936
 Name of Deceased Ralph E. Wheeler W. Baltimore
(What Race) (Where Born)
 Husband— } Etta C. Wheeler
 Wife—Widow— }
 Son—Daughter of }

Charge to
 Address 14 Myrtle Ave
 Order Given by Newark N.J.
 How Secured
 Date of Funeral Jan 29 - 36
 Residence
 Place of Death Mercy Hosp
 Funeral Services at
 Time of Funeral Service
 Clergyman
 His Address
 Certifying Physician
 His Residence
 Cause of Death Carcinoma
(Primary)
of Bladder
 Cause of Death
(Secondary)
 Date of Death Jan 25
 Occupation of the Deceased Pattern Maker
 Employed
 Single or Married Religion
 Date of Birth
 Age 56 Years 3 Months 11 Days
 Name of Father Robert Wheeler
 His Birthplace Maryland
 Name of Mother Josephine Foreman
(Maiden Name)
 Her Birthplace Maryland
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Greenmount Cemetery
Barroel County
 Lot No. M.C.
 Grave No.
 Section No.
 Owner
 Diagram of Interment Vault
Mrs Etta C. Wheeler

Casket		
(State Kind)		
Metallic Lining		
(State Kind)		
Outside Box		
(State Kind)		
Grave Vault		
(State Kind)		
Embalming Body	with Fluid	20 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	
Door Crepe, \$	Gloves, \$	
Hearse		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	10 00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		21 80
Railroad Tickets		
Cash Advanced		
Total Footing of Bill <u>E.J.M.</u>		\$ 51 80
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

To Funeral Charges... Total, \$	By Cash	\$
<u>Fred Bradley</u>		
<u>New Cumberland</u>		
<u>West Virginia</u>		
<u>Windertaker</u>		

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 877 Yearly No. 7 Date Jan 30 1936
 Name of Deceased Adolph M. Bechtold (What Race) W.D. (Where Born) Pa

Husband—
 Wife—Widow—
 Son—Daughter of } Marie Bechtold
Miss Marie Bechtold
 Charge to 1842 Locust St.

Address 1842 Locust St.
 Order Given by
 How Secured
 Date of Funeral Feb 1 - 36
 Residence 1842 Locust
 Place of Death Mercy Hosp.
 Funeral Services at E. J. P. Henry
 Time of Funeral Service 9 A.M.

Clergyman
 His Address
 Certifying Physician L. J. Barnett
 His Residence 2004 5th ave

Cause of Death (Primary) Coronary Occlusion
 Cause of Death (Secondary)

Date of Death Jan 30
 Occupation of the Deceased Patrolman
 Employed City of Pgh.
 Single or Married Religion Cath
 Date of Birth Dec 29 1867

Age Years Months Days
 Name of Father William Bechtold
 His Birthplace Germany
 Name of Mother Rose Olszowski
 Her Birthplace Germany

Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Calvary Cemetery

Lot No.
 Grave No.
 Section No.
 Owner

Diagram of Lot or Vault

Casket..... (State Kind)	275.00
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	25.00
Grave Vault..... (State Kind)	
Embalming Body..... with..... Fluid	25.00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulins, \$.....	
Candelabrum, \$..... Candles, \$.....	3.00
Door Crepe, \$..... Gloves, \$.....	3.00
Hearse.....	14.00
Limousines to Cemetery @ \$.....	21.00
Autos to R. R. Station @ \$.....	
Aeroplane Service, \$..... Ambulance, \$.....	
Getting Remains from.....	
Taking Body to Inquest.....	
Delivering Box to.....	
Delivering Remains to.....	
Death Notices in..... Newspapers.....	10.80
Flowers, \$..... Flower Wagon, \$.....	
Rental of Palms, \$..... Tent Rental, \$.....	20.00
Rental of Vault, \$..... Lowering Device, \$.....	
Outlay for Lot.....	50.00
Opening Grave or Vault.....	
Lining Grave, \$..... Matting, \$.....	18.00
Outlay for Shipping Charges.....	
Removal Charges, \$..... Cremation, \$.....	
Getting Burial Permit.....	
Certified Copies of Death Certificate.....	
Personal Charges, \$..... Singers, \$.....	25.00
Church Charges, \$..... Ministers, \$.....	10.00
Pall Bearer Service.....	
Telegr., Telephone, Cable or Radio Charges.....	
Railroad Tickets.....	
Cash Advanced.....	
<u>Feb 27 Paid EJM</u>	
Total Footing of Bill..... \$	499.80
By Amount Paid in Advance..... \$	
Balance..... \$	

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

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....

We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 878

Yearly No. 8

Date Jan 30 1936

Name of Deceased Rose W. ~~Sarkis~~ Whaley, W. (What Race) Syrian (Where Born)

Charge to Peter Sarkis

Address 1025 Bedford

Date of Funeral Feb 3 - 1936

Place of Death 1025 Bedford

Funeral Services at St Ann's 9 A.M.

Certifying Physician G. Sariff

His Residence Penn Ave

Cause of Death (Primary) Carcinoma

Date of Death (Secondary) Jan 30

Occupation of the Deceased Housewife

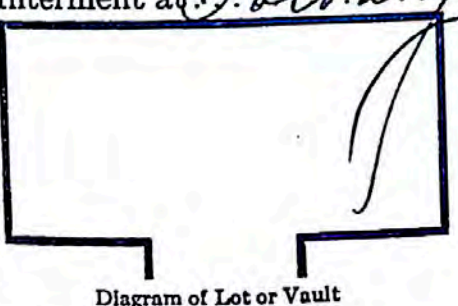
Single or Married Religion Cath

Date of Birth Mar 17 1898

Name of Father David D. Aboul

Name of Mother Anna Kadair (Maiden Name)

Interment at Calvary Cemetery



Lot No. Row 11
Grave No. 48
Section No. 13
Owner

Casket		365 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body	etc	15 00
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 00
Limousines to Cemetery	@ \$	2 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	Blanket	8 00
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	12 00
Rental of Palms, \$	Flower Wagon, \$ W.B.	2 00
Rental of Vault, \$	Tent Rental, \$	
Outlay for Lot	Lowering Device, \$	18 00
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		20 00
Personal Charges, \$	Singers, \$	
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$549 00
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

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

Insurance, \$ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 879 Yearly No. 9 Date Jan 31 1936

Name of Deceased Vincenza Di Giseno (What Race) W. (Where Born) Italy

Husband—
Wife—Widow—
Son—Daughter of } James Di Giseno

Charge to 1834 5th ave
Address 1834 5th ave

Order Given by
How Secured

Date of Funeral Feb 4 1936

Residence 1834 5th ave
Place of Death St Peters

Funeral Services at 9 Am
Time of Funeral Service

Clergyman
His Address

Certifying Physician Wm Reiner
His Residence 1552 Center ave

Cause of Death Myocardial Degeneration
(Primary)
with auricular fibrillation

Cause of Death Hypertension
(Secondary)
Date of Death Jan 31

Occupation of the Deceased Housewife
Employed

Single or Married Widowed Religion Cath

Date of Birth
Age 64 Years Months Days

Name of Father Joseph Mancuso
His Birthplace Italy

Name of Mother Esther Ann
(Maiden Name) Italy

Her Birthplace
Body to be Shipped to

Size and Style of Casket
Manufactured by

Interment at C. Alway Cemetery

Lot No.
Grave No.
Section No.

Diagram of Lot or Vault
Owner Mrs Jan M. Carthy Daughter

Casket.....	(State Kind)	150 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with..... Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	12 00
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....	<u>Blanket</u>	8 00
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) <u>10 B</u> Flower Wagon, \$.....	12 00
Rental of Palms, \$.....	Tent Rental, \$.....	20 00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		15 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<u>Paid</u> <u>to M.</u>		
Total Footing of Bill.....		\$ 312 00
By Amount Paid in Advance.....		\$ 100 00
Balance.....		\$ 212 00
Entered into Ledger, page..... or below		

To Funeral Charges... Total, \$		By Cash.....	
	<u>Feb 7</u>		95 00
	<u>" 17</u>		30 00
	<u>Mar 5</u>		10 00
	<u>7-5 36</u>	<u>" 28</u>	12 00
	<u>7-17 36</u>	<u>" 18</u>	16 00
	<u>8-4 36</u>	<u>" 19</u>	5 00

Insurance, \$..... Names of Lodges.....
Names of Insurance Companies.....

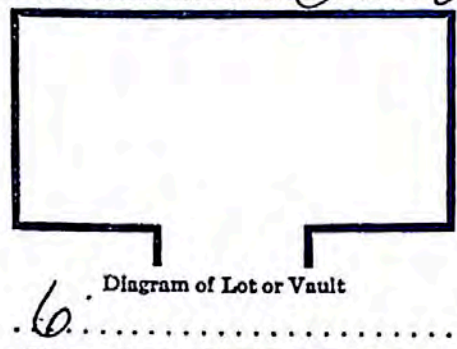
We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:.....
Witness:..... Signed:.....

RECORD OF FUNERAL

Total No. 880 Yearly No. 10 Date Feb 6 1936
 Name of Deceased Mary M. Elhoney (What Race) W (Where Born) Charleston, W. Va.
 Husband—
 Wife—Widow—
 Son—Daughter of

Charge to Mrs. M. C. Lane
 Address 600 N. Canal St.
 Order Given by _____
 How Secured _____
 Date of Funeral Feb 8
 Residence _____
 Place of Death 1617 Watson
 Funeral Services at Epiphany
 Time of Funeral Service 10 AM
 Clergyman _____
 His Address _____
 Certifying Physician J. M. Gregory
 His Residence _____
 Cause of Death Barium poisoning
 Cause of Death (Secondary) _____
 Date of Death 2-6-36
 Occupation of the Deceased Housekeeper
 Employed Retired
 Single or Married Wid Religion Cath
 Date of Birth _____
Age 76 Years _____ Months _____ Days _____
 Name of Father Harrell
 His Birthplace _____
 Name of Mother Fowling
 (Maiden Name) _____
 Her Birthplace _____
 Body to be Shipped to _____
 Size and Style of Casket _____
 Manufactured by _____
 Interment at Calvary Cemetery _____
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____



Casket.....		85 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with _____ Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	10 50
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	2 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$.....	21 00
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	4 80
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
<i>Max. 3, 1936</i>		
Total Footing of Bill.....		\$ 190 30
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....	or below	

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 881 Yearly No. 11 Date Feb 7 1936 Pgh (Where Born)

Name of Deceased Mary Streiner (What Race) W.

Charge to John P. Streiner 4.80.
 Address 1123 Vickroy St.
 Order Given by
 How Secured

Date of Funeral Feb 10
 Residence 1123 Vickroy
 Place of Death Mary, Pa.
 Funeral Services at 6 p.m.
 Time of Funeral Service 10 A.M.
 Clergyman

His Address
 Certifying Physician J. W. McMeans
 His Residence
 Cause of Death Coronary occlusion (Primary)

Cause of Death Oedema of lungs (Secondary)
 Date of Death 2-7-36
 Occupation of the Deceased Housewife
 Employed

Single or Married Married Religion Cath.
 Date of Birth June 12 1869
 Age 66 Years 7 Months 25 Days
 Name of Father James Manning
 His Birthplace

Name of Mother Elizabeth Douglas (Maiden Name)
 Her Birthplace Ireland
 Body to be Shipped to
 Size and Style of Casket

Manufactured by
 Interment at St Mary Cemetery

Lot No.
 Grave No.
 Section No.
 Owner Mary Streiner 1123 Vickroy

Casket	(State Kind)	2.65 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	2.5 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	14 50
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	3 00
Door Crepe, \$	Gloves, \$	3 00
Hearse		14 80
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest	<u>Blanket</u>	
Delivering Box to		12 80
Delivering Remains to		
Death Notices in	Newspapers	12 60
Flowers, \$	(Names of Newspapers) Flower Wagon, \$ <u>10 B</u>	12 00
Rental of Palms, \$	Tent Rental, \$	20 00
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	31 00
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	25 00
Church Charges, \$	Ministers, \$	25 00
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
Total Footing of Bill		\$ 508 60
By Amount Paid in Advance		\$
Balance		\$
Entered into Ledger, page		or below

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

Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness:
 Signed:
 Signed:
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

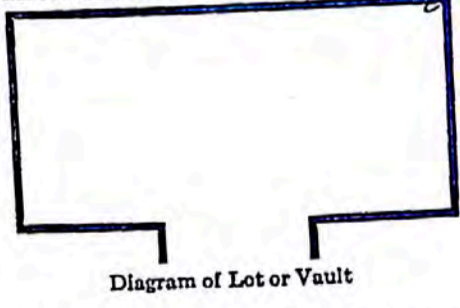
RECORD OF FUNERAL

Total No. 882... Yearly No. 12... Date Feb. 9, 1936.

Name of Deceased James B. Vanlandingham w. W.
(What Race) (Where Born)

Husband—
 Wife—Widow—
 Son—Daughter of }
 Charge to Mrs. Minnie Byros
 Address 319 S. Cray St.
 Order Given by
 How Secured
 Date of Funeral Feb. 13, 1936
 Residence 108 Miltenberger St.
 Place of Death Mercy Hospital
 Funeral Services at Chapel
 Time of Funeral Service 2 pm
 Clergyman
 His Address
 Certifying Physician H. A. Caven
 His Residence 2126 5th Ave.
 Cause of Death Labor Pneumonia
(Primary)

Cause of Death
(Secondary)
 Date of Death Feb. 9, 1936
 Occupation of the Deceased Retired
 Employed
 Single or Married M. Religion Pro.
 Date of Birth Aug. 31, 1857
 Age 79 Years 5 Months 18 Days
 Name of Father
 His Birthplace
 Name of Mother Not Known
(Maiden Name)
 Her Birthplace Ky.
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at Allegheny Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	150 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25 00
Barber, \$.....	Hair Dressing, \$	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$... Slippers, \$	15 00
Folding Chairs, \$.....	Tarpaulins, \$	
Candelabrum, \$.....	Candles, \$	
Door Crepe, \$.....	Gloves, \$	3 00
Hearse.....		14 00
Limousines to Cemetery.....	@ \$	
Autos to R. R. Station.....	@ \$	
Aeroplane Service, \$.....	Ambulance, \$	
Getting Remains from.....		
Taking Body to Inquest.....	<u>Blanket</u>	8 00
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers	9 60
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$	
Rental of Palms, \$.....	Tent Rental, \$	20 00
Rental of Vault, \$.....	Lowering Device, \$	
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$	20 00
Church Charges, \$.....	Ministers, \$	10 00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 289 60
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

To Funeral Charges.... Total, \$						
			Mar. 11	By Cash check 8-26	\$	150 00
			Feb 8	ch.		139 60

Insurance, \$..... Names of Lodges
 Names of Insurance Companies :.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 883

Yearly No. 13

Date Feb 12, 1936

Name of Deceased

Julia Vandandingham

(What Race)

(Where Born)

Husband—
Wife—Widow—
Son—Daughter of

Edw Van Dandingham

330

Charge to

Address

2036 Fifth Ave

Order Given by

How Secured

Date of Funeral

Feb 15, 1936

Residence

2036 - 5th Ave

Place of Death

Passavant Hos

Funeral Services at

St. Agnes

Time of Funeral Service

9 am

Clergyman

His Address

J. H. Alexander

Certifying Physician

Passavant

His Residence

Cause of Death

Lobar Pneumonia

(Primary)

Cause of Death

Date of Death

Feb 12, 1936

(Secondary)

Occupation of the Deceased

Housewife

Employed

Single or Married

M

Religion

Cath

Date of Birth

Feb 26, 1903

Age

32

Years

16

Months

16

Days

Name of Father

Martin Tierney

His Birthplace

md

Name of Mother

Nora Wiseman

(Maiden Name)

Her Birthplace

md

Body to be Shipped to

Size and Style of Casket

Manufactured by

Interment at

Calvary

Cemetery



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Casket

(State Kind)

175 00

Metallic Lining

(State Kind)

Outside Box

(State Kind)

15 00

Grave Vault

(State Kind)

Embalming Body

with

Fluid

25 00

Barber, \$

Hair Dressing, \$

Dressing Body

Suit or Dress, \$

Hose, \$

Slippers, \$

15 50

Folding Chairs, \$

Tarpaulins, \$

Candelabrum, \$

Candles, \$

3 00

Door Crepe, \$

Gloves, \$

3 00

Hearse

14 00

Limousines to Cemetery @ \$

Autos to R. R. Station @ \$

Aeroplane Service, \$

Ambulance, \$

Getting Remains from

Taking Body to Inquest

Delivering Box to

Blanket

8 00

Delivering Remains to

Death Notices in

Newspapers

9 80

Flowers, \$

(Names of Newspapers)

Flower Wagon, \$

10 00

Rental of Palms, \$

Tent Rental, \$

15 00

Rental of Vault, \$

Lowering Device, \$

Outlay for Lot

Opening Grave or Vault

31 00

Lining Grave, \$

Matting, \$

Outlay for Shipping Charges

Removal Charges, \$

Cremation, \$

Getting Burial Permit

Certified Copies of Death Certificate

20 00

Personal Charges, \$

Singers, \$

Church Charges, \$

Ministers, \$

Pall Bearer Service

Telegr., Telephone, Cable or Radio Charges

Railroad Tickets

Cash Advanced

Mr 3

EJM

Total Footing of Bill

\$ 344 30

By Amount Paid in Advance

Balance

Entered into Ledger, page

or below

To Funeral Charges... Total, \$

By Cash

Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed:

Witness:

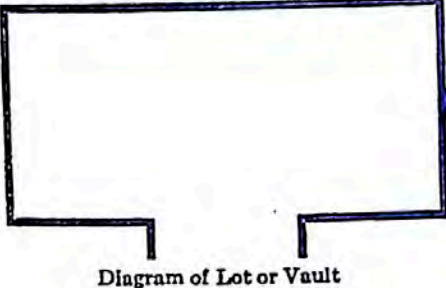
Signed:

RECORD OF FUNERAL

Total No. 884 Yearly No. 14 Date Feb. 15 1936

Name of Deceased Clair Faley (What Race) W (Where Born) Pgh.

Husband—
Wife—Widow—
Son—Daughter of }
Charge to Martin Faley
Address 119 Parkhurst St.
Order Given by
How Secured
Date of Funeral Feb. 17, 1936
Residence
Place of Death Municipal Hosp.
Funeral Services at Chapel
Time of Funeral Service
Clergyman J. F. Snyder
His Address Municipal Hosp.
Certifying Physician
His Residence
Cause of Death Acute Nephritis
(Primary)
Cause of Death Scarlet Fever
(Secondary)
Date of Death Feb. 15, 1936
Occupation of the Deceased
Employed
Single or Married S. Religion Cath.
Date of Birth Nov. 16, 1929
Age 6 Years 2 Months 29 Days
Name of Father Martin Faley
His Birthplace Pgh.
Name of Mother Anna Buska
(Maiden Name)
Her Birthplace Pgh.
Body to be Shipped to
Size and Style of Casket
Manufactured by
Interment at Calvary Cemetery



Lot No. _____
Grave No. 43
Section No. 8
Row 32

Casket		60.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10.00
Grave Vault	(State Kind)	
Embalming Body	with Fluid	1.50
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$ Slippers, \$	
Folding Chairs, \$	Tarpaulins, \$	
Candelabrum, \$	Candles, \$	2.00
Door Crepe, \$	Gloves, \$	1.40
Hearse		
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Aeroplane Service, \$	Ambulance, \$	
Getting Remains from		
Taking Body to Inquest		
Delivering Box to		
Delivering Remains to		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Flower Wagon, \$	
Rental of Palms, \$	Tent Rental, \$	
Rental of Vault, \$	Lowering Device, \$	
Outlay for Lot		
Opening Grave or Vault		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Removal Charges, \$	Cremation, \$	
Getting Burial Permit		
Certified Copies of Death Certificate		
Personal Charges, \$	Singers, \$	1.00
Church Charges, \$	Ministers, \$	
Pall Bearer Service		
Telegr., Telephone, Cable or Radio Charges		
Railroad Tickets		
Cash Advanced		
EDW. J. McAVOY		
Total Footing of Bill	1-4-37	\$ 119.00
By Amount Paid in Advance		
Per Balance		
Entered into Ledger, page		or below

To Funeral Charges... Total, \$	3/10/36	By Cash <u>8-26</u>	\$ 100.60

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies : _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed _____
 Signed _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

RECORD OF FUNERAL

Total No. 885 Yearly No. 15 Date Feb 17 1936

Name of Deceased Robert S. Chrygott (What Race) W (Where Born) Pgh.

Husband— } Winifred Klein (Wife)
Wife—Widow— }
Son—Daughter of }

Charge to
Address 1609 Blvd. Allen

Order Given by
How Secured
Date of Funeral 2-20-36

Residence
Place of Death Colonial Hotel

Funeral Services at Epiphany
Time of Funeral Service 9 A.M.

Clergyman
His Address

Certifying Physician Minister
His Residence 716 arch

Cause of Death Carcinoma of Throat (Primary)

Cause of Death
Date of Death 2-17-36 (Secondary)

Occupation of the Deceased Retired
Employed

Single or Married Married Religion Cath
Date of Birth Apr 15 1868

Age 67 Years 10 Months 2 Days

Name of Father Michael Chrygott
His Birthplace France

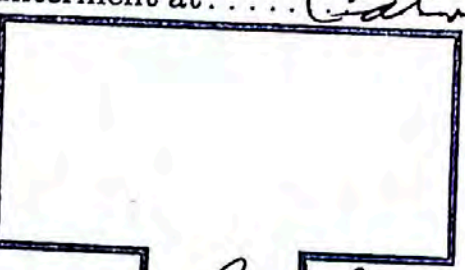
Name of Mother Catherine Fisher (Maiden Name)
Her Birthplace Germany

Body to be Shipped to
Size and Style of Casket

Manufactured by
Interment at Calvary Cemetery

Casket..... (State Kind)	150	00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)	25	00
Grave Vault..... (State Kind)		
Embalming Body..... with..... Fluid	25	00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... Slippers, \$.....	18	00
Folding Chairs, \$..... Tarpaulins, \$.....		
Candelabrum, \$..... Candles, \$.....	3	00
Door Crepe, \$..... Gloves, \$.....	3	00
Hearse.....	14	00
Limousines to Cemetery..... @ \$.....	31	50
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$..... Ambulance, \$.....		
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to..... <u>Blanket</u>	8	00
Delivering Remains to.....		
Death Notices in..... Newspapers	9	80
Flowers, \$..... (Names of Newspapers) Flower Wagon, \$.....		
Rental of Palms, \$..... Tent Rental, \$.....	20	00
Rental of Vault, \$..... Lowering Device, \$.....		
Outlay for Lot	31	00
Opening Grave or Vault.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Removal Charges, \$..... Cremation, \$.....		
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$..... Singers, \$.....	25	00
Church Charges, \$..... Ministers, \$.....	25	00
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....	388	30
By Amount Paid in Advance.....		
Balance.....		

PAID
Feb. 28, 1936
J.M. per RB



Lot No.
Grave No.
Section No.
Owner Mary C. Chrygott
1609 Blvd. Allen
(Daughter)

To Funeral Charges..... Total, \$	
By Cash..... \$	
Entered into Ledger, page..... or below	

Insurance, \$..... Names of Lodges
Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness: Signed: Signed:

RECORD OF FUNERAL

Total No. 888 Yearly No. 18 Date 2-21 1936
 Name of Deceased John Joseph Courroy W. M. Keasport Pa
Husband— } 316 West More (What Race) Pa
Wife—Widow— } age (Where Born)
Son—Daughter of }

Charge to.....
 Address.....
 Order Given by.....
 How Secured.....
 Date of Funeral 2-23-36
 Residence.....
 Place of Death St General Hosp
 Funeral Services at 2:30 P.M.
 Time of Funeral Service.....
 Clergyman.....
 His Address.....
 Certifying Physician James D. O'Flaherty
 His Residence Keasport
 Cause of Death Carcinoma of Stomach
(Primary)
Gastric Hemorrhage
(Secondary)
 Date of Death 2-21-36
 Occupation of the Deceased Saloonman
 Employed.....
 Single or Married Single Religion Catholic
 Date of Birth May 5 1884
 Age 51 Years 10 Months 16 Days
 Name of Father Daniel Courroy
 His Birthplace Delaware
 Name of Mother Margaret Smith
(Maiden Name)
 Her Birthplace Mass
 Body to be Shipped to.....
 Size and Style of Casket.....
 Manufactured by.....
 Interment at St. Mary's Cemetery



Lot No. 442
 Grave No.....
 Section No. DM
 Owner Mrs Mary A. Heavin

Casket.....		75	00
Metallic Lining.....	(State Kind)		
Outside Box.....	(State Kind)	20	00
Grave Vault.....	(State Kind)		
Embalming Body.....	with.....	Fluid	25 00
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$.....	Slippers, \$.....	3 50
Folding Chairs, \$.....	Tarpaulins, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Deer Crepe, \$.....	Candles & Gloves, \$.....		4 00
Hearse.....			14 00
Limousines to Cemetery.....	@ \$.....		10 50
Autos to R. R. Station.....	@ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....		
Getting Remains from.....			
Taking Body to Inquest.....			
Delivering Box to.....			
Delivering Remains to.....			
Death Notices in.....	Newspapers.....		3 00
	(Names of Newspapers)		
Flowers, \$.....	Flower Wagon, \$.....		5 00
Rental of Palms, \$.....	Tent Rental, \$.....		
Rental of Vault, \$.....	Lowering Device, \$.....		
Outlay for Lot.....			
Opening Grave or Vault.....			23 00
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Removal Charges, \$.....	Cremation, \$.....		
Getting Burial Permit.....			
Certified Copies of Death Certificate.....			
Personal Charges, \$.....	Singers, \$.....		20 00
Church Charges, \$.....	Ministers, \$.....		5 00
Pall Bearer Service.....			
Telegr., Telephone, Cable or Radio Charges.....			
Railroad Tickets.....			
Cash Advanced.....	<u>Paid</u>		
	<u>EJM</u>		
Total Footing of Bill.....		\$	208 00
By Amount Paid in Advance.....		\$	
Balance.....		\$	
Entered into Ledger, page.....			or below

<u>Brooklyn N.Y.</u>	To Funeral Charges.....	Total, \$		By Cash.....	\$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed:.....
 Witness:.....

Burial of

Sadie Werner

Date of Death

February 23, 1936

Date of Burial

February 27, 1936

Place of Burial

St. Anthony's Cemetery

Addressed to

Mr. Joseph M. Werner

Statement
of

Professional Service Rendered

Casket	210.00
Outside Box	15.00
Embalming	25.00
Candles	3.00
Gloves	3.00
Hearse	14.00
Blanket	9.00
Death Notices	12.60
Rental of Palms	15.00
Personal Charges	<u>25.00</u>
	331.60

Edward J. McCaughey
Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

RECORD OF FUNERAL

Total No. 891 Yearly No. 21 Date Mar 11 1936

Name of Deceased George Cory (What Race) W (Where Born) Syria
 Husband— } Philomena Cory wife
 Wife—Widow—
 Son—Daughter of

Charge to
 Address 1843 Arcena St.
 Order Given by
 How Secured
 Date of Funeral Mar 14
 Residence
 Place of Death NY outefair
 Funeral Services at St. James
 Time of Funeral Service 9 AM
 Clergyman
 His Address
 Certifying Physician Milton Goldsmith
 His Residence

Cause of Death Bronch. pneumonia
Bi. lateral - Lobar pneumonia of lung
 Cause of Death Arterio. Sclerotic Heart Disease
 Date of Death Mar 11 - 36
 Occupation of the Deceased Laborer
 Employed
 Single or Married Married Religion Cath.

Date of Birth
 Age 56 Years Months Days
 Name of Father Charles Cory
 His Birthplace Syria
 Name of Mother Mesta John
 Her Birthplace Syria
 Body to be Shipped to
 Size and Style of Casket
 Manufactured by
 Interment at St. Marys Cemetery

Lot No.
 Grave No.
 Section No.
 Owner Leo Cory 1843 Arcena St. (Wife's name)

Casket.....	(State Kind)	7.50
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	2.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	2.50
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	2.00
Door Crepe, \$.....	Gloves, \$.....	3.00
Hearse.....		1.40
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) <u>KB</u>	8.00
Rental of Palms, \$.....	Flower Wagon, \$.....	1.20
Rental of Vault, \$.....	Tent Rental, \$.....	
Outlay for Lot.....	Lowering Device, \$.....	
Opening Grave or Vault.....		1.80
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill <u>EJM</u>		\$ 176.00
By Amount Paid in Advance		\$ 101.00
Balance		\$ 75.00

To Funeral Charges	Total, \$			
<u>John Shapin</u>		5.00		
<u>John Shapin</u>	<u>7/24/36</u>	45.00		
	<u>12/24/36</u>	17.50		
	<u>1/11/37</u>	7.50		
				By Cash \$

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Witness..... Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo., in the year 1931.

Burial of

Statement
of

Professional Service Rendered

George Corry

Date of Death

March 11, 1936

Date of Burial

March 14, 1936

Place of Burial

St. Mary's Cemetery

Addressed to

Mrs. Philomenia Corry

1843 Arcena St.

Pittsburgh Pa.

Edward J. McAvey

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Casket	75.00
Outside Box	20.00
Embalming	25.00
Candles	2.00
Gloves	2.00
Hearse	14.00
Door Badge	8.00
Rental of Palms	12.00
Cemetery Charges	<u>18.00</u>
	176.00
Paid in Advance	<u>101.00</u>
Balance	75.00

RECORD OF FUNERAL

Total No. 892 Yearly No. 22 Date Mar 14 1936
 Name of Deceased August Gates (What Race) W (Where Born) Poland

Husband— } Estate of August Gates
 Wife—Widow— }
 Son—Daughter of }
 Charge to Nathan Finerman

Address
 Order Given by
 How Secured
 Date of Funeral 3-17-36

Residence
 Place of Death Mayview Hosp.
 Funeral Services at
 Time of Funeral Service 3 P.M.

Clergyman Rev. Schultz
 His Address St. Hyacinth
 Certifying Physician Mayview Hosp. Phy.
 His Residence Mayview

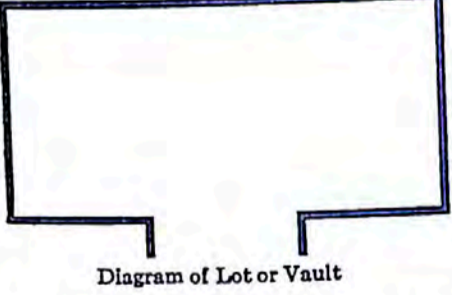
Cause of Death Bronchial Asthma (Primary)
 Cause of Death (Secondary)
 Date of Death Mar 14

Occupation of the Deceased
 Employed
 Single or Married Religion

Date of Birth
 Age 66 Years Months Days
 Name of Father John
 His Birthplace Poland

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

Size and Style of Casket
 Manufactured by
 Interment at St. Stanislaus Cemetery



Lot No.
 Grave No.
 Section No.
 Owner

Casket.....	(State Kind)	95 00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	15 00
Grave Vault.....	(State Kind)	
Embalming Body..... with..... Fluid		25 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Crepe, \$.....	Gloves, \$.....	3 00
Hearse.....		14 00
Limousines to Cemetery..... @ \$.....		10 50
Autos to R. R. Station..... @ \$.....		
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....	<u>Mayview</u>	10 00
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	
Rental of Vault, \$.....	Lowering Device, \$.....	25 00
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	10 00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		13 95
Railroad Tickets.....		20 00
Cash Advanced.....	<u>for Hospital bill</u>	
		224 45
Total Footing of Bill.....		\$ 220 00
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page..... or below		

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

Insurance, \$..... Names of Lodges

Names of Insurance Companies :

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness..... Signed.....

RECORD OF FUNERAL

Total No. 894

Yearly No. 24

Date Mar 17 1936

Name of Deceased Sarah O Young
 Husband—
 Wife—Widow—
 Son—Daughter of James Young

(What Race) W
 (Where Born) Pgh Pa

Charge to
 Address 2540 5th ave

Order Given by
 How Secured
 Date of Funeral 3-20-36

Residence
 Place of Death 2540 5th ave
 Funeral Services at Chapel
 Time of Funeral Service 2:30 P.M.

Clergyman
 His Address
 Certifying Physician C. H. Hanky
 His Residence 1601 Penn Ave

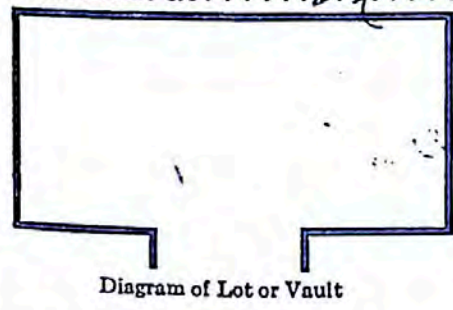
Cause of Death Chronic Myocarditis
(Primary)

Cause of Death
 Date of Death Mar 17 - 36
(Secondary)
 Occupation of the Deceased at Home

Employed
 Single or Married Widowed Religion Prot
 Date of Birth Mar 8 - 1857
 Age 79 Years 0 Months 9 Days

Name of Father David Colkin
 His Birthplace Ireland
 Name of Mother Margaret Smith
(Maiden Name)
 Her Birthplace Ireland

Body to be Shipped to
 Size and Style of Casket
 Manufactured by Hill
 Interment at Uniondale Cemetery



Lot No.
 Grave No.
 Section No.
 Owner.

Casket.....		25.00
Metallic Lining.....	(State Kind)	
Outside Box.....	(State Kind)	25.00
Grave Vault.....	(State Kind)	
Embalming Body.....	with Fluid	25.00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$..... Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulins, \$.....	
Candelabrum, \$.....	Candles, \$.....	2.00
Door Crepe, \$.....	Gloves, \$.....	3.00
Hearse.....		1.40
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Aeroplane Service, \$.....	Ambulance, \$.....	
Getting Remains from.....		
Taking Body to Inquest.....		
Delivering Box to.....		
Delivering Remains to.....		
Death Notices in.....	Newspapers.....	7.20
Flowers, \$.....	(Names of Newspapers) Flower Wagon, \$.....	
Rental of Palms, \$.....	Tent Rental, \$.....	20.00
Rental of Vault, \$.....	Lowering Device, \$.....	
Outlay for Lot.....		
Opening Grave or Vault.....		24.00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Removal Charges, \$.....	Cremation, \$.....	
Getting Burial Permit.....		
Certified Copies of Death Certificate.....		
Personal Charges, \$.....	Singers, \$.....	25.00
Church Charges, \$.....	Ministers, \$.....	
Pall Bearer Service.....		
Telegr., Telephone, Cable or Radio Charges.....		
Railroad Tickets.....		
Cash Advanced.....		
Total Footing of Bill.....		\$ 395.20
By Amount Paid in Advance.....		\$
Balance.....		\$
Entered into Ledger, page.....		or below

	To Funeral Charges... Total, \$			<u>May 16</u>	By Cash.....	\$ 275.00

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed:.....
 Witness:.....

Whibel Le 5885 J.

R. Johnson Co 5927.

Nalco Co 5217.

Brusco Co 6474

