



McAVOY FUNERAL HOME

VOLUME 4

ALPHABETICAL INDEX OF DECEASED
RECORDS OF FUNERALS

1936 - 1939

...THE...
AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR UNDERTAKERS

A few words of Explanation to the man who enters up the order for Funeral Arrangements:

This Record Book will be of great assistance to your profession in entering up funerals and arrangements for same, correctly, intelligently and completely. You will find it prudent to record all items that are given therein, as in doing this you will not only enhance the prestige of the profession, but also create admiration and confidence of your patrons in your work. Record items of a deceased are looked for at the Undertaker's quite frequently, and the more exact the record is kept with data that have bearing on the funeral, the better will be the results.

In entering up your work, observe the following:

Do not hesitate to get and fill in all possible information to make the biographical record of the deceased complete.

The two clauses, "Order given by," and "How secured," are important. They will assist you very materially in overcoming the embarrassment incident to asking security for an account. It is also of importance to have party who orders the funeral sign in the space provided for at bottom of sheet.

The clause "Cause of Death" is very essential for several reasons: 1, to know whether the subject died of a contagious disease; 2, to adopt correct measures for embalming; 3, to ascertain necessity of disinfection, etc.

Date of birth, occupation of the deceased, single or married, religion and age, are matters of biographical record and should be entered up most exact and correct in every case.

The pleasing and correct rotation, observed in the bill of items to be charged, is an essential and most practical feature of the chart, and this part of the record alone is worth the price of the book. Fill out such items as you were called upon to furnish, and leave the others blank. Read all items carefully when you render bill, in order to be sure that you have not omitted any charge. The extra lines on bill of items are for such charges as the printed items may not provide.

The Ledger part on bottom of each page will enable you to keep account of your entire funeral work in this book, though you may prefer to transfer the total of the bill as one item into your regular Ledger.

This Funeral Record has been compiled after close study into the proper requirements of your profession. It is the result of years of experience, and, if you will carefully enter up the spaces provided in this book, you will find that every item that might possibly be needed for future reference is recorded.

THE PUBLISHER.

FOR SALE BY ALL MANUFACTURERS AND JOBBERS OF UNDERTAKING SUPPLIES
BOOKS CAN BE HAD 300 PAGES, 450 PAGES OR 600 PAGES; OR MAY BE HAD LOOSE-LEAF STYLE.

N. B.—See Rules on "Funeral Ethics" on Next Page

Published and for Sale by

F. J. FEINEMAN

1819 S. Spring Ave.

ST. LOUIS, MO.

FUNERAL ETHICS

The average Funeral Director, while conversant with the details of funeral work, cannot fail to find the following Rules on Funeral Etiquette interesting reading matter, with the chances of finding among them some points, the close observance of which will be of benefit to him, to-wit:

In all things use good judgment and cool deliberation in performing your work, and remember that you are not called upon to console the bereaved, but to take care of the remains, and do that in the most competent and least ostentatious way.

Be courteous and polite under any and all circumstances, however trying. Refrain from alluding to your work as "a job;" it is not only bad form, but is also apt to offend your patrons. Term it "a call," "a funeral," or "an order."

Perform your work in a quiet and considerate manner, and make as few requests of the family as possible. Talk in an undertone while at the funeral house.

When selling the casket or coffin, do not be afraid to recommend the use of high-class goods. It will satisfy your customers better in the end and will prove an effective advertisement for yourself.

Take correct note of all arrangements for the funeral when the order for the casket is taken. Be sure that you have a clear understanding with your customer on all points pertaining to the funeral arrangements, and then note same in your Funeral Record Book. Also be careful that you have the correct spelling of name for the newspapers, etc. A memorandum sheet of the American Funeral Record will assist you greatly in these functions.

Take note of as many of the biographical items, such as religion, age, occupation, etc., of the deceased as you can obtain by easy suasion and insert them in the proper spaces provided in this Record Book. Items of record of a deceased are often inquired for at the Undertaker's, and by keeping complete account and record of all things, your patrons will see convincingly that you are doing your work on up-to-date principles, and that a funeral is handled by you better than a mere "putting the body under ground."

Preferably have leave-taking occur prior to arrival of friends for the funeral and attend to closing casket or sealing of steel caskets or metallic linings before the services begin. Avoid all delay, hitch or misunderstanding with your helpers. Instruct bearers, drivers and others beforehand.

Use Badge with delicate flowers and smilax on the door instead of the antiquated cloth crepe.

Lining with evergreen helps very materially to make a grave seem less distressing during interment.

A very desirable adjunct to your equipment is some matting, and possibly a tent to use at the cemetery, in sunshine or storm. The bereaved will appreciate it.

By all means paint or stain the outside box or shipping case.

At the funeral services the sermon precedes the speeches of lodge members, whose speeches are usually made at the grave. If societies attend in a body, the principal services are held at the grave; Roman Catholic always at the church.

Order of funeral cortege is best arranged as follows: Minister's auto, automobile with pallbearers—hearse—chief mourners' autos—autos of friends. If lodge members conduct the rites, the lodge members lead the procession, but the minister's auto always leads.

At military funerals place flag on casket with the field (stars) over left side of casket (indicating: over the heart). Poppies may be placed on the flag—but no other flowers. In leading procession with flags, the **National Flag** must always be carried to the right of all other flags and in change of formation it must never be crossed.

Where the deceased is buried without any religious services, or where the mourners are unable to engage the services of a preacher, the funeral director may officiate and offer the prayer.

If remains are to be shipped, have departure from the house, funeral parlor or church set so as to be at the depot at least one-half hour before train time. This will allow for any special arrangements or delays.

Stillborns are buried by the undertaker alone. It is unusual that any of the family attend the interment.

Where bodies are neither embalmed nor put on ice, keep in coolest place possible, perhaps best between two open windows, with the sunshades drawn down as far as needed, and use a bleacher frequently over face and hands of the deceased.

Let the entire funeral be conducted in a quiet, well-ordered and dignified manner, and you will have conferred a lasting favor upon those who required the sorrowful need of your service. This is the best method of advertising an undertaker can employ, and it is the stepping-stone for sure success.

THE PUBLISHER.

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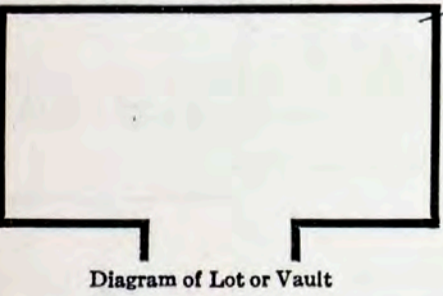
RECORD OF FUNERAL

Total No. 598 Yearly No. 28 Date April 8 1936
 Name of Deceased Samuel Khodair (Single — Married — Divorced) W. P. (What Race) Syria (Where Born)
 Residence of Deceased 101 Washington Husband—Wife—Widow—Husband of Shanfa

Charge to: Shanfa Khodair
 Address: 101 Washington
 Order given by: _____ (or informant)
 How Secured: _____
 Occupation of Deceased: _____
 Name of Employer: _____
 Date of Death: April 8 1936 12:00 (Date) (Hour)
 Date of Birth: _____
 Age: 56 (Years) (Months) (Days)
 Date of Funeral: April 11 1936 8:30 A.M. (Date) (Day of Week) (Hour)
 Services at: St. Anna's
 Clergyman: Fr. Basil
 His Address: Fullerton St
 Religion of the Deceased: Cath
 Resided in the State: _____ (or U. S. or City or County) (Years) (Months)
 Place of Death: 101 Washington
 Cause of Death: Lobar Pneumonia
 Contributory Causes: Acute Hepatitis
 Certifying Physician: Dr. A. F. Segone (or Coroner)
 His Address: 5100 Penn ave
 Name of Father: Romeus Khodair
 His Birthplace: Syria
 Maiden Name of Mother: Helen Thabith
 Her Birthplace: Syria
 Motor } Remains to _____
 Ship }

Complete Funeral	\$	
Casket		195 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	2 50
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		24 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		5 00
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		10 00
(Names of Newspapers) <u>10 B</u>		
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	321 50
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Manufactured by: _____
 Interment at: C. Alvarez { Cemetery
 Crematory
 Lot No. _____
 Grave No. _____
 Section No. Single
 Owner _____



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

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

Burial of

Statement
of
Professional Service Rendered

Samuel Kaodair

Date of Death

April 8, 1936

Date of Burial

April 11, 1936

Place of Burial

Calvary Cemetery

Addressed to

Shama Khodair

101 Washington St.

Pittsburgh Pa.

Edward J. McAvey

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Casket	195.00
Outside Box	15.00
Embalming	25.00
Clothing	2.50
Candles	3.00
Gloves	3.00
Hearse	14.00
Limousines	21.00
Door Badge	10.00
Rental of Palms	15.00
Opening Grave	<u>18.00</u>
	321.50

RECORD OF FUNERAL


Total No. 899 Yearly No. 29 Date April 8 1936
 Name of Deceased Rose Mayer Rublewsky (Single - Married - Divorced) W. Rumania (What Race) (Where Born)
 Residence of Deceased Edna St. Husband - Wife - Widow - Wife of Joe Rublewsky
 Charge to John Mayer
 Address 114 Sunnyside St.
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Date of Death April 8 1936 (Date) (Hour)
 Date of Birth April 16 1879 (Date) (Hour)
 Age 56 (Years) 11 (Months) 22 (Days)
 Date of Funeral April 13 - 36 (Date) (Day of Week) 8:30 A.M. (Hour)
 Services at Epiphany
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Burns of entire body due to clothes catching fire from gas stove at home. No accident.
 Contributory Causes _____
 Certifying Physician W. J. M. O'Connell (or Coroner)
 His Address County Morgue
 Name of Father Anthony Wrogenski
 His Birthplace Indiana
 Maiden Name of Mother Rumania
 Her Birthplace Rumania
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Calvary Cemetery }
 Lot No. Row 24
 Grave No. 19
 Section No. 13
 Owner _____

Complete Funeral	\$	
Casket		125 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) Blanket, etc	15 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		50 00
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$ Organist, \$	10 00
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	<u>Other service</u>	25 00
Out of town Undertaker's Charges		
Total Footing of Bill		300 00
Less	Per _____	
Balance		
Entered into Ledger, page		or below.

To Funeral Charges... Total, \$		<u>Aug 25</u>	By Cash	\$ 204 40
<u>Dr. Kaehner</u>	35 00			
<u>Has.</u>	8 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.

RECORD OF FUNERAL

Total No. 900 Yearly No. 30 Date April 11 1936
 Name of Deceased Dr. M. Aldie Creed Catherine N. Pugh
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased St. Columans Husband - Wife - Widow -
 Charge to: Turtle Creek Pa. Single of
 Address: 312 Lorraine Ave.
 Order given by Dr. M. Rose (or informant)
 How Secured: In Religion
 Occupation of Deceased In Religion
 Name of Employer: _____
 Date of Death April 11 36 2 AM
(Date) (Hour)
 Date of Birth Sept 8 1856
(Date) (Hour)
 Age 79 7 3
(Years) (Months) (Days)
 Date of Funeral April 13-36 9 A M.
(Date) (Day of Week) (Hour)
 Services at: St. Xaviers
 Clergyman: _____
 His Address: _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital
 Cause of Death Abdominal Carcinoma
 Contributory Causes with Intestinal Stricture
 Certifying Physician _____ (or Coroner)
 His Address Mercy Hospital
 Name of Father Patrick Creed
 His Birthplace Ireland
 Maiden Name of Mother Mary Russell
 Her Birthplace Ireland
 Motor } Remains to St. Xaviers
 Ship } Patrobe Pa.
(State Color)
 Manufactured by _____
 Interment at St. Xaviers { Cemetery
 Crematory
 Diagram of Lot or Vault 
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$	
Casket		60 00
Metallic Lining		
Outside Box	<small>(State Kind)</small>	15 00
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with Fluid	15 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2 00
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	35 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	<small>(State Number and District)</small> <small>(State Physician's or Coroner's)</small>	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	4 80
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
Total Footing of		131 80
Less		
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.

RECORD OF FUNERAL

Total No. 901 Yearly No. 31 Date April 20 1936
Name of Deceased Phoebe C. Buchanan W Philadelphia Pa
Residence of Deceased 1416 Dress St
Charge to Ambbridge Pa
Address ...
Order given by ...
How Secured ...
Occupation of Deceased Retired
Name of Employer ...
Date of Death April 20 - 36 6:00 P
Date of Birth Jan 22 1860
Age 76 2 25
Date of Funeral April 23 2:30 P M
Services at Chapel
Clergyman ...
His Address ...
Religion of the Deceased Prot
Resided in the State ...
Place of Death Ambbridge Pa
Cause of Death Chronic Coronaritis
Contributory Causes Senility
Certifying Physician Dr. S. McGeorge
His Address 5th + M. Greenwood
Name of Father John W. Davis
His Birthplace Pa
Maiden Name of Mother Susan Wright
Her Birthplace Pa
Motor Ship } Remains to Valley 946 W.
Size and Style of Casket 424 ave J.
Manufactured by Wilkesburg #121
Interment at ...

Table listing funeral expenses: Complete Funeral \$, Casket \$375.00, Metallic Lining, Outside Box \$25.00, Burial Vault, Embalming Body with Fluid \$25.00, Barber \$12.50, Dressing Body, Suit or Dress \$, Underwear \$, Slippers \$, Folding Chairs \$, Tarpaulin \$, Candelabrum \$, Candles \$, Door Badge \$, Gloves \$, Hearse \$, Ambulance \$, Limousines to Cemetery @ \$, Autos to R.R. Station @ \$, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates No., Pall Bearer Service, Personal Service \$25.00, Use of Chapel, Outlay for Lot, Death Notices in Newspapers \$12.00, Flowers \$, Rental of Palms \$, Rental of Tent of Temporary Tomb \$, Lowering Device \$, Cremation \$, Opening of Grave or Tomb \$30.00, Lining Grave \$, Matting \$, Outlay for Shipping Charges, Clergyman \$, Singers \$, Organist \$, Railroad or Motor Tickets \$, Aero-plane Service \$, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges, Total Footing of Bill \$552.00, Less, Per Balance, Entered into Ledger, page or below.

Lot No.
Grave No.
Section No.
Owner

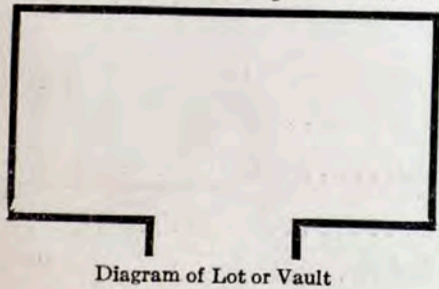


Table with columns: To Funeral Charges... Total, \$; By Cash... \$; and several empty columns for recording payments.

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.

RECORD OF FUNERAL

Total No. 902 Yearly No. 32 Date April 28 19 36

Name of Deceased Patrick J. Murray (Single - Married - Divorced) W (What Race) Igh Pa (Where Born)

Residence of Deceased 1414 5th ave Husband - Wife - Widow Husband of Beattie Thompson

Charge to Mrs Bessie Murray
Address 3408 5th ave

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Cafe Prop.

Name of Employer _____

Date of Death April 28 - 36 6 (Hour)

Date of Birth Aug 28 51 (Years) 5 (Months) 8 (Days) 9 A.M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman _____

His Address _____

Religion of the Deceased Cath

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death 1414 5th ave

Cause of Death Coronary occlusion

Contributory Causes _____

Certifying Physician McGregor (or Coroner)

His Address County Duquesne

Name of Father Michael Murray

His Birthplace Ireland

Maiden Name of Mother Brigid Goggins

Her Birthplace Ireland

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Calvary { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	
Casket		325 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	3 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	3 00
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	14 00
Hearse, \$	Ambulance, \$	2 10
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		15 00
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		2 00
Funeral Service	<u>changes</u>	
Use of Chapel		
Outlay for Lot		68 00
Death Notices in Newspapers		14 40
	(Names of Newspapers) <u>1000 or 13</u>	12 00
Flowers, \$	Rental of Palms, \$	20 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10 00
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	578 90
Less	\$	
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. 903 Yearly No. 33 Date April 28 1936

Name of Deceased Mrs Margaret Woods (Single - Married - Divorced) W. Scotland (What Race) (Where Born)

Residence of Deceased _____ Husband - Wife - Widow - }
Charge to E. J. Crosthwaite (Wife) or _____ of _____

Address... Jamestown Pa.

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Retired

Name of Employer _____

Date of Death April 28 - 36 645 (Date) (Hour)

Date of Birth _____

Age abt 75 (Years) (Months) (Days)

Date of Funeral April 30 - 36 9A. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman _____

His Address _____

Religion of the Deceased Cath.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Rupture of Gall Bladder

Contributory Causes Cholelithiasis

Certifying Physician A. R. McCormick (or Coroner)

His Address Mercy Hosp

Name of Father John Donahue

His Birthplace England

Maiden Name of Mother Mrs. Ann

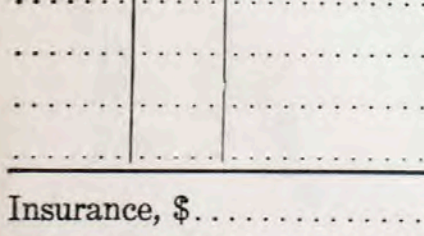
Her Birthplace _____

Motor } Remains to _____
Ship } (State Color)

Size and Style of Casket _____

Manufactured by _____

Interment at M. S. Catholic { Cemetery
Crematory



Lot No. 233

Grave No. _____

Section No. F

Owner Margaret Woods

Complete Funeral	\$	
Casket		150 00
Metallic Lining		
Outside Box (State Kind)		15 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ (State Color)	Hose, \$	9 00
Underwear, \$	Slippers, \$	2 00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2 00
Door Badge, \$	Gloves, \$	2 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		1 0 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		25 00
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers (Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	287 50
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

EDWARD J. McAVOY
Paid
Edward 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. 904 Yearly No. 34 Date Apr 29 19 36
 Name of Deceased Firusa Gambogi (Single - Married - Divorced) W (What Race) Italy (Where Born)
 Residence of Deceased 54 Marion St. Husband - Wife - Widow - }
 Charge to Catherine Gambogi of Santuro
 Address 54 Marion St.

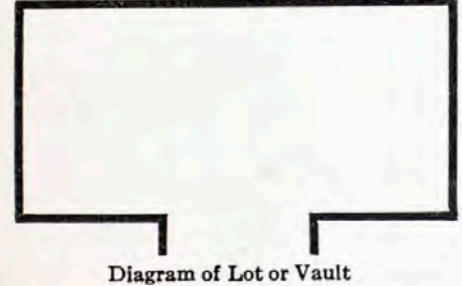
Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased at Home
 Name of Employer _____
 Date of Death April 29 - 36 (Date) _____ (Hour)
 Date of Birth June 3 1879 (Date) _____ (Hour)
 Age 56 (Years) 10 (Months) 26 (Days)
 Date of Funeral May 2 (Date) 9 A (Hour) M. (Day of Week)
 Services at St Peters

Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Passavant Hosp
 Cause of Death Cerebral Hemorrhage
 Contributory Causes _____
 Certifying Physician M. S. Gregor (or Coroner)
 His Address Moyn
 Name of Father Rondido Fioriace
 His Birthplace Italy
 Maiden Name of Mother Luigi Lombardi
 Her Birthplace Italy

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at Calvary { Cemetery
 Crematory



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

Complete Funeral	\$	125.00
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15.00
Burial Vault	(State Kind)	
Embalming Body with Fluid		25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	9.00
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery @ \$		21.00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service	<u>Blanket</u>	8.00
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
(Names of Newspapers) <u>OB</u>		20.00
Flowers, \$	Rental of Palms, \$	15.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>EDW. J. MCAVOY</u>		
Total Footing of Bill <u>824.36</u>	\$	250.40
Less		
Per <u>Cash</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 _____
 Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 905 Yearly No. 35 Date April 30 1936
 Name of Deceased Valetta Barrett W. (Single—Married—Divorced) (What Race) Pgh Pa (Where Born)
 Residence of Deceased 356 Semple Husband—Wife—Widow—
 Charge to Wm J Barrett or..... of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death April 30 - 36 (Date) (Hour)
 Date of Birth.....
 Age..... (Years) (Months) (Days)
 Date of Funeral May 2 - 36 (Date) (Day of Week) (Hour) P.M.
 Services at.....
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State..... (or D. S. for City or County) (Years) (Months)
 Place of Death Childrens Hosp
 Cause of Death Broncho pneumonia
 Contributory Causes.....
 Certifying Physician J. J. Jones (or Coroner)
 His Address Childrens Hosp
 Name of Father Wm J Barrett
 His Birthplace.....
 Maiden Name of Mother Catherine Walsh
 Her Birthplace Pgh Pa
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Catharine { Cemetery Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		35 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10 00
Burial Vault	(State Kind)	
Embalming Body with Fluid		10 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	6 00
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No. _____	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		10 00
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		10 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	71 00
Less	\$	
Balance	\$	
Entered into Ledger, page	..... or below.	

To Funeral Charges.... Total, \$	Check for 20 \$19. Balance add Bill Paid	By Cash. 8./3./36 P.D. 12-23-36 E.J.M.	1 00 20 00
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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.....

Bill mailed 12/3/36

RECORD OF FUNERAL

Total No. 906 Yearly No. 36 Date April 29 1936
 Name of Deceased Budway Antoon (Single — Married — Divorced) W. (What Race) Syria (Where Born)
 Residence of Deceased 47 Washington St Husband—Wife—Widow—
 Charge to Anna Thomas or..... of }

Address Same
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death April 29, 1936 (Date) (Hour)
 Date of Birth Oct. 12, 1874 (Date) (Hour)
 Age 61 (Years) 6 (Months) 17 (Days)
 Date of Funeral May 2, 1936 (Date) (Day of Week) (Hour) M.
 Services at Syria Hall
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Residence
 Cause of Death Carcinoma of Prostate
 Contributory Causes Diabetes Mellitus
 Certifying Physician Paul J. Lann (or Coroner)
 His Address.....
 Name of Father Anton Affef
 His Birthplace Syria
 Maiden Name of Mother Not Known
 Her Birthplace Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral.....	\$ <u>570</u>
Casket.....	<u>350 00</u>
Metallic Lining.....	
Outside Box..... (State Kind)	<u>15 00</u>
Burial Vault..... (State Kind)	
Embalming Body..... with Fluid	<u>25 00</u>
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	<u>3 00</u>
Door Badge, \$..... Gloves, \$.....	<u>3 00</u>
Hearse, \$..... Ambulance, \$.....	<u>14 00</u>
Limousines to Cemetery..... @ \$.....	<u>21 00</u>
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
_____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	<u>25 00</u>
Use of Chapel.....	
Outlay for Lot.....	<u>123 00</u>
Death Notices in..... Newspapers..... (Names of Newspapers) <u>10 B</u>	<u>10 00</u>
Flowers, \$..... Rental of Palms, \$.....	<u>15 00</u>
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill.....	\$ <u>604 00</u>
Less..... <u>27 m by check</u>	\$
Per..... 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.....

RECORD OF FUNERAL

Total No. 907 Yearly No. 37 Date May 5 1936

Name of Deceased Lucy Kennedy (Single - Married - Divorced) W. (What Race) Pa. (Where Born)

Residence of Deceased 2110 Lucina Husband - Wife - Widow - or Wife of Harry L. 325

Charge to Harry L. Complete Funeral \$ 250.00

Address 2110 Lucina Casket
Order given by
How Secured (or informant)

Occupation of Deceased Housewife Outside Box (State Kind) 20.00

Name of Employer Date of Death May 5 - 36 2 P (Date) (Hour)

Date of Birth Feb 14 - 1893 Dressing Body
Age 43 2 21 (Years) (Months) (Days) Suit or Dress, \$ (State Color) Hose, \$ 12.00

Date of Funeral May 9 9 A M. (Date) (Day of Week) (Hour)

Services at St. Basils Hearse, \$ Ambulance, \$ 14.00
Clergyman

His Address Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 2110 Lucina Certif. Copies of Death Certificates No. (State Number and District)

Cause of Death Lobar Pneumonia Personal Service (State Physician's or Coroner's)

Contributory Causes Heart Dilatation Use of Chapel Blanket 8.00

Certifying Physician (or Coroner) Outlay for Lot

His Address Name of Father Karl Johns Death Notices in Newspapers 9.80

His Birthplace Germany Flowers, \$ (Names of Newspapers) Rental of Palms, \$

Maiden Name of Mother Elizabeth Bushman Rental of Tent, \$ of Temporary Tomb, \$

Her Birthplace Germany Lowering Device, \$ Cremation, \$

Motor } Remains to Ship } Size and Style of Casket (State Color)

Manufactured by Interment at St. Agilhas Cemetery Crematory Bridgerville

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

Complete Funeral	\$ 250.00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	20.00
Burial Vault (State Kind)	
Embalming Body with Fluid	25.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	12.00
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	3.00
Hearse, \$ Ambulance, \$	14.00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel <u>Blanket</u>	8.00
Outlay for Lot	
Death Notices in Newspapers	9.80
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	21.00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 365.80
Less	\$
Per	\$
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. 908 Yearly No. 38 Date May 11 1936
 Name of Deceased Rose Lococo (Single - Married - Divorced) W. (V) Italy (What Race) (Where Born)
 Residence of Deceased 108 Marion St Husband - Wife - Widow - Widow of Pasquale

Charge to Martha Annibale
 Address 108 Marion St (Dgth)
 Order given by _____ (or informant)

How Secured _____
 Occupation of Deceased at home
 Name of Employer _____

Date of Death May 11 - 36 11:55 (Date) (Hour)
 Date of Birth _____

Age 60 (Years) (Months) (Days) abt.
 Date of Funeral May 14 - 36 9:30 AM (Date) (Day of Week) (Hour)

Services at St. Peters
 Clergyman _____

His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp.
 Cause of Death Septicemia following fracture of Rt femur while getting
 Contributory Causes in a truck accident w/ J. Mc Gregor

Certifying Physician J. Mc Gregor (or Coroner)
 His Address Morgue

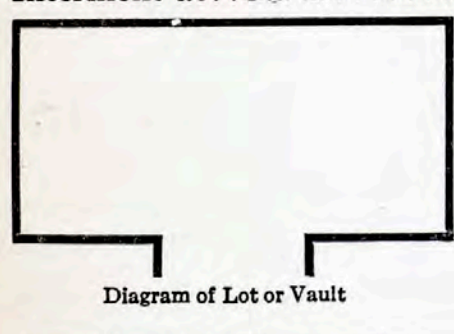
Name of Father Joseph Caruso
 His Birthplace Italy

Maiden Name of Mother Priscilla Azzarelli
 Her Birthplace Italy

Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at Calvary { Cemetery Crematory

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



Complete Funeral	\$ 390
Casket	250 00
Metallic Lining (State Kind)	20 00
Outside Box (State Kind)	25 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	12 00
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel <u>Blanket</u>	8 00
Outlay for Lot	8 40
Death Notices in <u>Door Bldg</u> Newspapers	10 00
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	33 00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 411 90
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	

June 13, 1936
Paul
CAVOY
SM

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. 909 Yearly No. 37 Date May 14 1936

Name of Deceased Mary Donahue (Single - Married - Divorced) (What Race) Irish (Where Born) Ireland

Residence of Deceased 1611 Forbes St. Husband—Wife—Widow— }
or of } Wife 510

Charge to: Mrs. Catherine Sullivan
Address: 1609 Blvd. Albee

Order given by: (or informant)

How Secured:

Occupation of Deceased: Retired

Name of Employer:

Date of Death: May 14 (Date) (Hour)

Date of Birth: Sept 8, 1848 (Date) (Hour)

Age: 87 (Years) 8 (Months) 6 (Days)

Date of Funeral: May 18, 1936 (Date) (Day of Week) (Hour) M.

Services at: Cathedral

Clergyman:

His Address:

Religion of the Deceased: Catholic

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: 1611 Forbes St.

Cause of Death: Cerebral Apoplexy

Contributory Causes: Senility

Certifying Physician: L. J. Burnett (or Coroner)

His Address: 200 4 5th Ave.

Name of Father: Thomas K. Keane

His Birthplace: Ireland

Maiden Name of Mother: Johanna Kelly

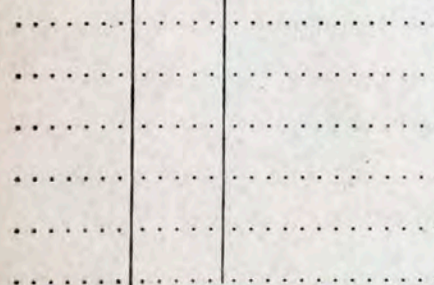
Her Birthplace: Ireland

Motor } Remains to
Ship }

Size and Style of Casket: (State Color)

Manufactured by:

Interment at: Calvary { Cemetery
Crematory



Lot No.

Grave No.

Section No.

Owner:

Complete Funeral	\$	
Casket		300 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	12 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	31 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to	<u>Blanket</u>	8 00
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Funeral Service		20 00
Use of Chapel		
Order for Lot <u>Op Grave</u>		33 00
Death Notices in	Newspapers	10 80
	<u>10 B.</u>	10 00
Flowers, \$	Rental of Palms, \$	20 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	535 30
Less	\$	
Per 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

Witness: Signed:

RECORD OF FUNERAL

Total No. 910 Yearly No. 38 Date May 18 1936

Name of Deceased Thomas M. Mamara (Single - Married - Divorced) W. Ireland (What Race) (Where Born)

Residence of Deceased 4014 Lydia St Husband - Wife - Widow - or Anna 375

Charge to Mrs. Stephen Joyce

Address

Order given by

How Secured

Occupation of Deceased Retired

Name of Employer

Date of Death 5-18-36 (Date) (Hour)

Date of Birth

Age 70 (Years) (Months) (Days)

Date of Funeral 5-20-36 9 A M (Date) (Day of Week) (Hour)

Services at St. Rosalia

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. City or County) (Years) (Months)

Place of Death 4014 Lydia St

Cause of Death Carcinoma 7 months

Contributory Causes

Certifying Physician R. L. Ertzman (or Coroner)

His Address 8th Pa

Name of Father John M. Mamara

His Birthplace Ireland

Maiden Name of Mother Ellen Burns

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary Cemetery } Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral		\$
Casket		2 50 00
Metallic Lining		
Outside Box	(State Kind)	2 00 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	2 50 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	1 40 00
Limousines to Cemetery	@ \$	1 00 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	Blanket	8 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
— Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		20 00
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	9 80
	1900-19	1 00 00
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	1 50 00
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		3 30 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad	Tickets, \$	Aero-plane Service, \$
or Motor		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 4 21 30
Less		\$
Balance		\$
Entered into Ledger, page		or below.

Paid May 28, 1938
E. J. M.
 E. J. M. VOY

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. 911 Yearly No. 39 Date 5-19-36
 Name of Deceased Edward M. Carthy (Single - Married - Divorced) (What Race) (Where Born) W.P. Pa.
 Residence of Deceased Husband—Wife—Widow—
 Charge to Johanna M. Carthy or of 300.

Address 1627 Beaver ave.
 Order given by Informant (or informant)
 How Secured
 Occupation of Deceased Plasterer
 Name of Employer
 Date of Death May 19-36 (Date) 7 P.M. (Hour)
 Date of Birth Sept 13 1896 (Date)
 Age 39 (Years) 8 (Months) 6 (Days)
 Date of Funeral 5-23-36 (Date) 9 A.M. (Hour)
 Services at Epiphany
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death acute Lobar pneumonia
 Contributory Causes
 Certifying Physician L.P. Sheedy (or Coroner)
 His Address Mercy
 Name of Father Michael M. Carthy
 His Birthplace Pa. Pgh.
 Maiden Name of Mother Margaret Midnight
 Her Birthplace Pgh. Pa.
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary Cemetery Crematory
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		<u>225 00</u>
Metallic Lining		
Outside Box	(State Kind)	<u>20 00</u>
Burial Vault	(State Kind)	
Embalming Body	with Fluid	<u>25 00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	<u>3 00</u>
Door Badge, \$	Gloves, \$	<u>3 00</u>
Hearse, \$	Ambulance, \$	<u>14 00</u>
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Cert. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	<u>12 20</u>
Flowers, \$	Rental of Palms, \$	<u>15 00</u>
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>33 00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		<u>\$ 350 20</u>
Less		
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.

RECORD OF FUNERAL

Total No. 912 Yearly No. 40 Date May 22 19 36

Name of Deceased Anna Devoske
(Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 1046 5th ave Rear Husband—Wife—Widow— }
Charge to Rev. Francis P. King or of }

Address 1088 Epiphany St.
Order given by
How Secured
Occupation of Deceased Retired

Name of Employer
Date of Death May 22 - 36 (Date) (Hour)
Date of Birth (Date) (Hour)

Age About 74 (Years) (Months) (Days)
Date of Funeral 5 - 25 - 36 (Date) (Day of Week) (Hour) M.

Services at Epiphany
Clergyman
His Address

Religion of the Deceased Catholic
Resided in the State (or U. S. or City or County) (Years) (Months)

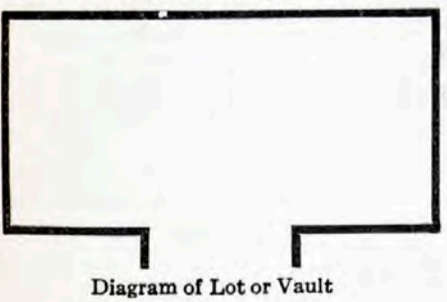
Place of Death 1046 5th ave Rear
Cause of Death Senility
Contributory Causes acute Bronchitis

Certifying Physician J. Barnett (or Coroner)
His Address 2004 5th ave

Name of Father
His Birthplace Not Known
Maiden Name of Mother

Her Birthplace
Motor } Remains to
Ship }
Size and Style of Casket (State Color)

Manufactured by
Interment at Calvary { Cemetery
Crematory



Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		250 00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	<u>Welchert</u> (State Kind)	100 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	<u>Undergarment</u> (State Color) Hose, \$	12 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 50
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel	<u>Blanket</u>	8 00
Outlay for Lot		71 00
Death Notices in	Newspapers	3 00
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$ Organist, \$	25 00
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	539 50
Less	\$	
Balance	\$	

Paid
E. J. M.
J. M. CAVOY

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
J. M. CAVOY St. Louis, Mo.

RECORD OF FUNERAL

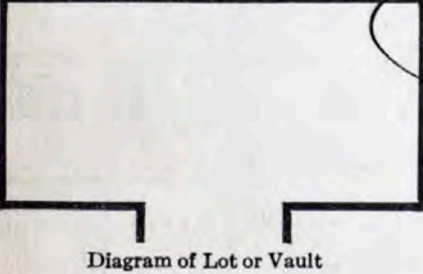
Total No. 913 Yearly No. 41 Date 5-23 1936
 Name of Deceased Infant Cully (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)
 Residence of Deceased _____ Husband—Wife—Widow— }
 or of }

Charge to Sm Cully
 Address 127 6 St Turtle Creek
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Infant
 Name of Employer _____
 Date of Death 5-23-36 (Date) (Hour)
 Date of Birth 5-23-36 (Date) (Hour)
 Age Still born (Years) (Months) (Days)
 Date of Funeral 5-25-36 (Date) (Day of Week) (Hour) M.

Services at _____
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death M. accipitated Still born
 Contributory Cause marked by hemorrhagic nephritis
 Certifying Physician H. Carroll (or Coroner)
 His Address Medical arts Bldg
 Name of Father Sm Cully
 His Birthplace Scotland
 Maiden Name of Mother Agnes M. Carthy
 Her Birthplace Scotland

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at Calvary { Cemetery
 Crematory



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

Complete Funeral	\$	
Casket <u>& Services</u>		13 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
	(State Color)	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		10 00
Death Notices in _____ Newspapers		
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	23 00
Less	\$	10 00
Balance	\$	13 00
Entered into Ledger, page _____ or below.		

To Funeral Charges... Total, \$				
	June	1	By Cash	\$ 5 00
	July	15		2 00
	Oct	7		2 00
EDWARD J. MCAVOY				
[Signature]				

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.

RECORD OF FUNERAL

Total No. 914 Yearly No. 42 Date 5-28 1936
 Name of Deceased Raymond E Hancock (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)
 Residence of Deceased 3329 Ward St Husband - Wife - Widow - Liolia Mary
 Charge to: Liolia M Hancock
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Steam Fitter
 Name of Employer W P A Work
 Date of Death 5-28-36 6²⁵A
 Date of Birth 5-28-36
 Age 48 0 0
 Date of Funeral 6-1-36 M.
 Services at.....
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Fracture skull due to
being struck by an auto (prob. accid)
 Contributory Causes.....
 Certifying Physician M. Oregon (or Coroner)
 His Address Morgue
 Name of Father George Hancock
 His Birthplace Unknown
 Maiden Name of Mother Facy Bates
 Her Birthplace Unknown
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at M. Carnal { Cemetery }
 Crematory
 Diagram of Lot or Vault
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	
Casket.....		395 00
Metallic Lining.....		
Outside Box..... (State Kind)		20 00
Burial Vault..... (State Kind)		
Embalming Body..... with Fluid		25 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color) Hose, \$.....		22 50
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		3 00
Door Badge, \$..... Gloves, \$.....		3 00
Hearse, \$..... Ambulance, \$.....		14 00
Limousines to Cemetery..... @ \$.....		31 50
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		10 00
Flowers.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service..... <u>Blanket</u>		8 00
Use of Chapel.....		
Outlay for Lot.....		33 00
Death Notices in..... Newspapers.....		10 80
Flowers, \$..... Rental of Palms, \$..... (Names of Newspapers) <u>10 B</u>		12 00
Rental of Tent, \$..... of Temporary Tomb, \$.....		15 00
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....		33 00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- } plane Service, \$.....		
or Motor } Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of Bill.....	\$	602 80
Less.....	\$	
Per..... Balance.....	\$	
Entered into Ledger, page..... or below.....		

To Funeral Charges... Total, \$	By Cash..... \$ 500 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.

RECORD OF FUNERAL

Total No. 915 Yearly No. 43 Date 6-6 1936
 Name of Deceased Ella Mullen (Dr. M. Kathleen W) (Single — Married — Divorced) (What Race) (Where Born)
 Residence of Deceased Mercy Hosp Husband—Wife—Widow— }
 Charge to or of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased In religion
 Name of Employer.....
 Date of Death 6-6-36 3A (Date) (Hour)
 Date of Birth April 28-1897 (Date)
 Age 39 0 8 (Years) (Months) (Days)
 Date of Funeral 6-8-36 8:30 (Date) (Day of Week) (Hour) A.M.
 Services at Mercy Hosp Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Acute Bronchopneumonia
 Contributory Causes.....
 Certifying Physician F. Tetter (or Coroner)
 His Address Mercy Hosp
 Name of Father John Mullen
 His Birthplace England
 Maiden Name of Mother Anna Flynn
 Her Birthplace Pa
 Motor Ship } Remains to
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St. Xaviers { Cemetery Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 60.00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	15.00
Burial Vault (State Kind)	
Embalming Body with Fluid	15.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	3.00
Hearse, \$ Ambulance, \$	3.50
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	4.80
(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 135.80
Less	\$
Per <u>B. Lesh</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.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 916 Yearly No. 44 Date 6-15 1936
 Name of Deceased Michael Karensky (Single — Married — Divorced) W. (What Race) Pgk Pa (Where Born)
 Residence of Deceased Mercy Hosp. Husband—Wife—Widow— }
 or of }

Charge to:
 Address:
 Order given by Steve (or informant)
 How Secured 16 secured
 Occupation of Deceased Painter

Name of Employer:
 Date of Death 6-15-36 (Date) (Hour)

Date of Birth:
 Age 42 (Years) (Months) (Days)

Date of Funeral 6-20-36 (Date) (Day of Week) 1:30 P.M. (Hour)
 Services at: St. Mary's

Clergyman:
 His Address: Cath.

Religion of the Deceased: Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp.
 Cause of Death Shock hemorrhage following a lacerated wound 2 1/2 weeks due to undiagnosed M.C. lesion.

Contributory Causes:
 Certifying Physician M. C. Gregor (or Coroner)
 His Address M. C. Gregor

Name of Father:
 His Birthplace:

Maiden Name of Mother:
 Her Birthplace:

Motor Ship } Remains to
 Size and Style of Casket: (State Color)

Manufactured by:
 Interment at Minesville { Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner:

Complete Funeral	\$	
Casket		85 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color)	Hose, \$
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 50
Hearse, \$	Ambulance, \$	10 50
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
.....	Certif. Copies of Death Certificates No.	
.....	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		25 00
Use of Chapel		
Outlay for Lot		32 00
Death Notices in	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	188 50
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

To Funeral Charges.... Total, \$	7-3 36	By Cash <u>sl.</u>	\$ 100. 00
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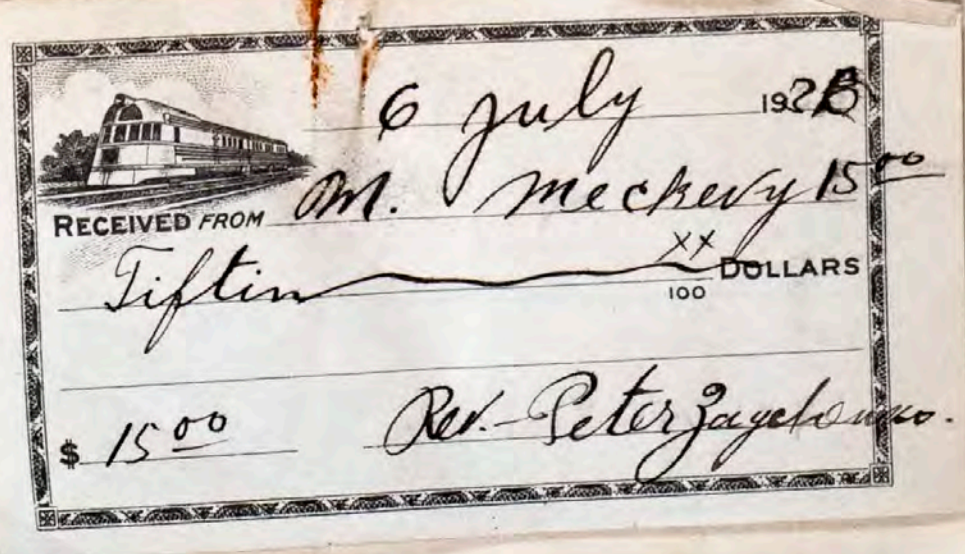
Insurance, \$

Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the exp.....

Witness:



Signed:

RECORD OF FUNERAL

Total No. 917 Yearly No. 45 Date 6-18 1936

Name of Deceased Stella Chak (Single—Married—Divorced) W (What Race) (Where Born)

Residence of Deceased 1918 Tustin St Husband—Wife—Widow— } or of } 225

Charge to Mrs. Mary Chak
Address 1918 Tustin St

Order given by (or informant)
How Secured

Occupation of Deceased Tobacco Stripper
Name of Employer

Date of Death 6-18-36 (Date) (Hour)

Date of Birth Aug. 7, 1914 (Date) (Hour)

Age 21 11 4 (Years) (Months) (Days)

Date of Funeral 6-22-36 9 A.M. (Date) (Day of Week) (Hour)

Services at St. Peter's M.S.
Clergyman

His Address
Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Leech Farm
Cause of Death Pulmonary Tuberculosis

Contributory Causes
Certifying Physician K. L. Fetterhoff (or Coroner)

His Address Leech Farm
Name of Father Paul & Mary

His Birthplace Poland
Maiden Name of Mother Mary Mestrovich

Her Birthplace Poland
Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by
Interment at St. Loretas { Cemetery
Crematory

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		125 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	9 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel	<u>Blanket</u>	8 00
Outlay for Lot		
Death Notices in	Newspapers	240
	(Names of Newspapers) <u>10 B</u>	10 00
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Railroad } Tickets, \$	Organist, \$	
or Motor }	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 250 40
Less		
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. 918 Yearly No. 46 Date 6-18 1936

Name of Deceased Mrs. Kathryn Newton (Single - Married - Divorced) W (What Race) W (Where Born)

Residence of Deceased 1429 Blvd of Allies Husband - Wife - Widow - }
or of }

Charge to: Catherine Newton
Address 1429 Blvd of Allies

Order given by (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death June 18, 1936 (Date) (Hour)

Date of Birth Jan 24, 1884

Age 52 4 24 (Years) (Months) (Days)

Date of Funeral June 22, 1936 10A.M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Confluent Bronchial

Contributory Causes Pneumonia (Post-operative)

Certifying Physician J. H. Fredille (or Coroner)

His Address Mercy Hospital

Name of Father Thomas Hesson

His Birthplace Penna

Maiden Name of Mother Lidia Cloney

Her Birthplace Franklin Penna.

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by S. Alvarez

Interment at S. Alvarez { Cemetery
Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket		150 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	9 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		21 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to	<u>Blanket</u>	8 00
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		66 00
Death Notices in Newspapers		10 50
Flowers, \$	(Names of Newspapers)	15 00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	
Less	\$	
Balance	\$	245 00
Entered into Ledger, page		or below.

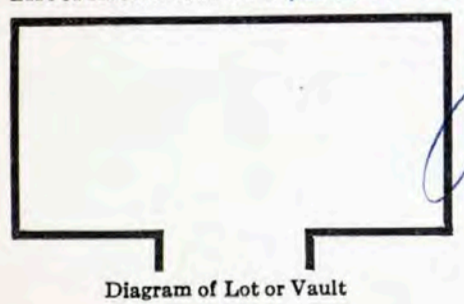


Diagram of Lot or Vault

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

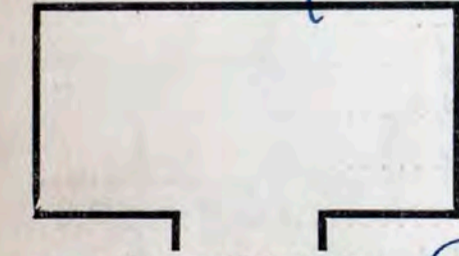
Witness

RECORD OF FUNERAL

Total No. 919 Yearly No. 47 Date 6-20 1936
 Name of Deceased Francesco Morici (Morici) M. Italy
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 105 Butler St. Ctna Husband of Angelina
Husband - Wife - Widow -

Charge to _____
 Address _____
 Order given by Francis Tagliavia
(of informant)
 How Secured 6945 - Highland St.
 Occupation of Deceased Retired
 Name of Employer _____
 Date of Death 6-20-36
(Date) (Hour)
 Date of Birth _____
 Age abt. 73
(Years) (Months) (Days)
 Date of Funeral 6-23-36 10 A. M.
(Date) (Day of Week) (Hour)
 Services at Regina Coeli
 Clergyman 1434 Junata St
 His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____
(or U. S. or City or County) (Years) (Months)
 Place of Death 105 Butler St. Ctna
 Cause of Death Coronary Myocarditis
 Contributory Causes Arterio Sclerosis
 Certifying Physician H. S. Miles
(or Coroner)
 His Address Ctna Pa.
 Name of Father Michael Morici
 His Birthplace Italy
 Maiden Name of Mother _____
 Her Birthplace Italy
 Motor Ship } Remains to _____
 Size and Style of Casket _____
(State Color)
 Manufactured by _____
 Interment at M.S. Catholic { Cemetery
 Crematory

Complete Funeral	\$	
Casket <u>outside case</u>		295
Metallic Lining	<small>(State Kind)</small>	
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body with Fluid		25
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Badge, \$	Gloves, \$	3
Hearse, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	21
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificate No.	<small>(State Number and District)</small>	
Pall Bearer Service		
Personal Service		20
Use of Chapel		
Outlay for Lot		
Death Notices in <u>4</u> Newspapers		10 80
Flowers, \$	Rental of Palms, \$	15
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		66
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		482 80
Less		
Balance		
Entered into Ledger, page		or below.



Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Mr. Morici Co 7699

	To Funeral Charges... Total, \$		By Cash	\$
<u>June 23</u>	<u>Cash</u>	<u>250 00</u>		
<u>Nov 5</u>	<u>Cash</u>	<u>50 00</u>		
	<u>Mr. Charles Morici</u>			
	<u>104 Junata St</u>			
	<u>Highway Pa.</u>			

Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Witness Card mailed 11/11/36 Signed _____
11/11/37 Signed _____

RECORD OF FUNERAL

Total No. 920 Yearly No. 48 Date 6-21 1936

Name of Deceased Joseph Kohrke (Single - Married - Divorced) W (What Race) W (Where Born)

Residence of Deceased 1816 South St Husband—Wife—Widow— } 525
or of }

Charge to: Joseph John Kohrke
Address: 4 Carl Kohrke

Order given by
(or informant)

How Secured
Occupation of Deceased Retired

Name of Employer

Date of Death June 21, 1936 (Date) (Hour)

Date of Birth July 13, 1866 (Date) (Hour)

Age 69 (Years) 11 (Months) 8 (Days)

Date of Funeral June 25, 1936 (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased Prot

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death South Side Hosp

Cause of Death Diabetes Mellitus

Contributory Causes Len. Arteriosclerosis

Certifying Physician W. S. Evans (or Coroner)

His Address

Name of Father

His Birthplace Germany

Maiden Name of Mother

Her Birthplace Germany

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Zimmermans { Cemetery Crematory

Lot No. 79

Grave No.

Section No. H

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 285.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	100.00
Embalming Body with Fluid	25.00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	24.50
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	3.00
Gloves, \$	
Hearse, \$	14.00
Ambulance, \$	
Limousines to Cemetery @ \$	10.50
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	25.00
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	13.50
Flowers, \$	12.00
Rental of Palms, \$	15.00
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	28.00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor } Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 555.50
Less	
Balance	

Insurance, \$ Names of Lodges

Names of Insurance Companies

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

Signed
Witness
Signed

GERMAN UNITED EV. CONGREGATIONAL CEMETERY
GRAVE ORDER AND RECEIPT

No. **1756**

PITTSBURGH, PENNA.

June 25 1936

RECEIVED OF

Mr. E. J. McArroy
Twenty-eight 00/100

Dollars (\$ *28.⁰⁰*)

FOR GRAVE:

In General Plot - - -
On Private Lot - - -
For Lining - - - -
For Matting - - - -

<i>18</i>	<i>00</i>	
<i>10</i>	<i>00</i>	
<i>28</i>	<i>00</i>	

TOTAL - - - -

Name

Jos. Kohutke

Age

Remarks

C. C. Hoffmeister

Superintendent

LOT

79

SECTION

A

ROW

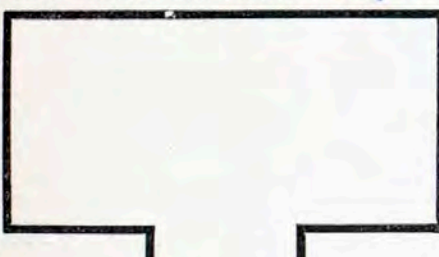
GRAVE

RECORD OF FUNERAL

Total No. 922 Yearly No. 50 Date July 1 1936
 Name of Deceased Margaret Goldbach (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)
 Residence of Deceased Mercy Hosp Husband—Wife—Widow— } single
 or of }

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased brg mny
 Name of Employer.....
 Date of Death July 1 1936 (Date) (Hour)
 Date of Birth Oct 2 1861 (Date) (Hour)
 Age 74 (Years) 8 (Months) 29 (Days)
 Date of Funeral July 4 - 36 9 A (Date) (Day of Week) (Hour) M.
 Services at Mercy Hosp Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp 517
 Cause of Death Carcinoma of stomach
 Contributory Causes with secondary of liver
 Certifying Physician J Griffith (or Coroner)
 His Address Mercy Hosp
 Name of Father George
 His Birthplace Pgh
 Maiden Name of Mother Catherine Brondet
 Her Birthplace Pgh Pa
 Motor } Remains to St Xaviers
 Slip }

Complete Funeral	\$	
Casket		60 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	15 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Badge, \$	Gloves, \$	
Hearse, \$	St Xaviers Ambulance, \$	35 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	6 Newspapers	12 60
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDWARD J. McAVOY		
Total Footing of Bill	\$	140 60
Less	Per	
Balance	\$	
Entered into Ledger, page		or below.

Manufactured by.....
 Interment at St Xaviers { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

 Diagram of Lot or Vault

To Funeral Charges	Total, \$	By Cash	\$

RECORD OF FUNERAL

Total No. 923 Yearly No. 51 Date July 7 1936
 Name of Deceased Charles Joseph McCarthy (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)
 Residence of Deceased Mittlenberger Husband - Wife - Widow - } Single
 Charge to: of } 236.00

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Child
 Name of Employer
 Date of Death July 9 - 36 (Date) (Hour)
 Date of Birth July 27 - 31 (Date) (Hour)
 Age 4 (Years) 11 (Months) 12 (Days)
 Date of Funeral 7 - 11 - 36 (Date) 23 (Hour) P.M.
 Services at St. Raphael
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Septicemia
 Contributory Causes Osteomyelitis of femur
 Certifying Physician M. P. Davis (or Coroner)
 His Address Mercy Hosp
 Name of Father Charles McCarthy
 His Birthplace Pgh Pa
 Maiden Name of Mother Helen Marie Burns
 Her Birthplace Pgh Pa
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		110.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	75.00
Embalming Body	with Fluid	10.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	3.20
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2.00
Door Badge, \$	Gloves, \$	2.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	4 Newspapers	7.20
Flowers, \$	Rental of Palms, \$	25.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 248.40
Less		
Per		
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. 924 Yearly No. 52 Date July 17 1936

Name of Deceased King (Sr. M. Waltrude) (Single - Married - Divorced) Widow (What Race) Catholic (Where Born)

Residence of Deceased St. Xaviers Convent Beatty Pa (Husband - Wife - Widow) Widow or Pa of

Charge to
Address
Order given by (or informant)

How Secured
Occupation of Deceased Sr. Mary

Name of Employer
Date of Death July 17 1936 1240A (Date) (Hour)

Date of Birth Nov 12 1876 (Date) (Hour)

Age
Date of Funeral July 20 1936 9 A.M. (Date) (Day of Week) (Hour)

Services at Mercy Hosp

Clergyman
His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Advanced Parkinson's Disease

Contributory Causes
Certifying Physician A. J. Hetter (or Coroner)

His Address Mercy Hosp

Name of Father Patrick King

His Birthplace Ireland

Maiden Name of Mother Bridget Dwyer

Her Birthplace Ireland

Motor Ship } Remains to
Size and Style of Casket (State Color)

Manufactured by
Interment at St. Xaviers { Cemetery Crematory

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		60.00
Metallic Lining (State Kind)		15.00
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body with Fluid		15.00
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		3.00
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		35.00
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>5</u> Newspapers <u>306</u> <u>18</u> <u>0.00</u>		
(Names of Newspapers)		
Flowers, \$		
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
PAID		
Total Footing of Bill <u>8-11-36</u>	\$	146.00
Less	\$	
Per <u>check</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. 925 Yearly No. 53 Date July 15 1936

Name of Deceased Camillo Carletti (Single - Married - Divorced) (What Race) (Where Born) Italy Italy

Residence of Deceased 60 Marion St Husband - Wife - Widow -

Charge to Herman Carletti or of

Address 60 Marion St

Order given by (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Date of Death 7-18-36 (Date) (Hour)

Date of Birth Age 62 (Years) (Months) (Days)

Date of Funeral 7-21-36 9:15 AM (Date) (Day of Week) (Hour)

Services at St Peters

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 60 Marion St

Cause of Death Coronary occlusion

Contributory Causes

Certifying Physician M. Greppi (or Coroner)

His Address

Name of Father Johnny Carletti

His Birthplace Italy

Maiden Name of Mother Roschi Squina

Her Birthplace Italy

Motor Ship } Remains to

Size and Style of Casket

Manufactured by Wald White F.D. at Reynoldsville

Interment at Reynoldsville Cemetery

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 465
Casket	300
Metallic Lining	
Outside Box	25
Burial Vault	
Embalming Body with Fluid	25
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Bloching Hose, \$	2.45
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	40
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to Blanket	8.00
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate No. (State Number and District)	
(State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ 10. Rental of Palms, \$ 15	25
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	15.00
Lining Grave, \$ Matting, \$	14.00
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	30.00
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 490.45
Less	
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

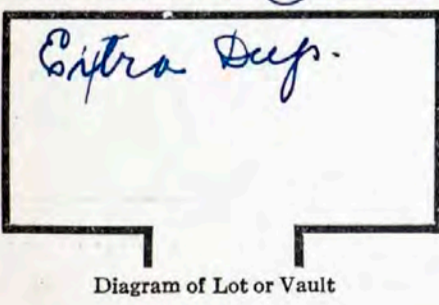
Signed

Witness Signed

RECORD OF FUNERAL

Total No. 926 Yearly No. 34 Date July 18 1936
 Name of Deceased Mike Autorn (Single - Married - Divorced) (What Race) W (Where Born) Syria
 Residence of Deceased 1003 Bedford Husband—Wife—Widow—
 Charge to..... or..... of

Address.....
 Order given by Salami Autorn (or informant)
 How Secured.....
 Occupation of Deceased Laborer
 Name of Employer.....
 Date of Death July 18-36 (Date) (Hour)
 Date of Birth.....
 Age about (Years) (Months) (Days)
 Date of Funeral 7-21-36 9 M. (Date) (Day of Week) (Hour)
 Services at St Anns
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 1003 Bedford
 Cause of Death Valvular Heart Disease
 Contributory Causes.....
 Certifying Physician McGregor (or Coroner)
 His Address County Moque
 Name of Father Joseph
 His Birthplace Syria
 Maiden Name of Mother Maratha Couvy
 Her Birthplace Syria
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery Crematory
 Lot No. 690-691
 Grave No. 12
 Section No.....
 Owner Autorn



Complete Funeral.....	\$ <u>215</u>
Casket.....	
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse, \$..... Ambulance, \$.....	
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
_____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	
Death Notices in..... Newspapers..... (Names of Newspapers)	
Flowers, \$..... Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- plane Service, \$..... or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill.....	\$ <u>215.00</u>
Less.....	\$
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.

RECORD OF FUNERAL

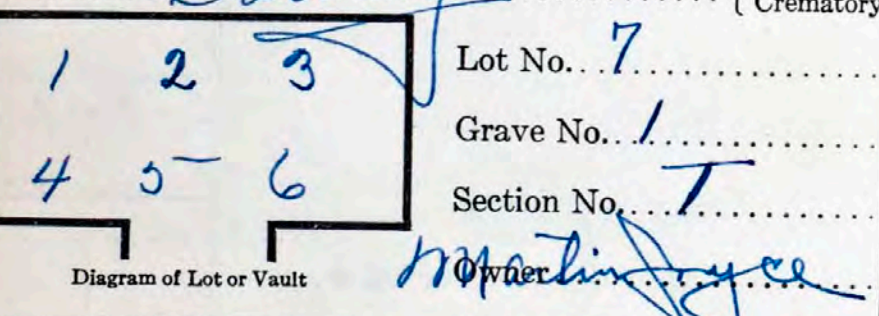
Total No. 927 Yearly No. 33 Date July 25 1936
 Name of Deceased Margaret Ann Joyce (Single - Married - Divorced) Wife (What Race) Pgh Pa (Where Born)
 Residence of Deceased 1015 Locust Husband - Wife - Widow - }
 Charge to Martin Joyce or Child of }

Address 1015 Locust
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Student
 Name of Employer _____
 Date of Death July 25 - 36 5 P
 Date of Birth Oct 20 (Date) (Hour)
 Age 6 (Years) 8 (Months) 29 (Days)
 Date of Funeral July 28 1936 9 A.M. (Date) (Day of Week) (Hour)
 Services at St. Raphael
 Clergyman Fr. St. John

His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Acute appendicitis - perforation
 Contributory Causes acute peritonitis
 Certifying Physician _____ (or Coroner)

His Address _____
 Name of Father Martin Joyce
 His Birthplace Ireland
 Maiden Name of Mother Mary Joyce
 Her Birthplace Ireland

Motor } Remains to _____
 Ship }
 Size and Style of Casket 263 4-6 White (State Color)
One Parking Place + Cross
 Manufactured by Hill
 Interment at Calvary { Cemetery
 Crematory



Complete Funeral	\$	
Casket		135.00
Metallic Lining		15.00
Outside Box	(State Kind)	10.00
Burial Vault	(State Kind)	10.00
Embaling Body	with Fluid	6.00
Barber, \$	Hair Dressing, \$	6.00
Dressing Body	<u>Blanket</u>	14.00
Suit or Dress, \$	(State Color) Hose, \$	8.00
Underwear, \$	Slippers, \$	3.00
Folding Chairs, \$	Tarpaulin, \$	3.00
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	8.00
Hearse, \$	Ambulance, \$	8.00
Limousines to Cemetery	@ \$	8.00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	<u>4</u> Newspapers	6.00
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	12.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb	<u>10.00</u>	
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$ Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
Total Footing of Bill	<u>8-29-36</u>	\$ 211.00
Less		\$
Balance	<u>audited</u>	\$
Entered into Ledger, page _____	or below	

To Funeral Charges... Total, \$			
	<u>Aug 18</u>	By Cash	\$ 100.00

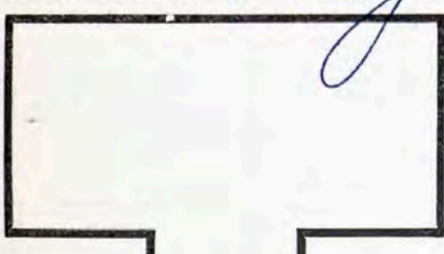
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness: _____ Signed _____

RECORD OF FUNERAL

Total No. 928 Yearly No. 36 Date July 31 1936
 Name of Deceased Joseph Dettra (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1124 Nickroy St. Husband - Wife - Widow
 Charge to Administrators or Single

Address Mrs. Capelli
 Order given by Same (or informant)
 How Secured _____
 Occupation of Deceased Baker
 Name of Employer _____
 Date of Death July 31-36 5P (Date) (Hour)
 Date of Birth _____ (Year) (Month) (Day)
 Age _____ (Years) (Months) (Days)
 Date of Funeral August 3-36 2P M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Hypertension
 Certifying Physician J. R. Conrick (or Coroner)
 His Address Mercy Hospital
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Remains to _____
 Ship }

Complete Funeral	\$	
Casket		295.00
Metallic Lining		
Outside Box	(State Kind)	25
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	25
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	14.50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Blanket, \$	8.00
Candelabrum, \$	Candles, \$	3
Door Badge, \$	Gloves, \$	3
Hearse, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Call Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in _____ Newspapers		4.80
Flowers, \$	(Names of Newspapers)	15
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining <u>Complete</u> Grave, \$	Matting, \$	65.00
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
PAID 8-27-36		
Total Footing of Bill	\$	472.30
Less _____	\$	
Balance	\$	451.93
Entered into Ledger, page _____ or below.		

Manufactured by Hill Co
 Interment at Alley Key { Cemetery Crematory
 Lot No. Single Grave
 Grave No. C. 1317
 Section No. Single 35
 Owner _____

 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.

RECORD OF FUNERAL

Total No. 924 Yearly No. 57 Date Aug 10 1936
 Name of Deceased Aurora Berardi Pasquola (Single—Married—Divorced) Italy (What Race) Italy (Where Born)
 Residence of Deceased 1706 Locust St. Husband—Wife—Widow—Gennaro
 or..... of

Charge to:
 Address 1706 Locust
 Order given by Gennaro Pasquola
 (or informant)
 How Secured
 Occupation of Deceased Prof.
 Name of Employer
 Date of Death Aug 10-36 12 35A
 (Date) (Hour)
 Date of Birth Feb 2 1882
 (Date) (Year)
 Age 54 5 7
 (Years) (Months) (Days)
 Date of Funeral Aug 12-36 10 A. M.
 (Date) (Day of Week) (Hour)
 Services at St Peters
 Clergyman

His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1706 Locust
 Cause of Death Angina Pectoris
 Contributory Causes
 Certifying Physician Dr. M. E. Meyer
 (or Coroner)
 His Address 600 N. Morgan
 Name of Father Sam. Paliferi
 His Birthplace Italy
 Maiden Name of Mother Unknown
 Her Birthplace Italy
 Motor } Remains to
 Ship }

Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary Cemetery
 { Crematory
 Lot No. Row #1
 Grave No. 3
 Section No. Single 14
 Owner
 Diagram of Lot or Vault
Card Delivered to Home

Complete Funeral	\$	491	55
Casket		335	
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	20	
Burial Vault	(State Kind)		
Embalming Body	with Fluid	25	
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$	9	
Underwear, \$	Slippers, \$	3.00	
Folding Chairs, \$	Tarpaulin, \$	3	50
Candelabrum, \$	Candles, \$	3	
Door Badge, \$	Gloves, \$	3	
Hearse, \$	Ambulance, \$	14	
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from <u>Blanchet</u>		10	
Taking Remains to			
Delivering Box to			
Flowers to			
Removal Charges			
Procuring Burial Permit	(State Number and District)		
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)		
Pall Bearer Service			
Personal Service			
Use of Chapel			
Outlay for Lot		50	
Death Notices in <u>4</u> Newspapers		8	70
Flowers, \$	Rental of Palms, \$	15	
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Matting, \$	13	
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
Organist, \$			
Railroad } Tickets, \$	Aero-plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Motor Fees		1	00
Total Footing of Bill		512	90
Less			
Per <u>491.55</u>			
Balance			
Entered into Ledger, page..... or below.			

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

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

RECORD OF FUNERAL

Total No. 930 Yearly No. 38 Date Aug 10 1936
 Name of Deceased M. Arlene Roup (Single — Married — Divorced) (What Race) (Where Born) Pgh Pa
 Residence of Deceased 67 Lawn St Husband—Wife—Widow—
 Charge to: William Roup or..... of

Address 67 Lawn St
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death Aug 10-36 3:30 P
 Date of Birth 3-19-1936
 Age (Years) 4 (Months) 21 (Days)
 Date of Funeral Aug 13-36 M.
 Services at Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Childrens Hosp
 Cause of Death Pneumonia
 Contributory Causes.....
 Certifying Physician J. Fineman (or Coroner)
 His Address Childrens Hosp
 Name of Father Sam Allen Roup
 His Birthplace Pgh Pa
 Maiden Name of Mother Mary Marzani
 Her Birthplace Clinton Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by Hill
 Interment at St Ronays { Cemetery
 Crematory
 Diagram of Lot or Vault
 Lot No.....
 Grave No.....
 Section No. Childrens
 Owner.....

Complete Funeral	\$	
Casket		35
Metallic Lining		
Outside Box (State Kind)		10
Burial Vault (State Kind)		
Embalming Body with Fluid		10
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		25
Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		2
Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		
Hearse, \$ Ambulance, \$		5
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		20.00
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$ Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	82.25
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

Aug 15	To Funeral Charges Total, \$			By Cash	\$
	<u>Cash</u>	<u>40.00</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.

X

The records of this office show that William J. Boylan, Army Serial No. 1,918,159, was inducted into the military service September 22, 1917, by the Local Board for Division No. 1, Pittsburgh, Pennsylvania; served overseas from June 4, 1918, to May 9, 1919; served in Company E, 307th Engineers, and was honorably discharged May 25, 1919, at Camp Dix, New Jersey, as a private 1st class.

SERVICE BUREAU
ROOM 314 PLAZA BUILDING
FIFTH AVENUE
PHONE ATLANTIC 8243

HANDLING CLAIMS AND EMPLOYMENT
FOR EX-SERVICE MEN



PRINTING, MULTIGRAPHING, MIMEOGRAPHING

OFFICE HOURS:
9 A. M. TO 5 P. M. SATURDAYS 8 A. M. TO 12 NOON

"One Flag—One Country—One Language."

PITTSBURGH, PA.

March 16, 1934

Re: William J. Boylan

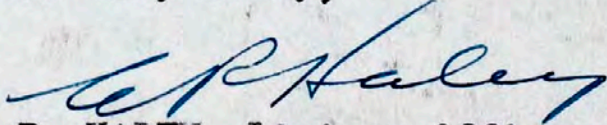
Mrs. Anna Boylan,
1841 Tustin St.,
Pittsburgh, Pa.

Dear Madam:

This is to advise that we received a service record for the above captioned veteran.

If you will kindly call at our office, we will be glad to assist you with your claim.

Yours very truly,


C. R. HALEY, Liaison Officer.

This is to Certify that the following is a true and correct copy of a certificate of death filed in the Bureau of Vital Statistics, Pennsylvania State Department of Health, as directed by Act of the General Assembly.

Emily Jones
(State Registrar)

Oct 29, 1928
(Date)

Form V. S. No. 5

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of *Allegheny*
Township of *Warf*
or
City of

Registration District No. *130*
Primary Registration *5000*

File No. *82313*

2. FULL NAME *William Joseph Boylan G. Pending*
(a) Residence. *2d St. W. H. #103, Springwall, Pa.*
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

[If death occurred a Hospital or Institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

16. DATE OF DEATH *July 21, 1928*
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from *5-4-1926* to *7-21-1928*, that I last saw him alive on *7-21-1928* and that death occurred, on the date stated above, at *6:15 P.M.*

6. DATE OF BIRTH (month, day, and year) *Nov. 14, 1895*

The CAUSE OF DEATH* was as follows:
Tuberculosis, pulmonary, chronic, far advanced. C. P. H.
(duration) yrs. mos. days

7. AGE Years Months Days IF LESS than 1 day
30 8 7 hrs. or min.

CONTRIBUTORY (Secondary) *Peritonitis, etc.*
18. Where was disease contracted *2025 Springwall, Pa.*
yrs. mos. days

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer
Constable

9. BIRTHPLACE (city or town) *Pittsburgh, Pa.*
(State or Country)

10. NAME OF FATHER *William Joseph Boylan*

Did an operation precede death? *No* Date of

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Ireland*

Was there an autopsy? *No*

MAIDEN 12. NAME OF MOTHER *Margaret Cahill*

What test confirmed diagnosis? *Physical, Ray, Lab.*
(Signed) *Henry G. Baber, M.D., Medical Officer in Charge*
7-20-1928 (Address) *2d St. W. H. #103 Springwall, Pa.*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Ireland*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. Informant (Address) *Hospital Records, 2d St. W. H. #103, Springwall, Pa.*

19. PLACE OF BURIAL, CREMATION OR REMOVAL *Calvary Cemetery, Pittsburgh, Pa.* DATE OF BURIAL *7-24-1928*

15. Filed *July 23, 1928* *Fred L. Kronenberger* REGISTRAR

20. UNDERTAKER *Wm. H. Durr* ADDRESS *1928 - 5th Ave.*

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so the N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact Statement of OCCUPATION is very important. It may be properly classified.

RECORD OF FUNERAL

Total No. 932 Yearly No. 60 Date Aug 23 1936
 Name of Deceased Baby Boy Bianchi W. Pgh Pa.
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased Smith Side St. St. Louis Husband—Wife—Widow—
 Charge to Samuel Bianchi or of }

Address 228 Paul St.
 Order given by
(or informant)
 How Secured
 Occupation of Deceased Still born
 Name of Employer
 Date of Death Aug 23-36
(Date) (Hour)
 Date of Birth Aug 23-36
(Date) (Hour)
 Age Still born
(Years) (Months) (Days)
 Date of Funeral Aug 27-36 3P M.
(Date) (Day of Week) (Hour)
 Services at
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State
(or U. S. or City or County) (Years) (Months)
 Place of Death Smith Side Hosp.
 Cause of Death Still born ? no premature
 Contributory Causes Myacerated
 Certifying Physician B. D. White
(or Coroner)
 His Address 427 Charles St.
 Name of Father Samuel Bianchi
 His Birthplace Pgh Pa.
 Maiden Name of Mother Lillie Lodini
 Her Birthplace Pgh Pa.
 Motor } Remains to
 Ship }
 Size and Style of Casket
(State Color)
 Manufactured by Still
 Interment at Calvary { Cemetery
 Crematory
 Lot No. Still born
 Grave No. Section
 Section No.
 Owner

Complete Funeral	\$	
Casket		10
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificate No.	<small>(State Number and District)</small>	
Pal Bearer Service	<small>(State Physician's or Coroner's)</small>	
Personal Service		
Use of Chapel		
Outlay for Lot		10
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Tent, \$	Rental of Palms, \$	
Lowering Device, \$	of Temporary Tomb, \$	
Opening of Grave or Tomb	Cremation, \$	
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 20.00
Less		\$
Per EDW. J. MCAVOY Balance		\$
Entered into Ledger, page or below.		

To Funeral Charges.... Total, \$		
	By Cash	\$ 5.00
	<u>Apr 19, 1938</u>	5.00
	<u>May 11, 1938</u>	5.00
	<u>June 28, 1938</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.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 933 Yearly No. 61 Date Aug 30 1936
 Name of Deceased Margaret Hovey Kennedy (Single - Married - Divorced) (What Race) (Where Born) Pa
 Residence of Deceased 103 Trade St Husband - Wife - Widow - John Kennedy
 Charge to Gene Kennedy of Widow of John Kennedy
 Address 1441 1/2
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Retired Prof
 Name of Employer _____
 Date of Death Aug 30 - 36 (Date) (Hour)
 Date of Birth May 13 - 15 (Date) (Hour)
 Age 67 (Years) (Months) (Days)
 Date of Funeral Sept 2 - 36 (Date) (Day of Week) 10A (Hour) M.
 Services at Epiphany
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mary Hosp
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Arterio Sclerosis
 Certifying Physician Robert B. Mei (or Coroner)
 His Address _____
 Name of Father Robert Hovey
 His Birthplace Ireland
 Maiden Name of Mother Mary McNeill
 Her Birthplace Ireland
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)
 Manufactured by Hill
 Interment at St Marys { Cemetery Crematory
 Lot No. 60
 Grave No. _____
 Section No. I
 Owner Patrick Grady
Mary Hovey

Complete Funeral	\$	
Casket		350.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Blauvelt</u>		10.00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____	(State Number and District) (State Physician's or Coroner's)	1.00
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>4</u> Newspapers <u>10 Lines</u>		12.00
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	16.00
Opening of Grave or Tomb		15.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 464.00
Less _____		
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.

RECORD OF FUNERAL

Total No. 934 Yearly No. 62 Date Sept 8 1936

Name of Deceased Elias Khalil (Single - Married - Divorced) W (What Race) Syria (Where Born)

Residence of Deceased 1309 Webster Ave Husband—Wife—Widow— Magdala

Charge to: James Khalil
Address: 1309 Webster Ave

Order given by

How Secured

Occupation of Deceased Retired

Name of Employer

Date of Death Sept 8 - 36 3:35
(Date) (Hour)

Date of Birth

Age 48
(Years) (Months) (Days)

Date of Funeral Sept 11 - 36 2 P M.
(Date) (Day of Week) (Hour)

Services at St Georges

Clergyman

His Address

Religion of the Deceased Orthdx

Resided in the State

Place of Death 1309 Webster Ave

Cause of Death Carcinoma of Rectum

Contributory Causes

Certifying Physician W. J. M. Gregor
(or Coroner)

His Address

Name of Father Khalil Mahan

His Birthplace Syria

Maiden Name of Mother

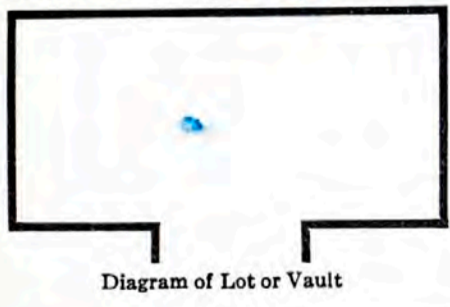
Her Birthplace Syria

Motor } Remains to
Ship }

Size and Style of Casket

Manufactured by Hill

Interment at St. Georges Burial Cemetery
Crematory



Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$ 375 00
Casket	280 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$ (State Color)	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Getting Remains from <u>Blanket</u>	10 00
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	25 00
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ Rental of Palms, \$ (Names of Newspapers)	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>11/2/36 Paid</u>	
Total Footing of Bill	\$ 390 50
Less	
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

RECORD OF FUNERAL


Total No. 935 Yearly No. 63 Date Sept 10 1936
 Name of Deceased Mrs. Helen Nori (Single — Married — Divorced) H (What Race) Poland (Where Born)
 Residence of Deceased 1300 Collier St Husband—Wife—Widow—
 Charge to John Nori or of }

Address
 Order given by
(or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death Sept 10 1936 1:30 AM
(Date) (Hour)
 Date of Birth May 22 1894
 Age 42 3 19
(Years) (Months) (Days)
 Date of Funeral Sept 14 9:30 AM
(Date) (Day of Week) (Hour)
 Services at Mother of God Chapel
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State
(or U. S. or City or County) (Years) (Months)
 Place of Death Pgh. Hospital
 Cause of Death Acute Cardiac Dilatation
 Contributory Causes Arteriosclerotic heart disease
 Certifying Physician Dr. S. George Jr.
(or Coroner)
 His Address Pgh. Hospital
 Name of Father Felix Szymbka
 His Birthplace Poland
 Maiden Name of Mother Sophie Kapan
 Her Birthplace Poland

Motor } Remains to
 Ship }

Size and Style of Casket
(State Color)

Manufactured by
 Interment at Mt. Carmel { Cemetery
 Crematory

 Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		225 00
Metallic Lining		
<small>(State Kind)</small>		
Outside Box		
<small>(State Kind)</small>		
Burial Vault		100 00
<small>(State Kind)</small>		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ <u>etc</u> Hose, \$		14 00
<small>(State Color)</small>		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		22 00
Removal Charges		
Procuring Burial Permit		
..... Certif. Copies of Death Certificates No.		
<small>(State Number and District)</small>		
<small>(State Physician's or Coroner's)</small>		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		58 00
Death Notices in Newspapers		7 20
<u>Flowers</u>		22 00
<small>(Names of Newspapers)</small>		
Flowers, \$ Rental of Palms, \$		15 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 496 70
Less		
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.

COUNTY OF ALLEGHENY)
) ss.
STATE OF PENNSYLVANIA)

Before me a Notary Public in and for Allegheny County, Pa. came

John Novi who declared that his wife Helen Novi (deceased) was born May 22nd, 1894 in Poland and at the time of her death was aged 42 years 3 months and 19 days, and also that the correct way to spell her name is Helen Novi and not Helen Novei. - He further declares that the records and other papers of The Pittsburgh Hospital, Pittsburgh, Pa. concerning this case are incorrect.

Sworn to and subscribed before me
this 10th day of September, 1936

C. N. Montague

Notary Public

C. N. MONTAGUE, Notary Public
MY COMMISSION EXPIRES
SEPTEMBER 18, 1938

John Novi

RECORD OF FUNERAL

Total No. 936 Yearly No. 64 Date Sept 11 1936
Name of Deceased John W. Fennell (Single - Married - Divorced) W (What Race) Pgh. Pa. (Where Born)
Residence of Deceased 1722 Buna Vista St Husband - Wife - Widow Beatrice Carr or of }
Charge to: Mrs. Beatrice Fennell
Address: 1722 Buna Vista St
Order given by same (or informant)
How Secured
Occupation of Deceased Bar tender
Name of Employer
Date of Death Sept 11, 1936 (Date) (Hour)
Date of Birth Aug 21, 1894 (Date) (Hour)
Age 42 0 20 (Years) (Months) (Days)
Date of Funeral Sept 15, 1936 (Date) (Day of Week) (Hour) M.
Services at chapel
Clergyman
His Address
Religion of the Deceased Prot.
Resided in the State (or U. S. or City or County) 42 (Years) (Months)
Place of Death Veterans Hospital
Cause of Death Tuberculosis Pul.
Contributory Causes
Certifying Physician W. E. Bate M.D. (or Coroner)
His Address Veterans Has.
Name of Father George Fennell
His Birthplace Pgh. Pa.
Maiden Name of Mother Ella Crawford
Her Birthplace Minn.
Motor Ship } Remains to
Size and Style of Casket (State Color)
Manufactured by
Interment at South Side { Cemetery
Crematory
Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		
Metallic Lining	(State Kind)	27.50
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	15.00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	@ \$	21.00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		28.00
Death Notices in Newspapers	(Names of Newspapers)	5.00
Flowers, \$	Rental of Palms, \$	15.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out-of-town Undertaker's Charges		
Total Footing of Bill		\$ 396.00
Less		
Per Balance		
Entered into Ledger, page		or below.

1/25/37 Paid in full
EJ.M.

To Funeral Charges	Total, \$				
shy auto		10	50		
death not.			5	20	
Funeral at 5250					
Allegany Hall					
Jan 20					
By Cash					\$ 75.00

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. 937 Yearly No. 65 Date Sept 18, 1936

Name of Deceased Infant Calhoun (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Mercy Hospital Husband—Wife—Widow—

Charge to Andrew Calhoun or of

Address 6640 Kennerman Rd

Order given by (or informant)

How Secured

Occupation of Deceased Infant

Name of Employer

Date of Death Sept 16 (Date) (Hour)

Date of Birth Sept 16, 1936 (Date) (Hour)

Age (Years) (Months) (Days) 5 mos

Date of Funeral Sept 19, 1936 (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Premature

Contributory Causes Asthma, Malformation

Certifying Physician J. H. Carroll (or Coroner)

His Address Med. Dept. Bldg.

Name of Father Andrew Calhoun

His Birthplace Arner

Maiden Name of Mother Cunnie Cunningham

Her Birthplace Arner

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary Cemetery Cemetery Crematory



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket	1.00	00
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body	1.00	50
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery @ \$	5.00	
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$		
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	25.00
Less <u>Per checks & mail</u>	\$	
Balance	\$	
Entered into Ledger, page		or below.

12-21-36

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. 938 Yearly No. 66 Date Sept 20 1936

Name of Deceased Matthew Leo Hannou (Single - Married - Divorced) W. (What Race) Pgh. (Where Born)

Residence of Deceased 1139 N. Wells Chicago Husband - Wife - Widow - } Single }
or of

Charge to.....
 Address St. Bridgets.
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Lithographer
 Name of Employer.....
 Date of Death Sept 20 - 36 10 (Date) (Hour)
 Date of Birth.....
 Age 40 (Years) (Months) (Days)
 Date of Funeral Sept 24 - 36 10 A. M. (Date) (Day of Week) (Hour)
 Services at St. Bridgets
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death Chicago N. Wells St.
 Cause of Death Chronic Myocarditis
 Contributory Causes.....
 Certifying Physician.....
(or Coroner)
 His Address.....
 Name of Father Thomas Hannou
 His Birthplace Ireland
 Maiden Name of Mother Oillon
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color) W. M. Shea - Undertaker
 Manufactured by Chicago
 Interment at Calvary { Cemetery
 Crematory




Diagram of Lot or Vault 3226 Calvary

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

Complete Funeral.....	\$ 725 00
Casket.....	
Metallic Lining.....	
Outside Box..... <small>(State Kind)</small>	
Burial Vault..... <small>(State Kind)</small>	100 00
Embalming Body..... with Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$..... <small>(State Color)</small>	27 50
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Badge, \$..... Gloves, \$.....	3 00
Hearse, \$..... Ambulance, \$.....	14 00
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from <u>Blanket</u>	12 50
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	20 50
Removal Charges.....	
Procuring Burial Permit..... <small>(State Number and District)</small>	
Certif. Copies of Death Certificates No..... <small>(State Physician's or Coroner's)</small>	
Pall Bearer Service.....	
Personal Service.....	25 00
Use of Chapel.....	
Outlay for Lot.....	
Death Notices in <u>4</u> Newspapers..... <small>(Names of Newspapers)</small>	10 20
Flowers, \$..... Rental of Palms, \$.....	15 00
Rental of Tent, \$..... of Temporary Tomb, \$.....	20 00
Lowering Device, \$..... Cremation, \$.....	3 00
Opening of Grave or Tomb.....	20 00
Lining Grave, \$..... Matting, \$.....	73 00
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....	2 25
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	82 50
EDWARD MCAVOY	
3-16-37	
Total Footing of Bill.....	\$ 900 00
Less.....	\$ 185 45
Balance.....	
Entered into Ledger, page..... or below.	

	To Funeral Charges..... Total, \$	By Cash.....	\$ 900 00
2-19-37			\$ 185 45

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.

RECORD OF FUNERAL

Total No. 939 Yearly No. 67 Date Sept 24 1936

Name of Deceased Baby Eyles (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Husband - Wife - Widow - or of

Charge to Elysio Eyles Address 2985 Bebruse

Order given by How Secured Occupation of Deceased Infant

Name of Employer Date of Death 9-24-36 Date of Birth 9-24-36

Age Still born Date of Funeral 9-25-36 Services at Chapel

Clergyman His Address Religion of the Deceased Protest

Resided in the State Place of Death Mace Hosp

Cause of Death Still born due to lack of oxygen abruptly Contributory Causes

Certifying Physician His Address Name of Father Elysio Eyles

His Birthplace Iowa Maiden Name of Mother Danda McCash

Her Birthplace Mt Union Iowa Motor Ship Remains to

Size and Style of Casket Manufactured by Interment at Mt Lebanon Cemetery

Lot No. Grave No. Section No. Owner

Diagram of Lot or Vault To Funeral Charges Total, \$ By Cash \$

Table with columns for various funeral services (Complete Funeral, Casket, Metallic Lining, Outside Box, Burial Vault, Embalming Body, Barber, Dressing Body, Suit or Dress, Underwear, Slippers, etc.) and monetary amounts in dollars.

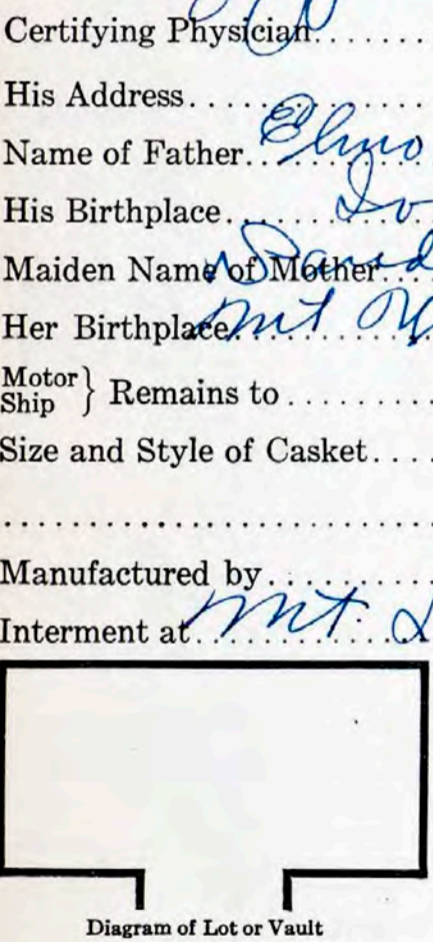


Table for payment details: To Funeral Charges Total, \$ By Cash \$

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.

RECORD OF FUNERAL

Total No. 940 Yearly No. 68 Date Sept 28, 1936

Name of Deceased John Benzinger (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 2118 Montebello Ave (or informant) Husband—Wife—Widow— } 295
or of }

Charge to James Welsh
Address 2118 Montebello Ave
Order given by James Welsh Pr 3153 R
(or informant)

How Secured
Occupation of Deceased Kitchen
Name of Employer Mary Hop
Date of Death Sept 28 - 36 9:10 A
Date of Birth Mar 5 1877 (Date) (Hour)
Age 59 6 23 (Years) (Months) (Days)

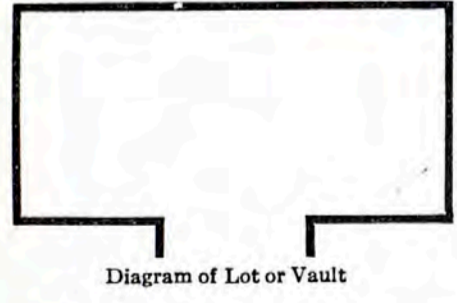
Date of Funeral Sept 30 - 36 2 P M
Services at Chapel
Clergyman Rev F B Stewart
His Address 7300 Schoyer Ave
Religion of the Deceased Prot

Resided in the State (or U. S. or City or County) (Years) (Months)
Place of Death Mary Hop
Cause of Death Coronary occlusion

Contributory Causes Coronary Heart Failure
Certifying Physician Shaver (or Coroner)
His Address Mary Hop

Name of Father George
His Birthplace Germany
Maiden Name of Mother Rebecca Miller
Her Birthplace Germany
Motor } Remains to
Ship } (State Color)

Size and Style of Casket
Manufactured by United Co
Interment at United Co { Cemetery
Crematory



Lot No.
Grave No.
Section No.
Owner

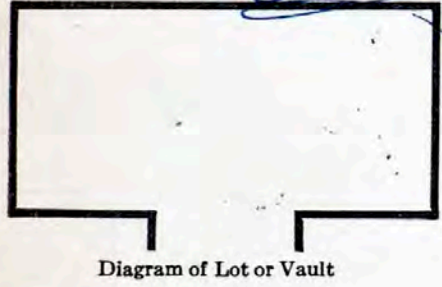
Complete Funeral	\$	
Casket		165 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	2 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	31 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel	<u>Blanket</u>	8 00
Outlay for Lot		
Death Notices in	Newspapers	8 40
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		20 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>paid Nov 12 1936</u>		
Total Footing of Bill	\$	306 90
Less	\$	
Per	\$	
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. 941 Yearly No. 69 Date Sept 28 1936
 Name of Deceased John J. Hoban (Single - Married - Divorced) (What Race) W (Where Born) Pgh Pa
 Residence of Deceased _____ Husband _____ Wife _____ Widower _____ of _____
 Charge to: Mrs. John J. Hoban
 Address: 1105 Belmont Ave.
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Truck Driver
 Name of Employer J. H. Hill Co.
 Date of Death Sept 28 1936 (Date) (Hour)
 Date of Birth July 18 1875 (Date) (Hour)
 Age 61 (Years) 2 (Months) 10 (Days)
 Date of Funeral Oct 2 (Date) (Day of Week) (Hour) M.
 Services at _____
 Clergyman _____
 His Address _____
 Religion of the Deceased Catholic
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death On arrival at Mercy Hosp
 Cause of Death Barbitic acid poisoning
 Contributory Causes _____
 Certifying Physician W. J. McKeay (or Coroner)
 His Address County Tom road
 Name of Father Patrick Hoban
 His Birthplace Pennsboro
 Maiden Name of Mother Liza Murphy
 Her Birthplace Pa
 Motor } Remains to _____
 Ship }
 Size and Style of Casket William Tole (State Color) nephew
 Manufactured by 2514 Tole St
 Interment at Calvary { Cemetery }
 { Crematory }
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____



Complete Funeral	\$	
Casket		300 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embaling Body with Fluid		10 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		2 50
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel <u>Blanket</u>		12 00
Outlay for Lot		
Death Notices in Newspapers		10 20
Flowers, \$ (Names of Newspapers)		15 00
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		31 00
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ MCA Aero-plane Service, \$		
Telegr. Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	431 20
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

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

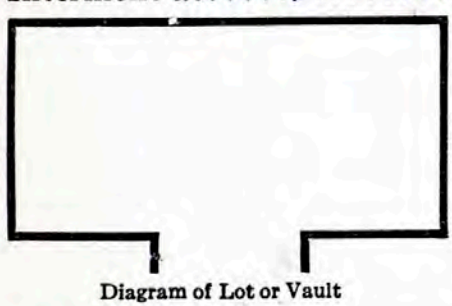
Insurance, \$ _____ Names of Lodges _____
 Names of Insurance Companies _____
 We hereby authorize the above funeral and agree to pay the expenses thereof _____
 Signed _____
 Witness: _____ Signed _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 942 Yearly No. 70 Date Oct 4 1936
 Name of Deceased Infant Smith W. (What Race) Maguer Hosp. (Where Born)
 Residence of Deceased 238 Arlington ave. Husband—Wife—Widow— }
 Charge to or of }

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Infant
 Name of Employer
 Date of Death Oct 4 1936 1205A (Date) (Hour)
 Date of Birth Oct 4 1936 (Date) (Hour)
 Age Stillborn (Years) (Months) (Days)
 Date of Funeral Oct 6 1936 2 P (Date) (Day of Week) (Hour) M.
 Services at
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Maguer Hosp.
 Cause of Death Stillborn
 Contributory Causes
 Certifying Physician J. V. Ballantyne (or Coroner)
 His Address Maguer Hosp.
 Name of Father Alfred B. Smith
 His Birthplace Penna
 Maiden Name of Mother Hebe Wingerson
 Her Birthplace Pgh Pa.
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St. Mary's Cemetery
 Lot No. 167
 Grave No. 6 1/2
 Section No. 10
 Owner

Complete Funeral	\$	
Casket		<u>10 00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to <u>St. Mary's</u>		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>10 00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Railroad or Motor } Tickets, \$	Organist, \$	
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		<u>20 00</u>
Less		
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.

RECORD OF FUNERAL

Total No. 943 Yearly No. 77 Date Oct 14 1936

Name of Deceased Catherine Mary Walsh (Single - Married - Divorced) (What Race) W. (Where Born) Pgh

Residence of Deceased 805 Bluff Husband—Wife—Widow— } Charge to: Peter P. Walsh of } H. 25

Address

Order given by

How Secured (or informant)

Occupation of Deceased Student

Name of Employer

Date of Death Oct 14 - 36 (Date) A (Hour)

Date of Birth Jan 8 1916 (Date) (Hour)

Age 20 (Years) 9 (Months) 6 (Days)

Date of Funeral Oct 17 - 36 (Date) (Day of Week) (Hour) M.

Services at E. Pyskany

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 805 Bluff St.

Cause of Death acute meningitis

Contributory Causes Pneumonia

Certifying Physician D. C. M. G. Christ (or Coroner)

His Address Mercy Hosp.

Name of Father Peter P. Walsh

His Birthplace Pittsburgh, Pa.

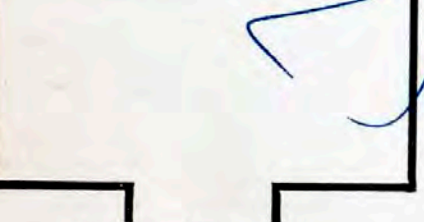
Maiden Name of Mother Mary Bushell

Her Birthplace England

Motor } Remains to Ship } Size and Style of Casket (State Color)

Manufactured by Galaxy

Interment at Galaxy { Cemetery Crematory



Lot No. Grave No. Section No. Owner

Complete Funeral	\$	
Casket		350 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificate No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel <u>Blanket</u>		12 00
Outlay for Lot		
Death Notices in Newspapers		8 40
(Names of Newspapers) <u>1900-18</u>		12 00
Flowers, \$ Rental of Palms, \$		20 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		25 00
Railroad } Tickets, \$ Aero-plane Service, \$		
or Motor } Telegr., Phone, Cable or Radio Charges		
Cash Advanced <u>EDW. J. MCAVOY</u>		
Out of town Undertaker's Charges		
Total Footing of Bill <u>E. J. M.</u>	\$	502 90
Less Per	\$	
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

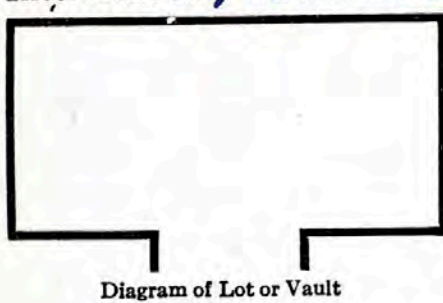
Signed Witness: Signed

RECORD OF FUNERAL

Total No. 944 Yearly No. 72 Date Oct 20 1936
 Name of Deceased Adeline Donatelli Di Donato Pgh Pa.
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 115 S. Graham Husband—Wife—Widow—George Di Donato
 Charge to George Di Donato or _____ of _____

Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death Oct 20 1936 6:37 A
(Date) (Hour)
 Date of Birth Mar. 15 1893
(Date)
 Age 43 7 5
(Years) (Months) (Days)
 Date of Funeral Oct 23-36 9 A M.
(Date) (Day of Week) (Hour)
 Services at St Lawrence
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death St Francis Hosp
 Cause of Death Addison Disease
 Contributory Causes.....
 Certifying Physician A. Mealon
(or Coroner)
 His Address St Francis Hosp
 Name of Father Vito Anthony Donatelli
 His Birthplace Italy
 Maiden Name of Mother Anna Maria
 Her Birthplace Italy
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)

Complete Funeral	\$ <u>630 00</u>
Casket	425 00
Metallic Lining	<small>(State Kind)</small>
Outside Box	<small>(State Kind)</small>
Burial Vault	125 00
Embalming Body	<small>(State Kind)</small>
Barber, \$	with Fluid 25 00
Dressing Body	Hair Dressing, \$
Suit or Dress, \$	Hose, \$ 20 00
Underwear, \$	<small>(State Color)</small>
Folding Chairs, \$	Slippers, \$
Candelabrum, \$	Tarpaulin, \$
Door Badge, \$	Candles, \$ 3 00
Hearse, \$	Gloves, \$ 3 00
Limousines to Cemetery	@ \$ 14 00
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
<small>(State Number and District)</small>	
Certif. Copies of Death Certificates No. _____	
<small>(State Physician's or Coroner's)</small>	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	4 Newspapers 8 40
<small>(Names of Newspapers)</small>	<u>Nov 13</u> 12 00
Flowers, \$	15 00
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	33 00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Organist, \$
or Motor } Aero-	plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
E. W. J. McAVOY	
<i>[Signature]</i>	
Total Footing of Bill	\$ <u>683 40</u>
Less	Per..... \$
Balance	\$
Entered into Ledger, page..... or below.	



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

To Funeral Charges... Total, \$	By Cash..... \$ <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.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 945 Yearly No. 73 Date Oct 25 1936

Name of Deceased Norma Gabriel (Single - Married - Divorced) W. (What Race) Syria (Where Born)

Residence of Deceased 615 Elm St Husband—Wife—Widow—

Charge to Mary Yemen Elias Gabriel or of 475

Address 615 Elm St

Order given by (or informant)

How Secured Housewife

Occupation of Deceased Housewife

Name of Employer

Date of Death Oct 25, 1936 2³⁰ AM (Date) (Hour)

Date of Birth Aug 27, 1866 (Date) (Day of Week) (Hour)

Age 50 1 28 (Years) (Months) (Days)

Date of Funeral Oct 27, 1936 (Date) (Day of Week) (Hour) M.

Services at St. Anne

Clergyman Frs Basil

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death Acute Nephritis

Contributory Causes Acute Bronchitis

Certifying Physician A. Aiello (or Coroner)

His Address 909 N. Olive Ave

Name of Father Joseph Normna

His Birthplace Syria

Maiden Name of Mother Judie Joseph

Her Birthplace Syria

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Palmyra { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		300.00
Metallic Lining	(State Kind)	20.00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	2.50
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	23.50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	@ \$	10.50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Blanket</u>	12.00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		35.00
Death Notices in	Newspapers	12.00
	(Names of Newspapers) <u>Post B.</u>	15.00
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		31.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Railroad or Motor	Tickets, \$	
	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> Paid Nov 9, 1936 EJM </div>		
Total Footing of Bill		\$ 469.00
Less		\$ 504.00
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

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 946 Yearly No. 77 Date Nov 5, 1936

Name of Deceased John A. Coyne (Single - Married - Divorced) W. (What Race) Scranton Pa. (Where Born)

Residence of Deceased 2838 Shady Ave. Husband—Wife—Widow— } Clown
or of }

Charge to: Mrs. Margaret O'Malley

Address: 5858 Birchfield

Order given by (or informant)

How Secured

Occupation of Deceased Labourer

Name of Employer W.P.A.

Date of Death Nov. 5, 1936 (Date) (Hour)

Date of Birth

Age 47 (Years) (Months) (Days)

Date of Funeral Nov. 7, 1936 (Date) (Day of Week) (Hour) M.

Services at Binghamton, N.Y.

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Mesenteric Thrombosis

Contributory Causes

Certifying Physician H. J. M. Shigor (or Coroner)

His Address Hammer Sep.

Name of Father John Coyne

His Birthplace Penna.

Maiden Name of Mother Mary Mullen

Her Birthplace Penna.

Motor } Remains to Binghamton N.Y.
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Binghamton N.Y. { Cemetery
Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket		
Metallic Lining <u>Shipping Case</u> (State Kind)		35.00
Outside Box		
Burial Vault		
Embalming Body with Fluid		25.00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body		
Suit or Dress, \$..... (State Color) Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse, \$..... to <u>Scranton</u> Ambulance, \$.....		10.00
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers <u>notary public</u> (Names of Newspapers)		2.00
Flowers, \$..... Rental of Palms \$.....		
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- plane Service, \$..... or Motor }		
Telegr., <u>Phone</u> , Cable or Radio Charges		3.40
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill <u>7/8/37 Paid EJM</u>	\$	75.40
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

To Funeral Charges... Total, \$		By Cash	\$
		<u>Allegheny County ch.</u>	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

RECORD OF FUNERAL

Total No. 947 Yearly No. 75 Date Nov 10 1936
 Name of Deceased Salun Adisey (Single - Married - Divorced) (What Race) W (Where Born) Syria
 Residence of Deceased 1027 Bushrick Way Husband—Wife—Widow—Widowed
 Charge to Complete Funeral
 Address 284 Paul St
 Order given by Mrs. Washington (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Date of Death Nov 10 1936 (Date) (Hour)
 Date of Birth Oct 10 1876 (Date) (Hour)
 Age 60 - 1 - 0 (Years) (Months) (Days)
 Date of Funeral Nov 12 (Date) (Day of Week) (Hour) 9 A M.
 Services at St Ann's
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1027 Bushrick Way
 Cause of Death Cardio-Vascular Disease
 Contributory Causes
 Certifying Physician J. P. Hegarty (or Coroner)
 His Address Medical Arts Bldg
 Name of Father Thomas Adisey
 His Birthplace Syria
 Maiden Name of Mother M. Meriman
 Her Birthplace Syria
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St. Mary Cemetery
 Lot No. 47
 Grave No.
 Section No. 1
 Diagram of Lot or Vault M. Adisey
 Entered into Ledger, page or below.

Complete Funeral	\$ 5.25
Casket	4.35 00
Metallic Lining	
Outside Box <u>Double End Painted</u>	2.50 00
Burial Vault	
Embalming Body with Fluid	2.50 00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	1.00
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	3.00
Candles, \$	3.00
Door Badge, \$	14.00
Gloves, \$	21.00
Hearse, \$	10.00
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to <u>Blanket</u>	12.00
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	18.00
Death Notices in Newspapers	
Flowers, \$	15.00
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 582.00
Less	
Balance	

To Funeral Charges... Total, \$		By Cash	\$
<u>140.84</u>	<u>St. Mary</u>		
<u>M. Adisey</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.

RECORD OF FUNERAL

Total No. 948 Yearly No. 76 Date Nov 11 1936
 Name of Deceased Michael Constantin (Single Married Divorced) W (What Race) Syria (Where Born)
 Residence of Deceased 6337 Burchfield Husband—Wife—Widow—
 Charge to: Estate or of

Address.....
 Order given by.....
 How Secured.....
 Occupation of Deceased Auto Sales
 Name of Employer.....
 Date of Death Nov 11-36 (Date) (Hour)
 Date of Birth.....
 Age 60 (Years) (Months) (Days)
 Date of Funeral Nov 14-36 (Date) (Day of Week) 9 A.M. (Hour)
 Services at St. Ann's 10 A
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death E. Ave 104 Bridge
 Cause of Death Undetermined (Probal Heart)
 Contributory Causes.....
 Certifying Physician M. C. Gregor (or Coroner)
 His Address Margue
 Name of Father Joseph Constantin
 His Birthplace Syria
 Maiden Name of Mother Anna Constantin
 Her Birthplace Syria
 Motor } Remains to
 Ship }

Complete Funeral	\$	
Casket		490 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Burial Vault (State Kind)		100 00
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		2 00
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		21 00
Autos to R. R. Station @ \$		12
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>		12
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>4</u> Newspapers (Names of Newspapers)		7 20
Flowers, \$ Rental of Palms, \$		20 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>may 25, 1937</u>		
Total Footing of Bill	\$	709 20
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

Size and Style of Casket Irnetta Constantin (Dyble) (State Color)
 Manufactured by 6336 Burchfield
 Interment at St. Ann's { Cemetery Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....
 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.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 949 Yearly No. 77 Date Nov 18 1936
 Name of Deceased Charles Affie (Single—Married—Divorced) White (What Race) Syria (Where Born)
 Residence of Deceased 91 Washington St. Husband—Wife—Widow—Elizabeth or of 500

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Restaurant Keeper
 Name of Employer Himself
 Date of Death Nov 18 - 36 (Date) (Hour)
 Date of Birth
 Age 40 (Years) (Months) (Days)
 Date of Funeral Nov 20 - 36 (Date) (Day of Week) 9A M. (Hour)
 Services at St Ann's
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 91 Washington
 Cause of Death Broncho Pneumonia
 Contributory Causes Cold Common
 Certifying Physician Geo Thomas (or Coroner)
 His Address 4066 Penn ave
 Name of Father Shahen Affie
 His Birthplace Syria
 Maiden Name of Mother Marion
 Her Birthplace Syria
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Babary { Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		300 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	25 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) <u>Tie</u> Hose	55
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Getting Remains from <u>D.P.</u>		10 00
Taking Remains to		
Delivering Box to <u>Blanket</u>		10 00
Flowers to		
Removal Charges	<u>Extra Gloves</u>	3 00
Procuring Burial Permit		
Certif. Copies of Death Certificate No.	(State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	<u>Extra Deep</u>	136 00
Death Notices in Newspapers	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill <u>555 05</u>		
Less		
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.

RECORD OF FUNERAL

Total No. 950 Yearly No. 78 Date Nov 19 1936

Name of Deceased Catherine Jordan (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 31 Miltenberger St. (or informant) (What Race) (Where Born)

Charge to James + Michael Walsh (Husband - Wife - Widow - or of) \$ 550.00

Address 31 Miltenberger

Order given by (or informant) How Secured

Occupation of Deceased Retired Complete Funeral \$ 400.00

Name of Employer Date of Death Nov 19 1936 Casket

Date of Birth Feb 14 1873 Metallic Lining

Age 63 9 5 Outside Box \$ 25.00

Date of Funeral Nov 21 1936 M. Burial Vault

Services at Epiphany Embalming Body with Fluid \$ 25.00

Clergyman [Signature] Barber, \$ Hair Dressing, \$

His Address Bath Dressing Body

Religion of the Deceased Cath Suit or Dress, \$ Hose, \$ 25.00

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp Underwear, \$ Slippers, \$ 2.00

Cause of Death Broncho Pneumonia Folding Chairs, \$ Tarpaulin, \$

Contributory Causes Certifying Physician Dr. Johnston + Wood (Coroner)

His Address Mercy Hosp Candelabrum, \$ Candles, \$ 3.00

Name of Father Michael Jordan Door Badge, \$ Gloves, \$ 3.00

His Birthplace [Signature] Hearse, \$ Ambulance, \$ 14.00

Maiden Name of Mother Her Birthplace

Motor Ship } Remains to Size and Style of Casket (State Color)

Manufactured by Interment at Balvay Cemetery or Crematory

Lot No. 220 Grave No. 4

Section No. 1 Total Footing of Bill \$ 575.40

Diagram of Lot or Vault [Signature] Owner

Complete Funeral	\$ 400.00
Casket	
Metallic Lining	
Outside Box	\$ 25.00
Burial Vault	
Embalming Body with Fluid	\$ 25.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	\$ 25.00
Underwear, \$ Slippers, \$	\$ 2.00
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	\$ 3.00
Door Badge, \$ Gloves, \$	\$ 3.00
Hearse, \$ Ambulance, \$	\$ 14.00
Limousines to Cemetery @ \$	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to <u>Blanket</u>	\$ 12.00
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	\$ 33.00
Death Notices in <u>4</u> Newspapers	\$ 8.40
Flowers, \$ Rental of Palms, \$	\$ 15.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	\$ 10.00
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>Dec 22 1936</u> J. MCAVOY	
Total Footing of Bill	\$ 575.40
Less	
Balance	
Entered into Ledger, page <u>[Signature]</u> or below.	

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

Insurance, \$ Prudential 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. 951 Yearly No. 79 Date Nov. 19 1936
 Name of Deceased Rita Nessor (Single — Married — Divorced) (What Race) (Where Born)
 Residence of Deceased 3483 Milwaukee Husband—Wife—Widow— }
 Charge to Conrad H. Nessor or of }
 Address Same
 Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death Nov. 19, 1936 (Date) (Hour)
 Date of Birth June 15, 1886 (Date) (Hour)
 Age 50 5 4 (Years) (Months) (Days)
 Date of Funeral Nov. 22 (Date) (Day of Week) (Hour) M.
 Services at St. George's
 Clergyman
 His Address
 Religion of the Deceased Cath. Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death Hypertension
 Contributory Causes Acute Bronchitis
 Certifying Physician Frank T. Herron (or Coroner)
 His Address Med. Arts Bldg
 Name of Father A. M. Nessor
 His Birthplace Syria
 Maiden Name of Mother Kappa Khoury
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Allegheny Mem. { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner
 Diagram of Lot or Vault

Complete Funeral		\$
Casket		390.00
Metallic Lining		
Outside Box	(State Kind)	20.00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	25.00
Underwear, \$	Slippers, \$	2.50
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	3 @ \$	31.50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>St. J. B.</u>	12.00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	4 Newspapers 6 lines	7.20
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		20.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		20.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Organist, \$		
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 573.20
Less		\$
Balance		\$
Entered into Ledger, page or below.		

	To Funeral Charges... Total, \$		2/1/37	By Cash	
					\$ 150.00
					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. 952 Yearly No. 80 Date Nov 24 1936

Name of Deceased Infant Margnari (Single—Married—Divorced) W. Mary Hoop (What Race) (Where Born)

Residence of Deceased Box 137 Sulphur Pa. Husband—Wife—Widow— Infant Son

Charge to Joseph Margnari or of

Address Joseph Margnari

Order given by (or informant)

How Secured

Occupation of Deceased Infant

Name of Employer

Date of Death Nov 1936 (Date) (Hour)

Date of Birth Nov 1936 (Date) (Hour)

Age Still born (Years) (Months) (Days)

Date of Funeral Nov 25 1936 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mary Hoop

Cause of Death Still born

Contributory Causes Dr. Carroll

Certifying Physician Dr. Barnett (or Coroner)

His Address Mary Hoop

Name of Father Joseph Margnari

His Birthplace Austria

Maiden Name of Mother Mary Paoli

Her Birthplace Genoa

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at M.inersville { Cemetery Crematory

Complete Funeral	\$ <u>18.</u>
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	(Names of Newspapers)
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ <u>18.00</u>
Less	
Balance	
Entered into Ledger, page	or below.

E. W. J. MCAVOY

11-24-36

Diagram of Lot or Vault

Owner Card given to father 11-25-36

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. 954 Yearly No. 82 Date Dec 6 1936

Name of Deceased Peter G. Bundy (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased 416 3rd Ave Husband—Wife—Widow— or of

Charge to Mrs. Vera England
 Address 179 Delaunay Drive Rochester N.Y.
 Order given by Rochester N.Y.
 How Secured
 Occupation of Deceased Painter
 Name of Employer
 Date of Death Dec 6, 1936
 Date of Birth
 Age Abt 59
 Date of Funeral Dec 10, 10 A.M.
 Services at Chapel
 Clergyman
 His Address
 Religion of the Deceased Rook
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Allegheny Gen.
 Cause of Death Severe Tremors
 Contributory Causes Burns on face & hands due to lightning strike
 Certifying Physician (or Coroner) H. J. M. Sregor (Banner)
 His Address
 Name of Father
 His Birthplace
 Maiden Name of Mother Philippina Frank
 Her Birthplace Germany
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at United Cem. { Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket	125.00	
Metallic Lining		
Outside Box (State Kind)	15.00	
Burial Vault (State Kind)		
Embalming Body with Fluid	25.00	
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$	12.50	
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$	3.00	
Hearse, \$ Ambulance, \$	14.00	
Limousines to Cemetery 2 @ \$	21.00	
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>	8.00	
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service (State Physician's or Coroner's)		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers)		
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb	20.00	
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$	10.00	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges <u>37</u>		
Total Footing of Bill	\$ 253.50	
Less	\$	
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

Aug 9th 1939

Mr. McAvoy.

Dear Friend,

Will you do me a favor
and sign this bill paid by me,
Mrs Dora Englet.

My mother has pass away, and she
has promise me that she would paid
the bill, when I come home I did
not tell about Peter Bunde insurance
which I was not sure my self, and
knew that I would have to paid it,
from my own pocket, the rest would not
help. I know my brother would want me
to have it, that why I want the bill
before they read the will, I know I am
~~entitled~~ entitle to it, I do not believed
that I am wrong in durning this.
and will you please have a marker

made for peter Bunde, about \$4. and
send me the bill, I wanted it done be-
fore this, which I plan to come down
there, I am working every day, so it is
hard to get away, maybe in fall, and will
call on you. with best wishes

Dora Engbert

179 Delamaine Dr.
Rochester near York.

the will, will be open in about 10 days.

RECORD OF FUNERAL

Total No. *955* Yearly No. *83* Date *Dec 12 1936*
 Name of Deceased *Sister M. Rita (Bridget Connelly) Ireland*
(Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased *St. Pauls Dphange* Husband—Wife—Widow—
 or..... of }

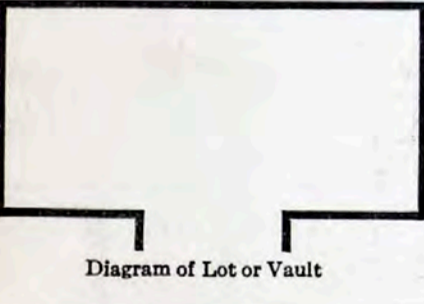
Charge to:
 Address:
 Order given by: (or informant)
 How Secured:
 Occupation of Deceased *In Religion*
 Name of Employer:
 Date of Death *Dec 12* (Date) (Hour)
 Date of Birth *Nov 27, 1893*
 Age *43* (Years) *0* (Months) *15* (Days)
 Date of Funeral *Dec 15, 1936* M. (Date) (Day of Week) (Hour)

Services at: *St. Pauls*
 Clergyman:
 His Address:
 Religion of the Deceased *Cath.*
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death *Mercy Hospital*
 Cause of Death *Carcinoma of Lung*
 Contributory Causes *Staphylococci Pneumonia*
 Certifying Physician *J. C. Shover* (or Coroner)
 His Address *Mercy Hospital*
 Name of Father *Valentine Connelly*
 His Birthplace *Ireland*
 Maiden Name of Mother *Mary Connelly*
 Her Birthplace *Ireland*

Motor } Remains to
 Ship }

Size and Style of Casket (State Color)
 Manufactured by:
 Interment at *St. Xavier's* { Cemetery
 Crematory

Complete Funeral	\$	
Casket		60 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	15 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	35 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	3 60
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 131 60
Less		\$
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.

RECORD OF FUNERAL

Total No. 956 Yearly No. 84 Date Dec 13 1936
 Name of Deceased Frank J. Gramm (Single — Married — Divorced) (What Race) W.P. (Where Born) Germany
 Residence of Deceased 11 Stevenson St. Husband—Wife—Widow—
 Charge to Estate of Frank J. or..... of }

Address Patten Little & Sons Co.
 Order given by adminstr
 How Secured
 Occupation of Deceased
 Name of Employer Reynolds
 Date of Death 12-13-36
 Date of Birth
 Age 73
 Date of Funeral 12-16-36 9 M.
 Services at Epiphany
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State
 Place of Death Mary St.
 Cause of Death Bronchopneumonia
 Contributory Causes Arterio sclerosis
 Certifying Physician W.C. Shaver
 His Address Mary St.
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to Mrs. Minnie Haley
 Ship }

Complete Funeral	\$	
Casket		150 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	
Barber, \$.....	with Fluid	25 00
Dressing Body	Hair Dressing, \$.....	
Suit or Dress, \$.....	Hose, \$.....	18 00
Underwear, \$.....	Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	3 00
Door Badge, \$.....	Gloves, \$.....	3 00
Hearse, \$.....	Ambulance, \$.....	14 00
Limousines to Cemetery	@ \$.....	10 50
Autos to R. R. Station	@ \$.....	
Getting Remains from		
Taking Remains to	<u>Blanket</u>	8 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
_____ Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		50 00
Death Notices in	Newspapers	
Flowers, \$.....	(Names of Newspapers)	15 00
Rental of Tent, \$.....	of Temporary Tomb, \$.....	
Lowering Device, \$.....	Cremation, \$.....	
Opening of Grave or Tomb		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges		
Clergyman, \$.....	Singers, \$.....	10 00
Railroad } Tickets, \$.....	Aero- plane Service, \$.....	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges <u>30.1937</u>		
<u>Paid in full</u>		
Total Footing of Bill	\$	321 50
Less	\$	
Balance	\$	
Entered into Ledger, page	or below.	

Diagram of Lot or Vault

Interment at Cabary { Cemetery
 Crematory

Lot No. single
 Grave No. section
 Section No.
 Owner

Manufactured by

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. 957 Yearly No. 85 Date Dec 25 1936

Name of Deceased Peter Rubeo (Single - Married - Divorced) It (What Race) Italy (Where Born)

Residence of Deceased 72 Logan St Husband - Wife - Widow - }
or of }

Charge to Josephine Rubeo
Address

Order given by (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Date of Death Dec 25, 1936 (Date) (Hour)

Date of Birth Feb 18, 1873 (Date) (Hour)

Age 63 10 7 (Years) (Months) (Days)

Date of Funeral Dec 28, 1936 9:30 AM (Date) (Day of Week) (Hour)

Services at St. Peters

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Chronic Valvular Disease

Contributory Causes

Certifying Physician S. J. Rosen (or Coroner)

His Address 1208 5th Ave

Name of Father Rubio

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Cabony { Cemetery
Crematory

Lot No. 2

Grave No. 11

Section No. 14

Owner Domenich Rubeo (son)

Diagram of Lot or Vault

Complete Funeral	\$ 1.75 00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	20 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	3 00
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$ 2	21 00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot <u>Blanket</u>	66 00
Death Notices in Newspapers	8 00
..... (Names of Newspapers) <u>Door Badge</u>	10 00
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 368 00
Less	
Balance	\$
Entered into Ledger, page or below.	

<u>P.O. Box 85 Carnegie</u>	
To Funeral Charges... Total, \$	Dec 28 By Cash <u>By cash</u> \$ 62 10
Tony Brazino 10.35	Jan 2 1937 150 00
Alce Laporte 10.35	
Joseph Rubeo 10.35	Pd.

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

RECORD OF FUNERAL

Total No. 958 Yearly No. 86 Date Dec 29 1936
 Name of Deceased John Mullen (Single - Married - Divorced) (What Race) W (Where Born) Ireland
 Residence of Deceased 1717 Forbes Husband - Wife - Widow or Ellen

Charge to Mrs. Mary M. Grath
 Address 1717 Forbes St
 Order given by
 How Secured
 Occupation of Deceased Unemployed
 Name of Employer

Date of Death Dec 29 1936 (Date) (Hour)

Date of Birth
 Age 70 (Years) (Months) (Days)

Date of Funeral Jan 2 - 1937 (Date) (Day of Week) (Hour) M

Services at Epiphany
 Clergyman

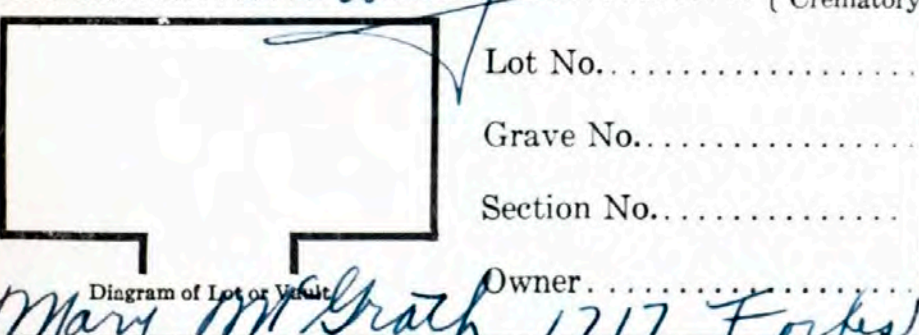
His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1717 Forbes St.
 Cause of Death Chronic myocarditis
 Contributory Causes

Certifying Physician Dr. M. C. Gregor (or Coroner)

His Address Epiphany
 Name of Father Mullen
 His Birthplace Ireland
 Maiden Name of Mother Mary M. Mally
 Her Birthplace Ireland

Complete Funeral	\$ 410
Casket	250 00
Metallic Lining	
Outside Box (State Kind)	25 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ <u>Suit & garments</u>	22 50
Underwear, \$ Shippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to <u>Blanket</u>	8 00
Flowers to	16 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service <u>transcript</u>	50
Use of Chapel	
Outlay for Lot	31 00
Death Notices in Newspapers	10 80
Flowers, \$ (Names of Newspapers)	15 00
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	10 00
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill <u>EJM</u>	\$ 433 80
Less	\$
Balance	\$



Owner Mary M. Grath 1717 Forbes

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. 959 Yearly No. 87 Date Dec 30 1936

Name of Deceased Infant Yemin
(Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 12 Logan St
Husband—Wife—Widow—
or of

Charge to: Carmen Yemin
 Address: Same

Order given by _____
(or informant)

How Secured _____
 Occupation of Deceased Infant

Name of Employer _____
 Date of Death Dec 30, 1936
(Date) (Hour)

Date of Birth Dec 30, 1936
(Date) (Hour)

Age Stillborn
(Years) (Months) (Days)

Date of Funeral Dec 31, 1936 M.
(Date) (Day of Week) (Hour)

Services at: _____
 Clergyman: _____

His Address: _____
 Religion of the Deceased Cath

Resided in the State _____
(or U. S. or City or County) (Years) (Months)

Place of Death St. Rosalia, 12 Cliff St

Cause of Death Asphyxiation
 Contributory Causes Double Breach

Certifying Physician B.B. Wood (A. Cully)
(or Coroner)

His Address #2118 5th Ave

Name of Father Carmen Yemin
 His Birthplace Pgh

Maiden Name of Mother Mary Banche
 Her Birthplace Utica, N.Y.

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____
(State Color)

Manufactured by _____
 Interment at Calvary { Cemetery
 Crematory

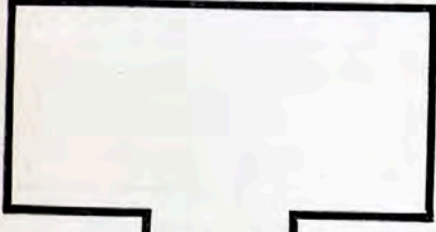


Diagram of Lot or Vault

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

Complete Funeral	\$ 15.00
Casket	
Metallic Lining	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(State Kind)</small> with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	<small>(State Number and District)</small>
Pall Bearer Service	<small>(State Physician's or Coroner's)</small>
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	<small>(Names of Newspapers)</small> Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 25.00
Less	Per _____ \$
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. 960 Yearly No. 88 Date Dec 30 1936
 Name of Deceased John De Goro (Single - Married - Divorced) W (What Race) W. P. (Where Born) Pa.
 Residence of Deceased 261 Duwidzie Husband—Wife—Widow—
 Charge to Tom De Goro or of

Address Same
 Order given by
 How Secured (or informant)
 Occupation of Deceased Infant
 Name of Employer
 Date of Death Dec 30 - 36 (Date) (Hour)
 Date of Birth Nov 30 - 36 (Date) (Hour)
 Age (Years) (Months) (Days)
 Date of Funeral Dec 31 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (of U. S. or City or County) (Years) (Months)
 Place of Death Childrens Hosp.
 Cause of Death Broncho pneumonia
 Contributory Causes
 Certifying Physician J. J. McCarthy (Coroner)
 His Address Tom De Goro
 Name of Father J. De Goro
 His Birthplace Fury Cornelia Pa.
 Maiden Name of Mother Pa.
 Her Birthplace Pa.
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$	
Casket		30 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		10 00
Burial Vault (State Kind)		
Embalming Body with Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		5 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		20 00
Death Notices in Newspapers (Names of Newspapers)		
Flowers, \$		
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced <u>EDW. J. MCAVOY</u>		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	65 00
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

Manufactured by
 Interment at St. Mary's { Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

To Funeral Charges	Total, \$	By Cash	\$	30 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. 961 Yearly No. 89 Date Dec 31 1936
 Name of Deceased Dennis O'Brien (Single - Married - Divorced) W. (What Race) W. (Where Born) Pgh Pa.
 Residence of Deceased 401 42nd St. Husband - Wife - Widow Anna Purster
 Charge to Anna O'Brien or of
 Address 617 Hay St. Wilkesburg Pa.
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Policeman
 Name of Employer Ginkels Dept. Store
 Date of Death Dec 31 1936 7:45 AM (Date) (Hour)
 Date of Birth Mar 4 1887 (Date) (Hour)
 Age 49 (Years) 9 (Months) 27 (Days)
 Date of Funeral Jan 4 - 37 (Date) (Day of Week) 9A M. (Hour)
 Services at Epiphany
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death 401 42nd St.
 Cause of Death Chronic asthma
 Contributory Causes _____
 Certifying Physician D. S. McGregg (or Coroner)
 His Address Myrtle
 Name of Father Dennis O'Brien
 His Birthplace M. M.
 Maiden Name of Mother Margaret McManis
 Her Birthplace M. M.
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Calvary { Cemetery }
 Lot No. Row 2
 Grave No. 16
 Section No. 14
 Owner _____

Complete Funeral	\$	<u>343</u>
Casket		<u>175.00</u>
Metallic Lining		
Outside Box	(State Kind)	<u>20.00</u>
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	<u>25.00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	<u>8.00</u>
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	<u>3.00</u>
Door Badge, \$	Gloves, \$	<u>3.00</u>
Hearse, \$	Ambulance, \$	<u>14.00</u>
Limousines to Cemetery	<u>21</u> @ \$	<u>21.00</u>
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service	<u>transcript</u>	<u>50</u>
Use of Chapel		
Outlay for Lot		<u>66.00</u>
Death Notices in _____ Newspapers		<u>8.40</u>
Flowers, \$ _____ (Names of Newspapers)	Rental of Palms, \$	<u>15.00</u>
Rental of Tent, \$ _____ of Temporary Tomb, \$		
Lowering Device, \$ _____ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ _____ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ _____ Singers, \$ _____ Organist, \$		
Railroad } Tickets, \$ _____ Aero-plane Service, \$		
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	<u>358.90</u>
Less _____	\$	
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. 962 Yearly No. 1 Date Jan 3 1937
 Name of Deceased Michael J Brennan (Single — Married — Divorced) (What Race) W (Where Born) Pgh Pa

Residence of Deceased Husband—Wife—Widow—
 Charge to Mary Brennan or of }

Address 1916 Forbes St

Order given by (or informant)

How Secured
 Occupation of Deceased Finger print expert

Name of Employer
 Date of Death Jan 3 1937 1045A (Date) (Hour)

Date of Birth 7-7-1897 (Date) (Hour)
 Age 39 5 26 (Years) (Months) (Days)

Date of Funeral Jan 7 1937 (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Veterans Hosp Aspinwall (State Number and District)

Cause of Death Tuberculous Meningitis (State Physician's or Coroner's)

Contributory Causes T B pulmonary - chronic

Certifying Physician Dr Robert G Cook (or Coroner)

His Address Veterans Hosp

Name of Father James Brennan

His Birthplace Ireland

Maiden Name of Mother Bridget Swift

Her Birthplace England

Motor } Remains to
 Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary { Cemetery
 Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 328
Casket	175 00
Metallic Lining	
Outside Box	20 00
Burial Vault	
Embalming Body with Fluid	25 00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	22 50
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	3 00
Candles, \$	3 00
Door Badge, \$	14 00
Gloves, \$	10 50
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Blaukait</u>	8 00
Delivering Box to	
Flowers to	10 00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	11 40
Flowers, \$	
Rental of Palms, \$	15 00
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	4 31 00
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 348 40
Less	
Balance	
Entered into Ledger, page or below.	

	To Funeral Charges... Total, \$	
3-8-37	Allegheny County 75	
3-17-97	US V Administration 100	

By Cash \$

EDWARD J. MCAVOY

In Full
April 23, 1937

Per Q/M

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. 963 Yearly No. 2 Date Jan 7 1937

Name of Deceased Shina John Elias
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1711 Webster ave Husband—Wife—Widow—
or Julia George

Charge to Complete Funeral \$ 245.00

Address.....
Casket.....
Metallic Lining..... (State Kind)

Order given by..... (or informant)
Outside Box..... (State Kind)

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

Occupation of Deceased Peddler
Embalming Body..... with..... Fluid

Name of Employer.....
Barber, \$..... Hair Dressing, \$.....
Dressing Body.....

Date of Death Jan 7 - 37 (Date) (Hour)
Date of Birth..... (Date) (Hour)

Age 65 (Years) (Months) (Days)
Suit or Dress, \$..... (State Color) Hose, \$.....

Date of Funeral Jan 10 - 37 2 P M (Date) (Day of Week) (Hour)
Underwear, \$..... Slippers, \$.....

Services at St Ann's - Hall
Folding Chairs, \$..... Tarpaulin, \$.....

Clergyman.....
Candelabrum, \$..... Candles, \$.....

His Address.....
Door Badge, \$..... Gloves, \$.....

Religion of the Deceased Cath
Hearse, \$..... Ambulance, \$.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)
Limousines to Cemetery @ \$.....

Place of Death 1711 Webster
Autos to R. R. Station @ \$.....

Cause of Death Hypertension Heart Disease
Getting Remains from.....

Contributory Causes.....
Taking Remains to.....

Certifying Physician Dr Goldblum
Delivering Box to.....

His Address Bedford ave
Flowers to.....

Name of Father John Elias
Removal Charges.....

His Birthplace Syria
Procuring Burial Permit..... (State Number and District)

Maiden Name of Mother Mary
Certif. Copies of Death Certificates No. 100

Her Birthplace Syria
Personal Service.....

Motor } Remains to.....
Use of Chapel.....

Ship }
Outlay for Lot.....

Size and Style of Casket..... (State Color)
Death Notices in..... Newspapers

Manufactured by.....
Flowers, \$..... (Names of Newspapers) Rental of Palms, \$.....

Interment at Calvary { Cemetery
Crematory

Lot No. Row 2
Grave No. 18

Section No. 14
Owner.....

Diagram of Lot or Vault.....
Total Footing of Bill..... \$

Less..... \$

Per 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.

RECORD OF FUNERAL

Total No. <u>964</u>	Yearly No. <u>3</u>	Date <u>Jan 5 1937</u>
Name of Deceased <u>John A. Lee</u> <small>(Single - Married - Divorced)</small>		
What Race <u>W</u> Where Born <u>Pa.</u>		
Residence of Deceased <u>1046 Fifth ave.</u>	Husband—Wife—Widow—	of <u>Single</u>
Charge to: <u>T. F. Daly</u>		
Address: <u>1012 Fifth St.</u>		
Order given by.....	<small>(or informant)</small>	
How Secured.....		
Occupation of Deceased <u>Retired</u>		
Name of Employer.....		
Date of Death <u>Jan 5 - 37</u>	<small>(Date) (Hour)</small>	
Date of Birth.....	<small>(Date) (Hour)</small>	
Age <u>72</u>	<small>(Years) (Months) (Days)</small>	
Date of Funeral <u>Jan 12 - 37</u>	<small>(Date) (Day of Week) (Hour) M.</small>	
Services at: <u>Epiphany</u>		
Clergyman:		
His Address:		
Religion of the Deceased <u>Cath.</u>		
Resided in the State.....	<small>(or U. S. or City or County) (Years) (Months)</small>	
Place of Death <u>Mercy Hosp.</u>		
Cause of Death <u>Stroke following cerebral</u>		
Contributory Causes <u>embolism fracture from falling</u>		
Certifying Physician <u>M. E. Keegan</u>	<small>(or Coroner)</small>	
His Address <u>Emily Morgan</u>		
Name of Father <u>Matthew Lee</u>		
His Birthplace <u>Ireland</u>		
Maiden Name of Mother <u>Mary Bernier</u>		
Her Birthplace <u>Ireland</u>		
Motor } Remains to.....	Ship }	
Size and Style of Casket.....	<small>(State Color)</small>	
Manufactured by.....		
Interment at <u>Calvary</u>	<small>{ Cemetery Crematory</small>	
<div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block; vertical-align: middle;"></div> Lot No.		
Grave No.		
Section No.		
Diagram of Lot or Vault	Owner <u>John Miller 1046 5th ave.</u>	

Complete Funeral	\$ 320
Casket	160 00
Metallic Lining <u>Outside Case</u>	20 00
Outside Box	
Burial Vault	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	22 50
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery	
Autos to R. R. Station <u>Blanket</u>	8 00
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to <u>Transcript</u>	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Full Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in <u>4</u> Newspapers <u>Time</u>	8 40
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	31 00
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	25 00
Railroad } Tickets, \$ Aero-	
or Motor } plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
PAID 2/5/37	
Total Footing of Bill <u>EJM</u>	\$ 334 90
Less	
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.

RECORD OF FUNERAL

Total No. 965 Yearly No. 4 Date Jan 12 1937
 Name of Deceased Sr M Gaudencia Meibert W Westmouland
 (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased Mercy Hosp Husband - Wife - Widow - }
 or of }

Charge to
 Address
 Order given by
 (or informant)
 How Secured
 Occupation of Deceased Sr J Mercy
 Name of Employer
 Date of Death Jan 12 -37
 (Date) (Hour)
 Date of Birth Mar 23 1884
 (Date) (Hour)
 Age 51 9 19
 (Years) (Months) (Days)

Date of Funeral Jan 15 -37 9 M.
 (Date) (Day of Week) (Hour)
 Services at Mercy Hosp
 Clergyman

His Address
 Religion of the Deceased Cath
 Resided in the State
 (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp
 Cause of Death Pneumonia
 Contributory Causes Influenza
 Certifying Physician John M Johnston
 (or Coroner)

His Address Mercy Hosp
 Name of Father Adam Meibert
 His Birthplace Westmouland County
 Maiden Name of Mother Elizibeth Schisler
 Her Birthplace Westmouland Co.

Motor } Remains to
 Ship }
 Size and Style of Casket
 (State Color)

Manufactured by
 Interment at St. Xaviers { Cemetery
 Crematory

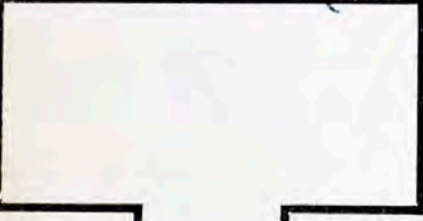


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		60 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	15 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	35 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	3 60
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		131 60
Less		
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

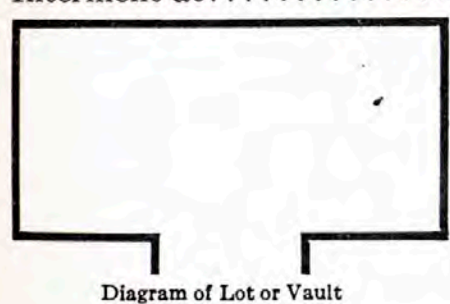
mailed 2/15/37

RECORD OF FUNERAL

Total No. 966 Yearly No. 5 Date Jan 13 1937
 Name of Deceased John C. Rawie (Single - Married - Divorced) (What Race) Malone, Ill
 Residence of Deceased 1433 Orcklea St N.S. (Where Born)
 Charge to: Nellie Rawie of Nellie M. Tighe
 Address Same
 Order given by
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Date of Death Jan 13, 1937 12:15 AM
 Date of Birth Nov 1, 1876
 Age 60 Years 2 Months 12 Days
 Date of Funeral Jan 16, 1937 2:30 P.M.
 Services at Home
 Clergyman
 His Address
 Religion of the Deceased Prot.
 Resided in the State
 Place of Death Home
 Cause of Death Carcinoma of Pancreas
 Contributory Causes
 Certifying Physician N. B. Gordon
 His Address 3723 Brighton Rd.
 Name of Father Louis Rawie
 His Birthplace Germany
 Maiden Name of Mother Anna Coate
 Her Birthplace Pgh. Pa.
 Motor Ship } Remains to
 Size and Style of Casket
 Manufactured by
 Interment at United Cem. { Cemetery } Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 526
Casket	425.00
Metallic Lining	
Outside Box	25.00
Burial Vault	
Embalming Body with Fluid	25.00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	3.00
Gloves, \$	
Hearse, \$	14.00
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Downs</u>	12.00
Taking Remains to	
Delivering Box to <u>Blanket</u>	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	15.00
Death Notices in <u>5</u> Newspapers	12.00
Flowers, \$	
Rental of Palms, \$	20.00
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 531.00
Less	
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

RECORD OF FUNERAL

Total No. 967 Yearly No. 6 Date Jan 15 1937
 Name of Deceased Sara Michaels Swide (Single — Married — Divorced) W. (What Race) Pgh Pa (Where Born)
 Residence of Deceased 735 Gallion St Husband—Wife—Widow—
 Charge to 1224 Wylie Ave or of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased.....
 Name of Employer.....
 Date of Death Jan 15-1937 (Date) (Hour)
 Date of Birth 2-16-1905 (Date) (Hour)
 Age 31 10 30 (Years) (Months) (Days)
 Date of Funeral 1-18-37 9:30 A.M. (Date) (Day of Week) (Hour)
 Services at St Ann's
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Chronic Myocarditis
 Contributory Causes.....
 Certifying Physician W.J. McGregor (or Coroner)
 His Address Myrtle
 Name of Father Joseph Swide
 His Birthplace Syria
 Maiden Name of Mother Marion Betters
 Her Birthplace Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	660	
Casket		525	00
Metallic Lining	(State Kind)		
Outside Box	(State Kind)	25	00
Burial Vault	(State Kind)		
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$	25	00
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3	00
Door Badge, \$	Gloves, \$	3	00
Hearse, \$	Ambulance, \$	14	00
Limousines to Cemetery	@ \$ Rogers	10	50
Autos to R. R. Station	@ \$		
Getting Remains from	<u> Don Bodge</u>	12	00
Taking Remains to	<u> Blanket</u>		
Delivering Box to	<u> Blanket</u>	10	00
Flowers to			
Removal Charges			
Procuring Burial Permit	<u> J. J. Jones</u> (State Number and District)		50
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)		
Pall Bearer Service			
Personal Service			
Use of Chapel			
Outlay for Lot		31	00
Death Notices in	<u> 6 Newspapers</u> <u> Globe</u>	12	60
	(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	20	00
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
Organist, \$			
Railroad or Motor } Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill	\$	716	60
Less.....	\$		
Balance	\$		
Entered into Ledger, page..... or below.			

Jan. 18, at 2:30 p. m. Interment Braddock Cemetery.
 SWIDE—On Friday, January 15, 1937, at 9 a. m., Sarah Michael Swide, Funeral from the family home, 735 Gallion Avenue, Brookline, on Monday morning, January 18, at 8:30 o'clock. Requiem high mass at St. Ann's Church, Fullerton Street, at 9:30 o'clock.

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.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 968 Yearly No. 7 Date Jan 16 1937
 Name of Deceased Bertha Elean (Single - Married - Divorced) W. (What Race) Pgh Pa (Where Born)
 Residence of Deceased 2334 So Angeles Husband - Wife - Widow - }
 Charge to:

Address

Order given by

How Secured

Occupation of Deceased Kitchen Worker

Name of Employer Omahues

Date of Death Jan 16-37 (Date) (Hour)

Date of Birth 2-5-1903 (Date) (Hour)

Age 33 (Years) 11 (Months) 11 (Days)

Date of Funeral 1-19-37 (Date) 9:30 (Hour) M. (Day of Week)

Services at St Ann's

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State

Place of Death 2334 So Angeles

Cause of Death Chronic Myocarditis

Contributory Causes

Certifying Physician C. E. Harris (or Coroner)

His Address 1502 Broadway

Name of Father George Elean

His Birthplace Spain

Maiden Name of Mother Mary Francis

Her Birthplace Spain

Motor } Remains to

Ship }

Size and Style of Casket

Complete Funeral	\$	
Casket	✓ 425	00
Metallic Lining		
Outside Box (State Kind)	✓ 25	00
Burial Vault (State Kind)		
Embalming Body with Fluid	25	00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$	✓ 25	00
Underwear, \$ Slippers, \$	✓ 4	00
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$	3	00
Door Badge, \$ Gloves, \$	3	00
Hearse, \$ Ambulance, \$	14	00
Limousines to Cemetery <u>1</u> @ <u>\$10.50</u>	10	50
Autos to R. R. Station @ \$		
Getting Remains from <u>Blanket</u>	10	00
Taking Remains to <u>Door</u>	12	00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	18	00
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	✓ 20	00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero-plane Service, \$		
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	594	50
Less	\$	\$
Balance	\$	\$
Entered into Ledger, page or below.		

Manufactured by

Interment at St Mary's { Cemetery
 Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

To Funeral Charges... Total, \$		MAR 27	By Cash <u>Ch Harris</u>	\$ 375 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

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Burial of

Statement
of
Professional Service Rendered

Bertha Elean

Date of Death

January 16, 1937

Date of Burial

January 19, 1937

Place of Burial

St. Mary's Cemetery

Addressed to

Mr. George Elean

2334 Los Angeles St.

Pittsburgh Pa.

Edward J. McAvoy

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Casket	425.00
Outside Case	25.00
Embalming	25.00
Clothing	25.00
Slippers	4.00
Candles	3.00
Gloves	3.00
Hearse	14.00
Limousine	10.50
Blanket	10.00
Door Badge	12.00
Rental of Palms	20.00
Cemetery Charges	<u>18.00</u>
	594.50

RECORD OF FUNERAL

Total No. 969 Yearly No. 8 Date Jan 17 1937
 Name of Deceased Martin Griffin alias Murray (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)
 Residence of Deceased 5 Brady St Husband - Wife - Widow - }
 Charge to Katherine DeLeon or of }

Address 1416 Fitch Ave
 Order given by (or informant)
 How Secured
 Occupation of Deceased Labr
 Name of Employer
 Date of Death Jan 17 - 1937 (Date) (Hour)
 Date of Birth April 6 1907
 Age 29 9 11 (Years) (Months) (Days)
 Date of Funeral 1-20-37 10 A.M. (Date) (Day of Week) (Hour)
 Services at St Agnes
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Murray St
 Cause of Death acute alcoholic Gastro
 Contributory Causes Enteritis and Epyrosis
 Certifying Physician W. J. McGregor (or Coroner)
 His Address Morgue
 Name of Father Martin Griffin
 His Birthplace Pgh Pa
 Maiden Name of Mother Margaret Murray
 Her Birthplace Pgh Pa
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)

Complete Funeral	\$	275
Casket		150 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	1 45
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Blauvelt</u>		10 00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates	(State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		53 00
Death Notices in <u>2</u> Newspapers		3 60
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		10 00
Total Footing of Bill		283 05
Less		
Balance		

Manufactured by
 Interment at Calvary Cemetery }
 Lot No. 2/15/37
 Grave No. 318
 Section No. Atlantic Ave
 Owner Wm Murray
 (Uncle) McKeefort Pa
 To Funeral Charges... Total, \$
 By Cash \$

GRiffin—On Sunday, Jan. 17, 1937, Martin Murray Griffin, formerly of 5 Brady St. Funeral from the McAvoy Funeral Home, 1700 Forbes St., Wednesday morning at 9:30. Requiem high mass at St. Agnes Church at 10 o'clock.

Burial of

Statement
of

Professional Service Rendered

Martin Griffin

Date of Death

January 17, 1937

Date of Burial

January 20, 1937

Place of Burial

Calvary Cemetery

Addressed to

Mrs. Catherine Desmond

1416 Fifth Ave.

Pittsburgh Pa.

Edward J. McAvoy

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Casket	150.00
Outside Case	20.00
Shirt & Tie	1.45
Candles	3.00
Gloves	3.00
Hearse	14.00
Blanket	10.00
Death Notices	3.60
Rental of Palms	15.00
Outlay for Lot	53.00
Morgue Charges	<u>10.00</u>
	283.05

RECORD OF FUNERAL

Total No. 970 Yearly No. 9 Date Jan 19 1937
 Name of Deceased John W. Murphy (Single - Married - Divorced) (What Race) W. (Where Born) Pgh Pa.
 Residence of Deceased 1304 Locust Husband—Wife—Widow— Ellen Murray
 Charge to Mrs. Ellen Murphy or..... of

Address Same
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Fireman
 Name of Employer City of Pgh Pa.
 Date of Death 1304 Locust St. 1-19-37
 Date of Birth April 24 1885 (Date) (Hour)
 Age 51 (Years) 8 (Months) 25 (Days)
 Date of Funeral Jan 22 - 1937 9A.M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 1304 Locust St.
 Cause of Death Influenza Pneumonia
 Contributory Causes Chronic Bronchitis
 Certifying Physician Dr. Heagerty (or Coroner)
 His Address Medical Arts Bldg
 Name of Father Patrick Murphy
 His Birthplace England
 Maiden Name of Mother Julia Regan
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral.....	\$ <u>590</u>
Casket.....	<u>445</u> 00
Metallic Lining.....	
Outside Box..... (State Kind)	<u>25</u> 00
Burial Vault..... (State Kind)	
Embalming Body..... with Fluid	<u>25</u> 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$.....	<u>2</u> 50
Underwear, \$..... Slippers, \$.....	<u>3</u> 00
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	<u>3</u> 00
Door Badge, \$..... Gloves, \$.....	<u>3</u> 00
Hearse, \$..... Ambulance, \$.....	<u>14</u> 00
Limousines to Cemetery..... @ \$..... R	<u>10</u> 50
Autos to R. R. Station..... @ \$.....	
Getting Remains from <u>Blanket</u>	<u>12</u> 00
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	<u>12</u> 00
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
<u>3</u> Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)	<u>3</u> 00
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel..... certified copies	3 00
Outlay for Lot.....	<u>36</u> 00
Death Notices in <u>4</u> Newspapers.....	<u>12</u> 00
Flowers, \$..... (Names of Newspapers) Rental of Palms, \$.....	<u>15</u> 00
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- plane Service, \$.....	
or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill.....	\$ <u>621</u> 00
Less.....	
Balance.....	
Entered into Ledger, page..... or below.	

Interment at Calvary Cemetery
 Friends invited.
MURPHY—On Tuesday, Jan. 19, 1937, Captain John W. Murphy, city fireman of Engine House No. 44, beloved husband of Ellen Murphy (nee Murray). Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Friday morning at 8:15. Solemn requiem mass at Church of the Epiphany at 9 o'clock. Also survived by three children, John and Janet Murphy, and Charles P. Petrochi.
MOLITOR—On Tuesday, Jan. 19, 1937, at 6 a. m., Eva Caroline, widow of John
 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.

RECORD OF FUNERAL

Total No. 972 Yearly No. 11 Date Jan. 23 1937

Name of Deceased George Berick (Single—Married—Divorced) (What Race) Syria (Where Born)

Residence of Deceased 21 Mercer St Husband—Wife—Widow— } or..... of }

Charge to..... Complete Funeral \$ 400

Address..... Casket \$ 250 00

Order given by..... Metallic Lining (State Kind) \$ 20 00

How Secured..... Outside Box (State Kind) \$ 25 00

Occupation of Deceased Carpenter Burial Vault (State Kind) \$ 25 00

Name of Employer..... Embalming Body with Fluid \$ 25 00

Date of Death Jan 23, 1937 5AM Dressing Body \$ 2 50

Date of Birth Not Known Suit or Dress, \$ (State Color) Hose, \$

Age abt 57 Underwear, \$ Slippers, \$ \$ 2 50

Date of Funeral Jan 25, 1937 9A M. Folding Chairs, \$ Tarpaulin, \$

Services at St. Ann's Candelabrum, \$ Candles, \$ \$ 3 00

Clergyman Fr. Basil Door Badge, \$ Gloves, \$ \$ 3 00

His Address..... Hearse, \$ Ambulance, \$ \$ 17 00

Religion of the Deceased Cath Limousines to Cemetery 1 @ \$ 1.50 \$ 10 50

Resided in the State 33 yrs Autos to R. R. Station @ \$

Place of Death Residence Getting Remains from.....

Cause of Death Bronchitis Pneumonia Taking Remains to.....

Contributory Causes Influenza Delivering Box to.....

Certifying Physician H. J. Kalet (or Coroner) Flowers to.....

His Address 1007 St. Louis Ave. Removal Charges.....

Name of Father George Berick Procuring Burial Permit..... (State Number and District)

His Birthplace Syria Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)

Maiden Name of Mother Not Known Pall Bearer Service.....

Her Birthplace Syria Personal Service.....

Motor Ship } Remains to..... Use of Chapel ~~REPAID~~

Size and Style of Casket..... Outlay for Lot..... \$ 53 00

Manufactured by..... Death Notices in..... Newspapers..... \$ 10 00

Interment at Calvary { Cemetery Crematory} (Names of Newspapers) D B \$ 15 00

Lot No..... Flowers, \$ Rental of Palms, \$

Grave No..... Rental of Tent, \$ of Temporary Tomb, \$

Section No..... Lowering Device, \$ Cremation, \$

Owner..... Opening of Grave or Tomb.....

Diagram of Lot or Vault..... Lining Grave, \$ Matting, \$

(Info) John Berick 1908 Webster Outlay for Shipping Charges.....

Total Footing of Bill \$ 406 00

Less..... \$

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.

RECORD OF FUNERAL

Total No. 973 Yearly No. 12 Date January 28 1937

Name of Deceased Mrs. Jennie Cosgrove
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1114 Vickroy St. Husband—Wife—Widow— John M. Cosgrove
or..... of

Charge to Thomas Bushell
 Address 1114 Vickroy St.

Order given by
(or informant)

How Secured
 Occupation of Deceased At Home

Name of Employer

Date of Death Jan. 28, 1937 1:45 P.M.
(Date) (Hour)

Date of Birth Not Known

Age abt 58
(Years) (Months) (Days)

Date of Funeral Jan. Feb 1, 1937 9 A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp.

Cause of Death Acute Influenza Pneumonia

Contributory Causes Coronary Disease Diabetes

Certifying Physician Ralph L. Frost
(or Coroner)

His Address Mercy Hospital

Name of Father Patrick Duffy

His Birthplace Ireland

Maiden Name of Mother Bridget Kelly

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket
(State Color)

Manufactured by

Interment at Calvary { Cemetery
 Crematory

COSGROVE—On Thursday, Jan. 28, 1937, Jennie Duffy, wife of the late John M. Cosgrove, of 1114 Vickroy St. Funeral from the McAvooy Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Solemn requiem high mass at Church of the Epiphany at 5 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket		185 00
Metallic Lining	<input checked="" type="checkbox"/>	
Outside Box	<input checked="" type="checkbox"/> <small>(State Kind)</small>	20 00
Burial Vault	<input type="checkbox"/> <small>(State Kind)</small>	
Embalming Body	<input checked="" type="checkbox"/> with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	18 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	21 00
Getting Remains from	<u>Blauvelt</u>	12 00
Taking Remains to	<u>D. D.</u>	
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	<small>(State Number and District)</small> <small>(State Physician's or Coroner's)</small>	1 00
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	<input checked="" type="checkbox"/>	
Death Notices in	<u>4</u> Newspapers <u>7 1/2</u>	7 00
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Palms, \$	<input checked="" type="checkbox"/>	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		31 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	25 00
Organist, \$		
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>Services</u>		20 00
Total Footing of Bill	\$	381 40
Less	\$	400 00
Per <u>E. J. McE</u> Balance	\$	
Entered into Ledger, page		or below.

To Funeral Charges. Total, \$				
		Nov. 1 1937	By Cash <u>Ch.</u>	\$ 205 08
				8/1937

Insurance, \$ Names of Lodges

Names of Insurance Companies

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

Witness:

2/3/37

RECORD OF FUNERAL

Total No. 974 Yearly No. 13

Date Jan 30 1937

Name of Deceased David A. Budie
(Single - Married - Divorced)

W.P. Syria
(What Race) (Where Born)

Residence of Deceased 1701 Fifth ave

Husband - Wife - Widow -
 or Single

Charge to Mercy Hospital Duesat.

Address Mercy Hospital Duesat.

Order given by Mercy Hospital Duesat.
(or informant)

How Secured Peddler

Occupation of Deceased Peddler

Name of Employer Peddler

Date of Death Jan 30 1937
(Date) (Hour)

Date of Birth 50
(Years) (Months) (Days)

Age 50

Date of Funeral 2-1-37 1 P.
(Date) (Day of Week) (Hour) M.

Services at St Georges

Clergyman St Georges

His Address Cath

Religion of the Deceased Cath

Resided in the State Cath
(or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Broncho Pneumonia

Contributory Causes Influenza Type

Certifying Physician J. H. Slaver
(or Coroner)

His Address Mercy Hosp

Name of Father Asa Budie

His Birthplace Palastine

Maiden Name of Mother Basara Assad

Her Birthplace Palastine

Motor } Remains to
 Ship }

Size and Style of Casket Single
(State Color)

Manufactured by M. M. Merville

Interment at M. Merville Cemetery
 Crematory



Lot No. Row # 11

Grave No. 25

Section No. Single

Owner Jacobs

Complete Funeral	\$	
Casket	100	00
Metallic Lining		
Outside Box	15	00
Burial Vault		
Embalming Body	25	
Barber, \$		
Dressing Body		
Suit or Dress, \$	15	00
Underwear, \$		
Folding Chairs, \$		
Candelabrum, \$	3	00
Door Badge, \$	3	00
Hearse, \$	14	00
Limousines to Cemetery		
Autos to R. R. Station		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$	12	00
Rental of Tent, \$		
Lowering Device, \$		
Opening of Grave or Tomb	3.2	00
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad or Motor Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$222	00
Less		
Balance		
Entered into Ledger, page		

To Funeral Charges	Total, \$			
		Feb 23	By Cash	\$ 122.00
		Aug 17	Carl St.	40.00
		Jan 12, 1938	Check	30.00

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. 975 Yearly No. 14 Date Feb. 1 1937

Name of Deceased Silvester Cattagione (Single - Married - Divorced) W (What Race) Italy (Where Born)

Residence of Deceased 2534 Aliquippa Husband - Wife - Widow - Angela Valillunga or of Valillunga

Charge to: Mrs. Angela Cattagione

Address: Same

Order given by: _____ (or informant)

How Secured: _____

Occupation of Deceased: Laborer

Name of Employer: _____

Date of Death: Feb. 1, 1937 4:45 PM (Date) (Hour)

Date of Birth: Jan. 10, 1883 (Date) (Month) (Day)

Age: 53 0 21 (Years) (Months) (Days)

Date of Funeral: Feb. 4, 1937 9 A.M. (Date) (Day of Week) (Hour)

Services at: St. Agnes

Clergyman: _____

His Address: _____

Religion of the Deceased: Cath.

Resided in the State: _____ (or U. S. or City or County) 34 (Years) (Months)

Place of Death: Home

Cause of Death: Labor Pneumonia

Contributory Causes: _____

Certifying Physician: _____ (or Coroner)

His Address: G.M. Luongo

Name of Father: 1005 W. High Ave

His Birthplace: Giuseppe Cattagione

Maiden Name of Mother: Antonia Castonovo

Her Birthplace: Italy

Motor } Remains to _____
Ship }

Size and Style of Casket: _____ (State Color)

Manufactured by: _____

Interment at: Calvary { Cemetery
Crematory

Lot No.: _____

Grave No.: _____

Section No.: _____

Owner: _____

Complete Funeral	\$ 400.00
Casket	250.00
Metallic Lining	
Outside Box (State Kind)	25.00
Burial Vault (State Kind)	
Embalming Body with Fluid	25.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$ Tie, \$	4.50
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	3.00
Hearse, \$ Ambulance, \$	14.00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to <u>Door Badge</u>	10.00
Flowers to <u>Blanket</u>	8.00
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	25.00
Use of Chapel	
Outlay for Lot	58.00
Death Notices in <u>2</u> Newspapers (1)	4.20 4.20
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	15.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of <u>Bill</u>	\$ 444.70
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	

NOTICE OF FUNERAL SERVICES INVITED.
CATTAGIONE—On Monday, Feb. 1, 1937, Sylvester, husband of Angela Valillunga, Funeral from the family home 2534 Aliquippa St., on Thursday morning at 8:30. Requiem high mass at St. Agnes Church at 9 o'clock. Friends invited.

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: _____
 Witness: _____ Signed: _____

RECORD OF FUNERAL

Total No. 976 Yearly No. 15 Date Feb. 15 1937
 Name of Deceased Ida M. Etzel (Single — Married — Divorced) (What Race) (Where Born) Pgh. Pa.
 Residence of Deceased 1013 N. Franklin St. Husband—Wife—Widow—
 Charge to George H. Etzel or of
 Address Same

Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death Feb. 15, 1937 8 AM (Date) (Hour)
 Date of Birth Feb. 6, 1885 (Date) (Hour)
 Age 52 0 9 (Years) (Months) (Days)
 Date of Funeral Feb. 18, 1937 2 P. M. (Date) (Day of Week) (Hour)
 Services at Home
 Clergyman
 His Address
 Religion of the Deceased Prot.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Residence
 Cause of Death Hypostatic Pneumonia
 Contributory Causes Chronic Myocarditis
 Certifying Physician Carl A. Hirst (or Coroner)
 His Address 812 Cedar Ave
 Name of Father Thomas Coles
 His Birthplace Pgh. Pa.
 Maiden Name of Mother Anna C. M. Clair
 Her Birthplace Pgh. Pa.
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Allegheny Memorial { Cemetery
 Crematory

428.	
Complete Funeral	\$
Casket	310 00
Metallic Lining	
Outside Box (State Kind)	20 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	21 75
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to <u>Blanket</u>	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	7 50
(Names of Newspapers) <u>News B.</u>	12 00
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	20 00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
PAID	
Total Footing of Bill	\$ 48 25
Less	
Per <u>E. J. M.</u>	
Entered into Ledger, page or below.	

ETZEL—Monday, February 15, 1937, Ida May Coles, wife of George H. Etzel, Funeral services at her late residence, 1013 N. Franklin St., North Side, on Thursday afternoon at 2 o'clock.

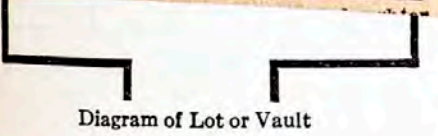


Diagram of Lot or Vault

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

RECORD OF FUNERAL

Total No. 977 Yearly No. 16 Date Feb 17 1937
 Name of Deceased Elizabeth Frese Reilly (Single—Married—Divorced) W (What Race) Louisville Ky (Where Born)
 Residence of Deceased 21 Mc Gee Husband—Wife—Widow William 290
 Charge to William Reilly or..... of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death 2-17-37 6 A. (Date) (Hour)
 Date of Birth Oct 9 1872 (Date) (Hour)
 Age 64 4 8 (Years) (Months) (Days)
 Date of Funeral 2-20-37 (Date) (Day of Week) (Hour) M.
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 21 Mc Gee
 Cause of Death Bronch. Pneumonia
 Contributory Causes.....
 Certifying Physician J. L. Stutz (or Coroner)
 His Address 1745 5th Ave
 Name of Father Heroman Frese
 His Birthplace Germany
 Maiden Name of Mother Sophia Frese
 Her Birthplace Germany
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by Steel
 Interment at Oakland { Cemetery
 Crematory

Complete Funeral	\$	
Casket		150 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	14 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>		6 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		8 40
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb	<u>Ceramic Chg</u>	44 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>March 6, 1937</u>		
Total Footing of Bill		\$ 302 40
Less		
Per Balance		
Entered into Ledger, page.....	or below.	

REILLY—On Wednesday, Feb. 17, 1937, Elizabeth Frese, wife of William Reilly and mother of William, James, Robert and Frances. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday at 8:30. Requiem high mass at the Church of Epiphany at 9 o'clock.

Diagram of Lot or Vault

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

To Funeral Charges..... Total, \$	<u>2-19-37</u>	By Cash	\$ 22 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.

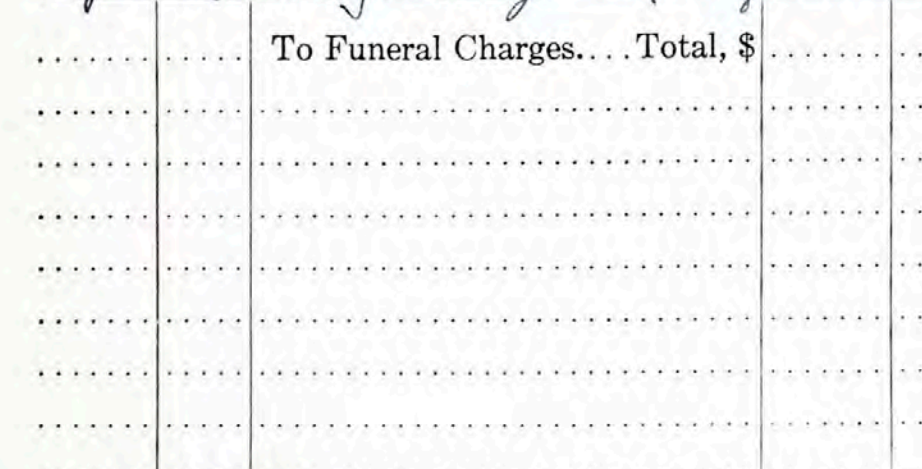
RECORD OF FUNERAL

Total No. 978 Yearly No. 17 Date Feb 19 1937
 Name of Deceased Olga Koglikowski (Single — Married — Divorced) w (What Race) Poland (Where Born)
 Residence of Deceased Van Penn Hotel Husband—Wife—Widow— Single
 Charge to 304 Main St. or W. Wheeling of W. Va.

Order given by (blank) (or informant)
 How Secured (blank)
 Occupation of Deceased Hotel Employee
 Name of Employer Van Penn Hotel
 Date of Death 2-19-37 (Date) (blank) (Hour)
 Date of Birth Aug 1 1913 (Date) (blank) (Hour)
 Age (blank) (Years) (blank) (Months) (blank) (Days)
 Date of Funeral 2-20-37 (Date) (blank) (Day of Week) (blank) (Hour) M.
 Services at W. Wheeling W. Va.
 Clergyman (blank)

His Address (blank)
 Religion of the Deceased Catholic
 Resided in the State (blank) (or U. S. or City or County) (blank) (Years) (blank) (Months)
 Place of Death Mercy Hosp
 Cause of Death Disinfect
 Contributory Causes Distilis Miltitis
 Certifying Physician (blank) (or Coroner)
 His Address (blank)
 Name of Father (blank)
 His Birthplace Poland
 Maiden Name of Mother Randa Bolman
 Her Birthplace Poland

Motor } Remains to (blank)
 Ship }
 Size and Style of Casket Clarence Bertechy (State Color)
 Manufactured by Undertaker
 Interment at Greenwood Wheeling Cemetery
 Lot No. (blank)
 Grave No. (blank)
 Section No. (blank)
 Owner (blank)



Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid 25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color)	Hose, \$
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
<u>2</u> Certif. Copies of Death Certificates No. <u>2</u>	(State Physician's or Coroner's)	2 00
Pall Bearer Service		
Personal Service		15 00
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	42 00
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

To Funeral Charges... Total, \$	By Cash \$
	<u>Paid 5-18-37</u> 35 34

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.

Burial of

Olga Koglikowski

Date of Death

February 19, 1937

Date of Burial

February 23, 1937

Place of Burial

Wheeling W. Va.

Addressed to

Mr. Sigmund Koglikowski

Wheeling W. Va.

Statement
of

Professional Service Rendered

Embalming	25.00
Professional Services	15.00
Certif. Copies	<u>2.00</u>
	42.00

Edward J. McAvoy
Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

RECORD OF FUNERAL

Total No. 979 Yearly No. 18 Date Feb. 24 1937

Name of Deceased Elizabeth Sullivan (Single—Married—Divorced) W. (What Race) Irish (Where Born)

Residence of Deceased 213 Dunseith Husband—Wife—Widow— Jeremiah Sullivan or of Jeremiah Sullivan

Charge to Miss Ann Sullivan Address 213 Dunseith St.

Order given by Miss Ann Sullivan (or informant)

How Secured _____ Outside Box _____ (State Kind)

Occupation of Deceased At Home Burial Vault _____ (State Kind)

Name of Employer _____ Embalming Body _____ with _____ Fluid

Date of Death Feb. 24, 1937 Barber, \$ _____ Hair Dressing, \$ _____ Dressing Body _____

Date of Birth Not Known Suit or Dress, \$ _____ (State Color) Hose, \$ _____

Age Abt. 72 Underwear, \$ _____ Slippers, \$ _____

Date of Funeral Feb. 27, 9:30 A.M. Folding Chairs, \$ _____ Tarpaulin, \$ _____

Services at St. Agnes Candelabrum, \$ _____ Candles, \$ _____

Clergyman _____ Door Badge, \$ _____ Gloves, \$ _____

His Address _____ Hearse, \$ _____ Ambulance, \$ _____

Religion of the Deceased Catholic Limousines to Cemetery 2 @ \$

Resided in the State _____ Autos to R. R. Station _____ @ \$ _____

Place of Death Home Getting Remains from _____

Cause of Death Hypertensive Heart Disease Taking Remains to Blanket

Contributory Causes Central Hemorrhage Delivering Box to D. Balge

Certifying Physician H. Mullens (or Coroner) Flowers to _____

His Address Mercy Hospital Removal Charges _____

Name of Father Christopher Balge Procuring Burial Permit _____

His Birthplace Germany Certif. Copies of Death Certificates No. _____

Maiden Name of Mother Barbara Ann Lowe Pall Bearer Service _____

Her Birthplace Germany Personal Service _____

Motor } Remains to _____ Use of Chapel _____

Size and Style of Casket _____ Outlay for Lot _____

Manufactured by _____ Death Notices in 2 Newspapers 2

Interment at Calvary { Cemetery } Calvary Crematory _____

SULLIVAN—On Wednesday, Feb. 24, 1937, Elizabeth Balge, widow of Jeremiah Sullivan. Funeral from the family home, 213 Dunseith St., on Saturday morning at 9 o'clock. Requiem high mass at St. Agnes' Church at 9:30.

Diagram of Lot or Vault

Complete Funeral	\$	570
Casket		350 00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	100 00
Embalming Body	with _____ Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) Hose, \$	18 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	<u>2 @ \$</u>	21 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Blanket</u>	8 00
Delivering Box to	<u>D. Balge</u>	12 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	<u>2</u> Newspapers <u>2</u>	7 20
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		33 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 609 20
Less		
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 _____

Handwritten #1

RECORD OF FUNERAL

Total No. 980 Yearly No. 19 Date Feb 25 1937
 Name of Deceased Daniel Stack (Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased _____ Husband—Wife—Widow—
 Charge to: John Stack or _____ of _____

Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Retired

Name of Employer _____
 Date of Death Feb 25 (Date) (Hour)
 Date of Birth _____

Age _____ (Years) (Months) (Days)
 Date of Funeral Mar. 1, 1937 10A M. (Date) (Day of Week) (Hour)

Services at Epiphany
 Clergyman _____

His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Magview City Hosp
 Cause of Death _____
 Contributory Causes _____

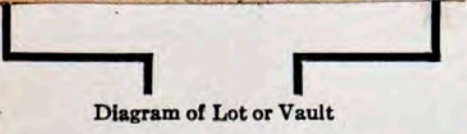
Certifying Physician _____ (or Coroner)
 His Address _____

Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____

Her Birthplace _____
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at Calvary { Cemetery
 Crematory

STACK—On Feb. 25, 1937, Daniel, brother of the late Patrick E. Stack, Funeral from E. J. McAvoy's, 1700 Forbes St. Monday at 9:30 a. m. Requiem mass at Epiphany Church, Washington St. at 10 a. m.



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

Complete Funeral	\$	
Casket		75 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		12 00
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		17 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in 2 Newspapers		3 60
Flowers, \$ (Names of Newspapers) Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	155 60
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

To Funeral Charges	5 00	Mar 15	By Cash	7 50
June 12	25 00	" 31	"	7 50
Aug 12	5 00	ap. 15	"	7 50
		May 14	"	7 50
		April 30	"	7 50
		May 28	"	7 50
		July 1	"	7 50
		July 15	"	7 50
		July 30	"	7 50
		Aug 12	"	10 30
		Sept 2	"	

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. 981 Yearly No. 20 Date March 9 1937
 Name of Deceased Sadie Romah (Single - Married - Divorced) (What Race) W.P. (Where Born) Syria
 Residence of Deceased 1316 Webster Ave. Husband—Wife—Widow—
 Charge to Alex Romah or of
 Address 1312 Webster Ave.
 Order given by
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death 3-9-37 6:59 A
 Date of Birth Not Known
 Age 63 (Years) (Months) (Days)
 Date of Funeral 3-11-37 M.
 Services at St. Ann's
 Clergyman

His Address
 Religion of the Deceased Cath.
 Resided in the State 38 (or U. S. or City or County) (Years) (Months)
 Place of Death Passavant Hospital
 Cause of Death Hypertensive Vascular Disease Broncho Pneumonia
 Contributory Causes Diabetes Mellitus
 Certifying Physician T. M. Connell (or Coroner)
 His Address Passavant Hosp.
 Name of Father Moses Kamel
 His Birthplace Syria
 Maiden Name of Mother
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Cady's Cemetery } Crematory

Lot No. 319
 Grave No. 5
 Section No. M
 Owned by Nicola Romah
 Entered into Ledger, page or below.

ROMAH—On Tuesday, March 9, 1937. Sadie, wife of the late Nicholas Romah. Funeral from 1227 Webster Ave., on Thursday morning with high mass of requiem at St. Anne's Church, Fullerton St., at 9:30 o'clock. Survived by five sons and two daughters.

Complete Funeral	\$	
Casket		375 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ (State Color)	Hose, \$	24 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		10 00
Getting Remains from		
Taking Remains to <u>Blanket</u>		8 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in R. Newspapers (Names of Newspapers)		4 20
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		23 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	524 70
Less	\$	
Balance	\$	

To Funeral Charges... Total, \$		By Cash	\$	25 00

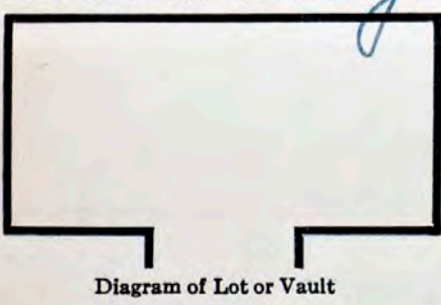
Insurance, \$ Names of Lodges
 Names of Insurance Companies :
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed :
 Witness :
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 982 Yearly No. 21 Date Mar 12 1937
 Name of Deceased Francesco Cherubino (Single — Married — Divorced) (What Race) (Where Born) Italy
 Residence of Deceased 804 Watson Husband—Wife—Widow— }
 or of }

Charge to:
 Address:
 Order given by: (or informant)
 How Secured:
 Occupation of Deceased Silver Cleaner
 Name of Employer Wm Penn Hotel
 Date of Death 3-12-37 (Date) (Hour)
 Date of Birth Unknown (Date) (Hour)
 Age 50 (Years) (Months) (Days)
 Date of Funeral 3-15-37 (Date) (Day of Week) (Hour) M.
 Services at Clarksburg, W. Va
 Clergyman:
 His Address:
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Pneumococcus Slat
 Contributory Causes Pneumonia Influenza Vasculofat
 Certifying Physician Shaver John (or Coroner)
 His Address Mercy Hosp
 Name of Father Bruno Cherubino
 His Birthplace Italy
 Maiden Name of Mother Josephine Benivita
 Her Birthplace Italy
 Motor Ship } Remains to
 Size and Style of Casket (State Color) Synch Funeral Director Clarksburg W. Virginia
 Manufactured by
 Interment at Holy Cross { Cemetery Crematory

Complete Funeral	\$	
Gasket <u>Professional Service</u>	25 00	
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body with Fluid	Barber, \$ Hair Dressing, \$	
Dressing Body	Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	(State Color)	
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		
Hearse, \$ Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers	(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		



Lot No.
 Grave No.
 Section No.
 Owner

FDW. MCARDY
3/13/37
Per

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. 983 Yearly No. 22 Date Mar 14 1937
 Name of Deceased George Gregory (Single — Married — Divorced) (What Race) W.S. (Where Born) Pgh. Pa.
 Residence of Deceased 918 N. Chickering Husband—Wife—Widow—
 Charge to Mrs. Gregory or of }

Address 153 N. Craig St.
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Laborer
 Name of Employer Mercy Hosp.
 Date of Death 3-14-37 (Date) (Hour)
 Date of Birth Apr 5 1909 (Date) (Hour)
 Age 27 (Years) 11 (Months) 9 (Days)
 Date of Funeral 3-17-37 (Date) (Day of Week) (Hour) M.
 Services at Epiphany
 Clergyman _____

His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Lobar Pneumonia

Contributory Causes _____
 Certifying Physician Shaner (or Coroner)
 His Address Mercy Hosp.
 Name of Father George Gregory
 His Birthplace Ireland
 Maiden Name of Mother Emma Boyd
 Her Birthplace Penna.
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at Calvary { Cemetery Crematory
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Mrs. Gregory 153 N. Craig

	To Funeral Charges... Total, \$				

Complete Funeral	\$ <u>315</u>	
Casket	<u>175</u>	<u>00</u>
Metallic Lining		
Outside Box	<u>20</u>	<u>00</u>
Burial Vault		
Embalming Body	<u>25</u>	<u>00</u>
Barber, \$		
Dressing Body		
Suit or Dress, \$		
Underwear, \$		
Folding Chairs, \$		
Candelabrum, \$	<u>3</u>	<u>00</u>
Door Badge, \$	<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 @ \$		
Getting Remains from		
Taking Remains to <u>Blanket</u>	<u>8</u>	<u>00</u>
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		<u>50</u> <u>00</u>
Death Notices in Newspapers		
Flowers, \$	<u>15</u>	<u>00</u>
Rental of Palms, \$		
Rental of Tent, \$		
Lowering Device, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$	<u>10</u>	<u>00</u>
Railroad or Motor Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$ <u>333</u>	<u>50</u>
Less Per		
Balance		

Entered into Ledger, page _____ or below.
 Signature: J. MCAVOY
 Date: May 13 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 _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 984 Yearly No. 23 Date Mar 17 1937

Name of Deceased Martin B Harkins (Single Married Divorced) Pgh Pa (What Race) (Where Born)

Residence of Deceased 1151 Portland St Husband-Wife-Widow- or of

Charge to Mrs Anne Harkins Address same

Order given by How Secured

Occupation of Deceased Electrician Name of Employer Grant Bldg

Date of Death Mar 17 37 Date of Birth Mar 7 1907 (Date) (Hour)

Age 30 (Years) 0 (Months) 10 (Days) Date of Funeral 3-20-37 10 A M (Date) (Day of Week) (Hour)

Services at Sacred Heart Clergyman

His Address Religion of the Deceased Cath Resided in the State

Place of Death 1151 Portland Cause of Death Sepsisemia

Contributory Causes Tonsillitis Certifying Physician Glenn Q Smith (or Coroner)

His Address Highland Bldg Name of Father James C Harkins

His Birthplace Pgh Pa Maiden Name of Mother Annie Burke

Her Birthplace Louisville Ky Motor } Remains to Size and Style of Casket

Manufactured by Interment at Calvary Cemetery Crematory

Lot No. Grave No. Section No. Owner

Small printed notice box containing funeral details for Harkins.

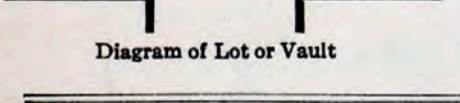


Table of funeral expenses including Casket (\$285.00), Outside Box (\$20.00), Embalming Body (\$25.00), etc.

Total Footing of Bill \$430.60 Less Per \$60.00 Balance Paid \$410.60

Table for recording funeral charges and payments, 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 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 985 Yearly No. 24 Date Mar 22 1937

Name of Deceased Thomas Collins (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Friendly Inn Husband - Wife - Widow -

Charge to Michael Collins or of 420

Address 42 Van Braam St Complete Funeral \$

Order given by Casket 250 00

How Secured Metallic Lining (State Kind) 20 00

Occupation of Deceased Laborer Outside Box (State Kind) 25 00

Name of Employer W.F.A. Embalming Body with Fluid 18 00

Date of Death Mar 22 - 37 Barber, \$ Hair Dressing, \$ 18 00

Date of Birth Age 53 (Years) (Months) (Days)

Date of Funeral 3 - 24 - 37 10 A.M. (Date) (Day of Week) (Hour)

Services at Epiphany Clergyman

His Address Religion of the Deceased Catholic

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp Cause of Death Acute Pneumonia

Contributory Causes Certifying Physician John C. Shaver (or Coroner)

His Address Mercy Hosp Name of Father John Collins

His Birthplace Ireland Maiden Name of Mother Mary Cunningham

Her Birthplace Ireland Her Birthplace

Motor Ship } Remains to Size and Style of Casket (State Color)

Manufactured by Interment at Calvary Cemetery Crematory

Lot No. Grave No. Section No. Owner

Table of funeral expenses including Casket, Metallic Lining, Outside Box, Burial Vault, Embalming Body, Barber, Dressing Body, Suit or Dress, Underwear, Slippers, Folding Chairs, Tarpaulin, Candelabrum, Candles, Door Badge, Gloves, Hearse, Ambulance, Limousines to Cemetery, Autos to R. R. Station, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates, Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in Newspapers, Flowers, Rental of Palms, Rental of Tent, Lowering Device, Cremation, Opening of Grave or Tomb, Lining Grave, Matting, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Aero-plane Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges.

COLLINS - Monday, March 22, 1937, at 8:55 a. m., Thomas, brother of Michael Collins, of 42 Van Braam Street. Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Wednesday morning at 9:30 o'clock. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock. Friends invited.

Diagram of Lot or Vault

Summary table with columns for To Funeral Charges... Total, \$ and By Cash \$.

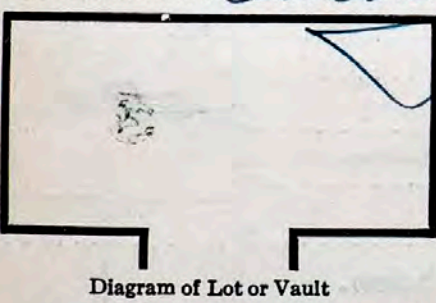
Insurance, \$ Names of Lodges Names of Insurance Companies We hereby authorize the above funeral and agree to pay the expenses thereof Signed Witness

RECORD OF FUNERAL

Total No. 986 Yearly No. 25 Date May 22 1937
 Name of Deceased Baby Mae Short (Single - Married - Divorced) (What Race) W (Where Born) Myager Hosp.
 Residence of Deceased 17 Amanda ave Husband—Wife—Widow—
 Charge to Thomas Short or..... of }

Address.....
 Order given by.....
 How Secured..... (or informant)
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death 3-22-37
 Date of Birth 3-22-37 (Hour)
 Age Still born (Years) (Months) (Days)
 Date of Funeral 3-24-37 M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Myager Hosp
 Cause of Death retention of placenta
 Contributory Causes Still born full term
 Certifying Physician F. M. ... (or Coroner)
 His Address Myager Hosp
 Name of Father John Thomas Short
 His Birthplace Pgt. Pa
 Maiden Name of Mother.....
 Her Birthplace Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral.....	\$
Casket.....	
Metallic Lining.....	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse, \$..... Ambulance, \$.....	
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
—Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	
Death Notices in..... Newspapers..... (Names of Newspapers)	
Flowers, \$..... Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill.....	\$
Less.....	\$
Balance.....	\$
Entered into Ledger, page..... or below.	



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

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

RECORD OF FUNERAL

Total No. 987 Yearly No. 26 Date Mar 27 1937

Name of Deceased Vito a Donatelli (Single - Married - Divorced) (What Race) (Where Born) Italy

Residence of Deceased 115 S Graham Husband—Wife—Widow—
Charge to Henry Donatelli or of } 700

Address 115 S Graham

Order given by (or informant)

How Secured
Occupation of Deceased Retired

Name of Employer
Date of Death 3-27-37 (Date) (Hour)

Date of Birth Jan 21 1871 (Date) (Hour)

Age 66 2 6 (Years) (Months) (Days)

Date of Funeral 3-30-37 9A M. (Date) (Day of Week) (Hour)

Services at St Lawrence

Clergyman
His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 115 S Graham

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician W. J. McGregor (or Coroner)

His Address Moine

Name of Father Carpen Donatelli

His Birthplace Italy

Maiden Name of Mother Mrs. R. R. R.

Her Birthplace Italy

Motor Ship } Remains to
Size and Style of Casket (State Color)

Manufactured by
Interment at Mt Carmel { Cemetery Crematory

Lot No.
Grave No.
Section No.
Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		500 00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	125 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Blanket, \$	10 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	D.B.	
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
2 Certif. Copies of Death Certificate	(State Number and District) (State Physician's or Coroner's)	
Call Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	5 times 2 times 7 times 2 times	33 00
Death Notices in	4 Newspapers	7 20
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		720 20
Less		
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.

RECORD OF FUNERAL

Total No. 988 Yearly No. 27 Date April 1 1937
 Name of Deceased Anna Albert (Single - Married - Divorced) Lucia Syria (What Race) (Where Born)
 Residence of Deceased 1716 Bedford Ave Husband - Wife - Widow }
 Charge to Abraham Albert or of } 640
 Address Same
 Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death April 1 - 1937 (Date) (Hour)
 Date of Birth July 10 - 1897 (Date) (Hour)
 Age 39 8 21 (Years) (Months) (Days)
 Date of Funeral April 3, 4:45 A.M. (Date) (Day of Week) (Hour)
 Services at St. George's
 Clergyman
 His Address Bedford Ave
 Religion of the Deceased Cath.
 Resided in the State 30 years (or U. S. or City or County) (Years) (Months)
 Place of Death Magee Hosp.
 Cause of Death Lobar Pneumonia
 Contributory Causes Gonorrheous Appendicitis
 Certifying Physician John M. Cook (or Coroner)
 His Address Magee Hosp.
 Name of Father Anthony Joseph
 His Birthplace Syria
 Maiden Name of Mother Catherine Ainter
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Minersville { Cemetery } Crematory }
 Diagram of Lot or Vault Marta Summit 1716 Bedford
 Lot No.
 Grave No.
 Section No.
 Owner Marta Summit 1716 Bedford

Complete Funeral	\$	
Casket		575 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ Underwear Hose, \$		18 00
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Door Badge</u>		10 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		32 50
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers) Rental of Palms, \$		15 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- plane Service, \$		
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	726 00
Less	\$	
Per Balance	\$	
Entered into Ledger, page or below.		

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

MINERSVILLE CEMETARY
 Single Graves
 ROW #11 GRAVE #24
 NAME Anna Albert
 BURIED April 3 - 1937
E. J. McAvoy - Undertaker

Signed

RECORD OF FUNERAL

Total No. 989 Yearly No. 25 Date April 2 1937

Name of Deceased Mary Walz (Single - Married - Divorced) (What Race) (Where Born) Pol. Pa.

Residence of Deceased 1548 Broadhead Husband—Wife—Widow— }
or of }

Charge to: George Walz
Address: 1548 Broadhead St.

Order given by (or informant)
How Secured

Occupation of Deceased Retired

Name of Employer
Date of Death April 2, 1937, 11:15 AM (Date) (Hour)

Date of Birth July 1, 1867
Age 72 (Years) (Months) (Days)

Date of Funeral April 5, 9 AM (Date) (Day of Week) (Hour) M.

Services at St. B. Corpus Christi

Clergyman John G. Beane
His Address Lincoln Ave

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Diabetes Mellitus

Contributory Causes Myocarditis

Certifying Physician J. C. Holt (or Coroner)

His Address 1522 Lincoln Ave

Name of Father Michael Leidemann

His Birthplace Germany

Maiden Name of Mother Margaret Fisher

Her Birthplace Germany

Motor } Remains to
Ship }
Size and Style of Casket (State Color)

Manufactured by

Interment at North Side { Cemetery
Crematory

WALZ—Friday, April 2, 1937, at 11:15 a. m. Mary Leidemann, wife of the late Andrew Walz, funeral from her late residence, 1548 Broadhead St., on Monday morning at 8:30. Requiem high mass at Corpus Christi Church at 9 o'clock.

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		150.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15.00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	17.00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery, 3 @ \$		31.50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to	Door Badge	10.00
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in 2 Newspapers		7.20
Flowers, \$	Rental of Palms, \$	15.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	308.70
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

To Funeral Charges	Total, \$	By Cash	\$
4-10-37 6 pm	\$ 25		
8-9-37 Oda P. Leish	26.66		
8-9-37 Cash	10		
10-7-37 Cash	56		

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. 990 Yearly No. 29 Date April 4 1937
 Name of Deceased J. Walter Keene (Single - Married - Divorced)
 Residence of Deceased 51 Van Brahm (What Race) (Where Born)
 Charge to Blanche Sigafosac Keene Husband—Wife—Widow— or of Blanche Keene 410

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased.....
 Name of Employer.....
 Date of Death 4-4-37 11:35 A.
 Date of Birth Oct 8 1890 (Date) (Hour)
 Age 46 (Years) 5 (Months) 26 (Days)
 Date of Funeral 4-7-37 (Date) (Day of Week) 2 P M.
 Services at Home
 Clergyman Rev. Dodge
 His Address Hazel 5460 (Phone)
 Religion of the Deceased Prot.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death Pneumonia left lobes
 Contributory Causes acute cardiac dilatation
 Certifying Physician J. Glass Jr. (or Coroner)
 His Address 516 Federal St.
 Name of Father Wm. Harrison Keene
 His Birthplace Maryland
 Maiden Name of Mother Mary Jane Graham
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by Hill
 Interment at Hebron Cemetery
Sandy Creek Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	
Casket <u>Patrol Sign</u>		265 00
Metallic Lining		
Outside Box (State Kind)		25 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ <u>Shirt + tie</u> Hose, \$		3 15
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$ <u>A.B.</u>		10 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Blanket</u>		10 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		60 00
Death Notices in <u>4</u> Newspapers		6 00
Flowers, \$ (Names of Newspapers)		15 00
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero-plane Service, \$ or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	446 65
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

KEENE—On Sunday, April 4, 1937, at 11:35 a. m., J. Walter, husband of Blanche Sigafosac Keene. Funeral services at his residence, 51 Van Brahm Street, on Wednesday afternoon at 2 p. m.

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.....

RECORD OF FUNERAL

Total No. 991 Yearly No. 30 Date April 14 1937

Name of Deceased Cataldo Filippelli (Single - Married - Divorced) Italy (What Race) (Where Born)

Residence of Deceased 1604 Watson St Husband - Wife - Widow Husband of Angelina Bray

Charge to: _____
Address: _____

Order given by: _____
(or informant)

How Secured: _____

Occupation of Deceased Cobler

Name of Employer: _____

Date of Death April 14 - 37 10³⁰ P (Date) (Hour)

Date of Birth July 21, 1892 (Date)

Age 44 8 23
(Years) (Months) (Days)

Date of Funeral April 19 - 37 9 M.
(Date) (Day of Week) (Hour)

Services at: Epiphany

Clergyman: _____

His Address: _____

Religion of the Deceased Cath

Resided in the State _____
(or U. S. or City or County) (Years) (Months)

Place of Death 1604 Watson St

Cause of Death Tobacco Pneumonia

Contributory Causes Arterio Sclerosis of Heart

Certifying Physician Murray
(or Coroner)

His Address 1434 5th Ave

Name of Father Ralph Filippelli

His Birthplace Italy

Maiden Name of Mother Severia

Her Birthplace Italy

Motor } Remains to _____
Ship }

Size and Style of Casket _____
(State Color)

Manufactured by _____

Interment at Calvary { Cemetery
Crematory

FILIPPELLI—On Wednesday, April 14, 1937, at 10:30 p. m., Cataldo, husband of Angelina Bray Filippelli. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Monday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	350
Casket	250	00
Metallic Lining	-	
Outside Box (State Kind)	20	00
Burial Vault (State Kind)		
Embalming Body with Fluid	25	00
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)	1	50
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$	3	00
Candles, \$		
Door Badge, \$	3	00
Gloves, \$		
Hearse, \$	17	00
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to <u>Blanket</u>	8	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in 3 Newspapers	6	30
Flowers, \$ (Names of Newspapers)	15	00
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb	18	00
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$	10	00
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>May 3</u>		
<u>W. J. McAVOY</u>		
Total Footing of Bill	\$	373 80
Less _____	\$	
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. 992 Yearly No. 31

Name of Deceased Salvatore Rome Date 4-17 1937

Residence of Deceased Hudson Ohio (Single - Married - Divorced) W (What Race) Italy (Where Born)

Charge to Silvio Romito Husband—Wife—Widow— }
Address Sullivan Rome or..... of }

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Railroader

Name of Employer.....

Date of Death April 17 - 37

Date of Birth..... (Hour)

Age 64 3 16
(Years) (Months) (Days)

Date of Funeral 4-21-37 9A.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman St. Peter's Church (Priest)

His Address.....

Religion of the Deceased Cath.

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Hudson Ohio

Cause of Death Cerebral Hemorrhage

Contributory Causes.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor } Remains to Bedford Ohio
Ship }

Size and Style of Casket Donald B. Johnson Funeral

Manufactured by S.B. Hill

Interment at mt. Carmel Cemetery
Crematory

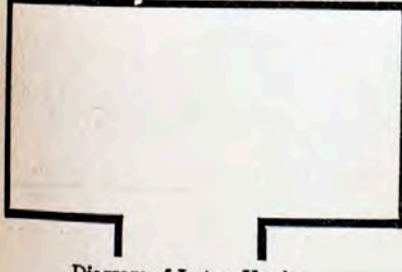


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		1
Metallic Lining		
Outside Box (State Kind)		
Burial Vault (State Kind)		175 00
Embalming Body with Fluid		
Barber, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Underwear, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Badge, \$		
Hearse, \$		
Limousines to Cemetery @ \$		3 00
Autos to R. R. Station @ \$		3 00
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		50 00
Use of Chapel		
Outlay for Lot		100 00
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers)		25 00
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		38 00
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		10 00
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill <u>W.J. McAVOY</u>	\$	448 50
Less	\$	
Balance	\$	
Entered into Ledger, page		

PAID
W.J. McAVOY

To Funeral Charges... Total, \$		By Cash	
		Paid	
		Apr 17, 1937	
		W.J. McAvoy	

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

Statement
of

Professional Service Rendered

Silvio Romito
Alias Sullivan Rome

Date of Death

April 17, 1937

Date of Burial

April 21, 1937

Place of Burial

Mt. Carmel Cemetery

Addressed to

Estate of Silvio Romito

Alias Sullivan Rome

Edward J. McAvey
Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Grave Vault	175.00
Palm Decoration	25.00
Autos to Station	20.00
Hearse	14.00
Religious Services	10.00
Limousine	10.50
Candles	3.00
Gloves	3.00
Cemetery Lot	100.00
Opening Grave & Lining, Mating	38.00
Professional Services	<u>50.00</u>
	448.50

We, the undersigned heirs do hereby authorize
the foregoing charges.

George Donato

J. G. Donato

Oran Donato

Mary Donato

Witness

Witness

Attach part below to outer box of

TRANSIT LABEL

STATE OF OHIO STATE DEPARTMENT OF HEALTH COLUMBUS

A Transit Permit issued by the Local Registrar of Vital Statistics must accompany each dead body transported by a common carrier.—(Section 215, General Code.)

PERMIT OF LOCAL REGISTRAR

Dist. No. 1227

Registered No. 69

Date of issuance April 19th, 1937

A satisfactory Certificate of Death having been filed and recorded in my office for Sullivan Rome, who died in the Village of Hudson

County of Summit, State of Ohio, on April 17th, 1937, and the body

having been prepared strictly in accordance with REGULATION 50, as certified by Donald D. Johnson

Hudson, Ohio (Name and address of Shipping Funeral Director) PERMISSION IS HEREBY GRANTED

FOR THE REMOVAL AND SHIPMENT OF THE BODY OF SAID DECEDENT; Name of escort

consignee Hudson, Ohio; Point of Shipment

Point of Destination Pittsburg, Pa

(Signature of Local Registrar) B S Sanford

Local Registrar of the Village of Hudson, County of Summit

State of Ohio. (City, Village or Township)

ROUTING

The Railroad or other Transportation Agent must enter hereon a description of the ticket held by the passenger in charge of the corpse, the exact route, and VIA WHAT JUNCTIONAL POINTS it reads.

SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation unless the person in charge presents a Transit Permit issued by the LOCAL REGISTRAR OF VITAL STATISTICS and a Funeral Director's Certificate stating that the body has been prepared for shipment in accordance with the Rules and Regulations of the State Department of Health; nor should it be received even then if any fluids or offensive odors are escaping from the case.

Date April 19th, 1937

From Hudson State of Ohio, to Pittsburg State of Pennsylvania

No. of Escort's Ticket 746574 Form No. of Escort's Ticket No 746574

No. of Corpse Ticket Pass H.J. 130971 Form No. of Corpse Ticket Pass H.J. 130971

Via _____ To _____

Via _____ To _____

Via _____ To _____

Name of Passenger in charge George Donato Place of Residence Pittsburg, Pa

Signature R E Ludenwood Shipping Agent Hudson O

Always write legibly, with durable black ink.

BLUE BLANK must be used for the transportation of bodies dead of any of the following diseases, to-wit: typhoid fever, typhus fever, diphtheria, membranous croup, diphtheritic sore throat, scarlet fever, plague, Asiatic cholera, typhus fever, diphtheria, and for disinterred bodies.

The World's Best Burial Receptacle



PHONE, SCHENLEY 6767

NIGHT AND SUNDAY

STERLING 1137 OR 4657

LORESCH BROS.

Manufacturers and Shippers of

STANDARD AND TRIPLEX

Patented Steel Re-Inforced Cement Burial Cases

4513 Plummer Street

PITTSBURGH, PA. April 21, 1937

SOLD TO

Mr. Edward J. McAvoy
1700 Forbes Street
Pittsburgh, Pa.

Oversize Triplex Vault to Mt. Carmel Cemetery
For Silvio Romito
Alias Sullivan Rome

\$175.00

RECORD OF FUNERAL

Total No. 993 Yearly No. 32 Date April 19 1937
 Name of Deceased Nick Kiefer (Single — Married — Divorced) (What Race) Pa. (Where Born)
 Residence of Deceased 208 Forbes Husband—Wife—Widow—
 Charge to Joseph B. Kiefer or..... of }
 Address 1444 Dorritt Toledo

Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Bar tender
 Name of Employer.....
 Date of Death Apr. 19-37 (Date) (Hour)
 Date of Birth Feb 1883 (Date) (Hour)
 Age 54 (Years) (Months) (Days)

Date of Funeral 4-22-37 9 M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....

His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp
 Cause of Death Lobar pneumonia
 Contributory Causes.....

Certifying Physician John Shaner (or Coroner)
 His Address Mercy Hospital
 Name of Father John Kiefer
 His Birthplace Germany

Maiden Name of Mother Gertrude
 Her Birthplace Germany
 Motor } Remains to
 Ship }

Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St Marys Cemetery
McAvoy Pa Crematory

Complete Funeral	\$	
Casket		110 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2 00
Door Badge, \$	Gloves, \$	2 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to	<u>Blanket</u>	6 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service (State Physician's or Coroner's)		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	2 40
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		16 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10 00
Organist, \$		
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	202 40
Less	\$	
Per		
Balance	\$	
Entered into Ledger, page		or below.

KIEFER—On Monday, April 19, 1937, Nick Kiefer, Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock. Members of Bartenders' local Union 188 and friends invited.

PAID
 5-18-37
 Egan

To Funeral Charges... Total, \$					
		By Cash	\$		
		April 24, 1937	Cash	100 00	
			Cash	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:.....

SOCIAL SECURITY BOARD
FIELD OFFICE

Commercial Bank Building
335 Superior Street
Toledo, Ohio

January 22, 1938

K

Mr. Joseph B. Kiefer
1444 Dorr Street
Toledo, Ohio

Dear Mr. Kiefer:

We are enclosing a Statement of Death form to be executed by the undertaker who took care of the body of your brother, Nicholas Kiefer.

According to information given us by you, the address of the undertaker is:

Edward J. McAvoy
1700 Forbes St.
Pittsburg, Pa.

Your cooperation in this matter will be greatly appreciated.

Very truly yours

John L. Landfair
John L. Landfair
Manager

Enclosure

Ed. J. McAvoy
Dear John please see that the statement I am sending you is filed out and returned to me as to my Brother's Death, besides give me a receipt payed in full for funeral expenses, I thank you, over
by you Personal

P.S. I wrote to Harry Clair
— some time ago at the
Bartenders Union and he did
send me a receipt for my
Brothers Funeral expenses,
but what the Social Security
Board wants is one from
you Personal so please see
that I get one soon and if you
see Harry and the Boys at the
Local please give them my
Best Regards and Best of Luck
to you, I remain

Yours truly
Geo. B. Piper
1444 Don St.

Salado
Ohio

RECORD OF FUNERAL

Total No. 994 Yearly No. 33 Date April 21 1937

Name of Deceased Millie Barardi (Kahn)
(Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 1206 Locust St. Husband—Wife—Widow—
or of

Charge to:
 Address:
 Order given by:
 How Secured:
 Occupation of Deceased:

Name of Employer:
 Date of Death April 21 - 11:30 PM
(Date) (Hour)

Date of Birth:
 Age abt 24
(Years) (Months) (Days)

Date of Funeral April 26, 1937 M.
(Date) (Day of Week) (Hour)

Services at St. Peters
 Clergyman:
 His Address:

Religion of the Deceased Cath.
 Resided in the State:
(or U. S. or City or County) (Years) (Months)

Place of Death Marynew City Hosp.
 Cause of Death Septic Septicemia
 Contributory Causes Otitis Media - Mastoiditis

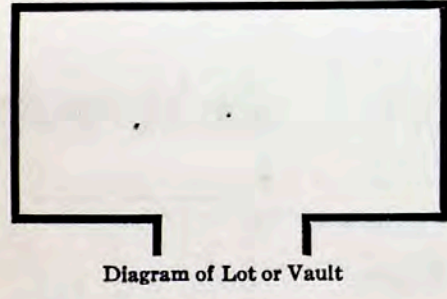
Certifying Physician:
(or Coroner)
 His Address:

Name of Father Gabriel
 His Birthplace Italy

Maiden Name of Mother Anna
 Her Birthplace Italy

Motor } Remains to
 Ship }
 Size and Style of Casket:
(State Color)

Manufactured by:
 Interment at Calvary { Cemetery
 Crematory



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

Complete Funeral	\$		
Casket		110	00
Metallic Lining			
Outside Box		15	00
Burial Vault			
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body		12	00
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$	14	00
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Delivering Box to			
Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service			
Personal Service			
Use of Chapel			
Outlay for Lot			
Death Notices in	Newspapers		
Flowers, \$			
Rental of Palms, \$			
Rental of Tent, \$			
of Temporary Tomb, \$			
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		18	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	10	00
Organist, \$			
Railroad } Tickets, \$	Aero-		
or Motor } plane	Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill		204	00
Less		50	00
Balance		154	00
Entered into Ledger, page.....or below.			

	To Funeral Charges... Total, \$		
		June 17, 1937	
		By Cash	
		Monumental Life Ins.	125 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.....

RECORD OF FUNERAL

Total No. 995 Yearly No. 34 Date May 1 1937

Name of Deceased Regina Lang (Single - Married - Divorced) W. (What Race) Ohio (Where Born)

Residence of Deceased Mercy School Nursing Husband - Wife - Widow - }
Charge to J. G. Lang or _____ of _____

Address 5748 Centre Ave

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Secretary

Name of Employer Mercy Hospital

Date of Death May 1, 1937 12:35 AM (Date) (Hour)

Date of Birth August 17, 1891

Age 45 8 14 (Years) (Months) (Days)

Date of Funeral May 4, 1937 M. (Date) (Day of Week) (Hour)

Services at Mercy Chapel

Clergyman _____

His Address _____

Religion of the Deceased Cath.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Carcinoma of Breast

Contributory Causes _____

Certifying Physician J. H. Fredette (or Coroner)

His Address Mercy Hospital

Name of Father John G. Lang

His Birthplace Penna

Maiden Name of Mother Stella Boughner

Her Birthplace Penna

Motor } Remains to _____
Ship } _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at St. James { Cemetery
Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	387.58
Casket		250.00
Metallic Lining		
Outside Box	(State Kind)	20.00
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	16.50
Underwear, \$	Slippers, \$	5.50
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to <u>Blanket</u>		8.00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
___ Certif. Copies of Death Certificates No. _____	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>2</u> Newspapers		11.40
Flowers, \$	(Names of Newspapers)	20.00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		30.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	406.40
Less _____	\$	
Balance	\$	

Entered into Ledger, page _____ or below.

LANG - At Mercy Hospital, on Saturday, May 1, 1937, at 12:05 a. m., Regina, daughter of the late John G. and Stella Lang, and sister of Mrs. Paul V. Jones and J. G. Lang. Funeral from the Mercy Hospital Nurses Home, Blvd. of the Allies, on Tuesday morning with solemn requiem high mass at 9 o'clock.

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 _____

Witness _____ Signed _____

Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 996 Yearly No. 35 Date May 6, 1937

Name of Deceased Henry Reynolds
(Single - Married - Divorced) (What Race) (Where Born) W. England

Residence of Deceased 1112 Forbes St. Husband—Wife—Widow—Widow
Charge to: Edward Leonard or..... of

Address.....

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Plasterer

Name of Employer.....

Date of Death May 6, 1937 11:35 AM (Date) (Hour)

Date of Birth Nov. 9, 1860 (Date)

Age 76 5 27 (Years) (Months) (Days)

Date of Funeral May 8, 1937 9 A.M. (Date) (Day of Week) (Hour)

Services at Cephaney

Clergyman.....

His Address.....

Religion of the Deceased Cath.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Mayview City Hosp.

Cause of Death Pulmonary Fungus Infection

Contributory Causes Fracture of Femur

Certifying Physician St. J. McKeegan (or Coroner)

His Address.....

Name of Father William Reynolds

His Birthplace England

Maiden Name of Mother Mary Reynolds

Her Birthplace England

Motor } Remains to.....
Ship }

Size and Style of Casket..... (State Color)

Manufactured by.....

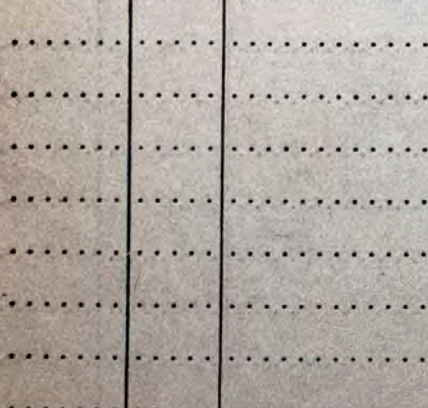
Interment at Calvary { Cemetery
Crematory

Lot No.....

Grave No. Paid June 9, 1937

Section No.....

Owner.....



Complete Funeral	\$ 335
Casket.....	275 00
Metallic Lining.....	
Outside Box.....	25 00
Burial Vault.....	
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$.....	20 00
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Badge, \$..... Gloves, \$.....	3 00
Hearse, \$..... Ambulance, \$.....	14 00
Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from <u>Mayview</u>	10 00
Taking Remains to.....	
Delivering Box to.....	
Flowers to <u>Blanket</u>	8 00
Removal Charges.....	
Procuring Burial Permit.....	
___Certif. Copies of Death Certificates No. ___	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	53 00
Death Notices in..... Newspapers.....	4 20
Flowers, \$..... Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	10 00
Railroad } Tickets, \$..... Aero- plane Service, \$..... or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	

EDW. J. MCAVOY
PAID
Total Footing of Bill \$ 350 20
Less \$
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.....

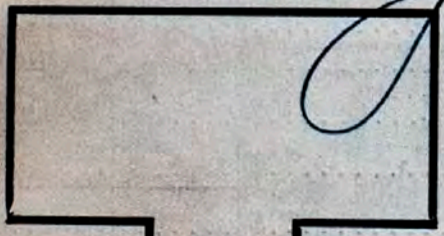
Signed.....

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

RECORD OF FUNERAL

Total No. 997 Yearly No. 36 Date 5-7 1937
 Name of Deceased James Robert Carrigan (Single - Married - Divorced) W East Pgh. Pa. (What Race) (Where Born)
 Residence of Deceased East Pittsburgh Pa. Husband—Wife—Widow— } Infant Son.
 Charge to..... of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death May 7-37 (Date) (Hour)
 Date of Birth April 19-1934 (Date) (Hour)
 Age 3 0 18 (Years) (Months) (Days)
 Date of Funeral May 11- (Date) (Day of Week) (Hour) M.
 Services at St. Columbus.
 Clergyman Turtle Creek, Pa.
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Columbia Hosp.
 Cause of Death Secondary Involvement of Brain Retina & Basilar of Eye
 Contributory Causes.....
 Certifying Physician Dr. Boyd Miller (or Coroner)
 His Address Columbia Hosp.
 Name of Father John P. Carrigan
 His Birthplace Pa.
 Maiden Name of Mother Maria Dougherty
 Her Birthplace Pa.
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery }
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Complete Funeral	\$	
Casket		65 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	10 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	6 50
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	2 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
(Names of Newspapers)	<u>News B.</u>	8 00
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		10 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
Total Footing of Bill		\$ 143 50
Less	<u>May 15, 1937</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.....
 Witness..... Signed.....
 Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Mrs Carrigan

761-6790

Sept 3, 1896

May 7-1937-1 May 11

East Pettis

Mrs Carrigan

Mrs Roberts
J. P. Carrigan

Edm Carrigan 1896

2 Edm 1896

Wm Carr 1905

RECORD OF FUNERAL

Total No. 998 Yearly No. 37 Date May 10, 1937
 Name of Deceased Delia Hoe Frans (Single — Married — Divorced) (What Race) (Where Born) St. Wheeling W. Va.
 Residence of Deceased 1509 Locust St. Husband—Wife—Widow—
 Charge to: Samuel Frans or of

Address 1509 Locust St.
 Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer

Date of Death May 10, 1937 6:30 AM
 Date of Birth Dec. 25, 1872
 Age 64 4 15
 (Years) (Months) (Days)

Date of Funeral May 13, 1937 9 AM
 (Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman

His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home
 Cause of Death Myocardial Degeneration
 Contributory Causes

Certifying Physician P. A. Murray (or Coroner)
 His Address 1734 Fifth Ave.
 Name of Father Michael Hoe
 His Birthplace Ireland
 Maiden Name of Mother Mary Reilly
 Her Birthplace Ireland

Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)

Manufactured by Calvary
 Interment at Calvary { Cemetery
 Crematory

FRANS—At her residence, 1509 L St., on Monday, May 10, 1937, Delia Hoe, wife of Samuel Frans, died from the home of her daughter, Richard Jones, 120 Chesterfield Row on Thursday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock.

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$		
Casket		375 00	
Metallic Lining			
Outside Box	(State Kind)		
Burial Vault	(State Kind)	100 00	
Embalming Body	with Fluid	25 00	
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$		
(State Color)			
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3 00	
Door Badge, \$	Gloves, \$	3 00	
Hearse, \$	Ambulance, \$	14 00	
Limousines to Cemetery	@ \$	10 50	
Autos to R. R. Station	x @ \$		
Getting Remains from			
Taking Remains to			
Delivering Box to	<u>Blanket</u>	10 00	
Flowers to			
Removal Charges			
Procuring Burial Permit		1 00	
/ Certif. Copies of Death Certificates No.	(State Number and District)		
(State Physician's or Coroner's)			
Pall Bearer Service			
Personal Service			
Use of Chapel			
Outlay for Lot		250 00	
Death Notices in	Newspapers	15 60	
	<u>Door Badge</u>	12 00	
	(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	20 00	
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		41 00	
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	25 00
Railroad } Tickets, \$	Aero-plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
<u>May 20, 1937</u>			
<u>Paid in full.</u>			
Total Footing of Bill	\$	905 10	
Less	\$		
Balance	\$		
Entered into Ledger, page	or below	<u>35</u>	

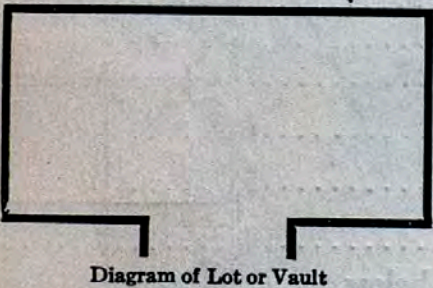
To Funeral Charges... Total, \$		By Cash	\$

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

RECORD OF FUNERAL

Total No. 999 Yearly No. 38 Date May 1, 1937
 Name of Deceased Joseph Frank (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased _____ Husband—Wife—Widow—
 or _____ of _____

Charge to _____
 Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased _____
 Name of Employer _____
 Date of Death May 1, 1937 (Date) (Hour)
 Date of Birth _____
 Age _____ (Years) (Months) (Days)
 Date of Funeral May 8, 1937 (Date) (Day of Week) (Hour) M.
 Services at _____
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death St Francis
 Cause of Death _____
 Contributory Causes _____
 Certifying Physician H. J. M. Maguire (of Coroner)
 His Address _____
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Calvary { Cemetery
 Crematory
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____



Complete Funeral	\$	
Casket <u>Services</u>		50.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in _____ Newspapers	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 50.00
Less	Per _____	
	Balance	\$
Entered into Ledger, page _____ or below.		

EDWARD J. MCGAVOY
 May 8, 1937

	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.

RECORD OF FUNERAL

Total No. 1000 Yearly No. 39 Date May 15 1937
 Name of Deceased Raffaella Pellegrino (Single — Married — Divorced) W (What Race) Italy (Where Born)
 Residence of Deceased 131 Dougherty St. Butler Pa Husband—Wife—Widow— } Joseph
 Charge to: Nick Pellegrino or of }
 Address: Same
 Order given by: (or informant)
 How Secured:
 Occupation of Deceased Housewife
 Name of Employer:
 Date of Death May 15, 1937 1 5 PM (Date) (Hour)
 Date of Birth June 15, 1877
 Age 59 11 0 (Years) (Months) (Days)
 Date of Funeral May 19 8 30 A. M. (Date) (Day of Week) (Hour)
 Services at: St. Peter's
 Clergyman:
 His Address:
 Religion of the Deceased Cath.
 Resided in the State Pa. (or U. S. or City or County) (Years) (Months)
 Place of Death Butler Pa.
 Cause of Death Atherosclerotic Heart
 Contributory Causes None
 Certifying Physician H. F. Pahl (or Coroner)
 His Address Butler Pa.
 Name of Father Salvatore Valco
 His Birthplace Italy
 Maiden Name of Mother Victoria Cordone
 Her Birthplace Italy
 Motor } Remains to
 Ship }
 Size and Style of Casket: (State Color)
 Manufactured by:
 Interment at Calvary { Cemetery }
 Lot No. 90
 Grave No.
 Section No. U
 Owner Vannore

Complete Funeral	\$	
Casket		125 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	8 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Butler Pa</u>		15 00
Taking Remains to <u>Blanket</u>		6 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No. _____	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>2</u> Newspapers		5 40
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 237 40
Less		\$
Balance		\$
Entered into Ledger, page or below.		

PELLEGRINO—On Saturday, May 15, 1937, at 1:50 p. m., Raffaella, wife of Joseph, mother of Nick Pellegrino and sister of Floyd Valco, of Edgeworth, Pa., Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday morning at 7:45. Requiem mass at St. Peter's Church, Fernando St., at 8:30 o'clock. Please omit flowers.

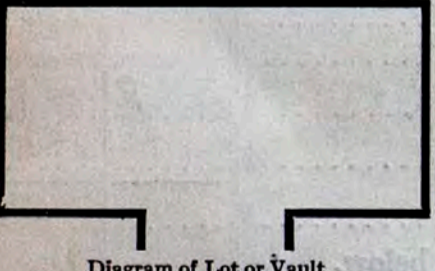
Diagram of Lot or Vault

To Funeral Charges... Total, \$	<u>May 20, 1937</u> By Cash	\$ 137 40

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. 1001 Yearly No. 70 Date May 20 1937
 Name of Deceased Infant Betrose (Single — Married — Divorced) W.P. (What Race) St Rosalia Hosp (Where Born)
 Residence of Deceased 706 Elm Husband—Wife—Widow—
 Charge to Paddy Betrose or of }
 Address 706 Elm
 Order given by (or informant)
 How Secured
 Occupation of Deceased Infant
 Name of Employer
 Date of Death 5-20-37 (Date) (Hour)
 Date of Birth 5-20-37 (Date) (Hour)
 Age Still born (Years) (Months) (Days)
 Date of Funeral 5-21-37 (Date) (Day of Week) (Hour) M.
 Services at
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death St Rosalia Hosp
 Cause of Death Asphixia neonatorum
 Contributory Causes
 Certifying Physician A. Aiello (or Coroner)
 His Address 909 Wythe ave
 Name of Father Paddy Betrose
 His Birthplace Syracuse
 Maiden Name of Mother Minnie Tannous
 Her Birthplace Pittsburgh, Pa.
 Motor Ship } Remains to
 Size and Style of Casket 2' (State Color)
 Manufactured by Sell
 Interment at Calvary Free Grave { Cemetery } Crematory
 Lot No.
 Grave No.
 Section No.
 Owner



Complete Funeral	\$	
Casket		<u>10 00</u>
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	<u>10 00</u>
Less	\$	
Balance	\$	
Entered into Ledger, page	.....	or below.

To Funeral Charges.... Total, \$		By Cash	\$
<u>John Simms</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.

RECORD OF FUNERAL

Total No. 1002 Yearly No. 41 Date May 29 1917

Name of Deceased William Albert (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1227 Buxton Way Husband - Wife - Widow - } or of }

Charge to Elias Albert

Address

Order given by (or informant)

How Secured

Occupation of Deceased Attendant Parkington

Name of Employer

Date of Death May 29 - 37 (Date) (Hour)

Date of Birth August 21, 1914 (Date) (Hour)

Age 22 9 8 (Years) (Months) (Days)

Date of Funeral June 1 9 A. M. (Date) (Day of Week) (Hour)

Services at St. Ann's

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State 22-9-8 (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Tuberculosis Meningitis

Contributory Causes

Certifying Physician Francis Hegarty (or Coroner)

His Address Medical Arts

Name of Father Elias Albert

His Birthplace Syria

Maiden Name of Mother Mary Adams

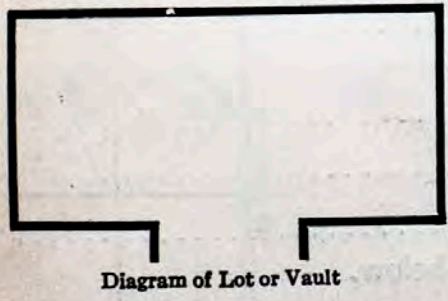
Her Birthplace Syria

Motor } Remains to Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at St. Mary's { Cemetery Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket		535 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ (State Color)	Slippers, \$	
Underwear, \$	Tarpaulin, \$	
Folding Chairs, \$	Candelabrum, \$	3 00
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	14 00
Hearse, \$	Ambulance, \$	21 00
Limousines to Cemetery <u>2</u> @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>		10 00
Flowers to		
Removal Charges <u>Door Badge</u>		10 00
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers)	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
PAID		
Total Footing of Bill <u>7-2-37</u>	\$	674 00
Less	\$	
Per <u>J.P. Price</u> Balance	\$	641 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 _____
Signed _____
Witness _____
Compiled by F. J. FEINEMAN, St. Louis, Mo.

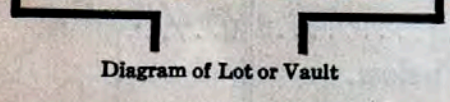
RECORD OF FUNERAL

Total No. 1003 Yearly No. 42 Date May 29 1937
 Name of Deceased Joseph Ruby (Single - Married - Divorced)
 Residence of Deceased 716 Lamond St. Husband—Wife—Widow—
 Charge to: Mary Perrin (What Race) (Where Born)

Address.....
 Order given by Anthony Ruby (or informant)
 How Secured.....
 Occupation of Deceased Salesman
 Name of Employer Superior Auto Parts
 Date of Death May 29-37 8:25 P (Date) (Hour)
 Date of Birth Feb 12 1902 (Date) (Hour)
 Age 35 3 17 (Years) (Months) (Days)
 Date of Funeral June 2-37 10 A M. (Day) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Leasts Farm
 Cause of Death Pulmonary Tuberculosis
 Contributory Causes.....
 Certifying Physician W. Trishman (or Coroner)
 His Address Leasts Farm Hoop
 Name of Father Ignatz Ruby
 His Birthplace Hungary
 Maiden Name of Mother Anna Bertak
 Her Birthplace Hungary
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$	
Casket		350 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	100 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	Flowers @ \$	19 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	Blanket	10 00
Delivering Box to		
Flowers to	Door Badge	10 00
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No.	(State Number and District)	
—Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		250 00
Death Notices in Newspapers		9 60
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		25 00
Lining Grave, \$	Matting, \$	16 00
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10 00
Organist, \$		
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>Del. Call to Collect Ohio</u>		7 70
<u>E. J. M.</u>		
Total Footing of Bill		851 80
Less		
Per <u>July</u>		
Balance		
Entered into Ledger, page..... or below.		

RUBY—Saturday, May 29, 1937, at 8:25 p. m. Joseph, husband of Mary Perrin, son of Ignatz Ruby and Anna Mahovitz. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday morning at 9:30. Requiem high mass at the Church of the Epiphany at 10 o'clock. Friends invited.



Lot No.....
 Grave No.....
 Section No.....
 Owner.....
 Cemetery {
 Crematory }

To Funeral Charges.... Total, \$				
<u>3/4</u>	<u>Cemetery Lot Olig to Mrs. Anna Mahovity</u>	<u>167 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

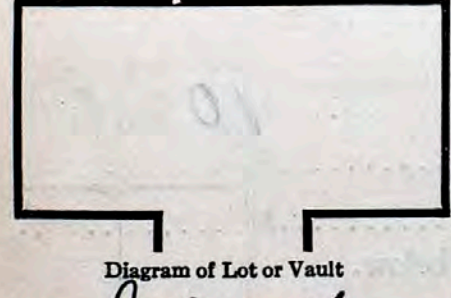
Total No. 1004 Yearly No. 43 Date May 30 19 37
 Name of Deceased Sarah Mosallem
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1212 Webster Ave Husband - Wife - Widow -
or Abraham Mosallem of

Charge to Richard Mosallem
 Address 1212 Webster Ave
 Order given by (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Date of Death May 30-37 2:45 P.M.
(Date) (Hour)
 Date of Birth Not known
 Age alt 65 yrs
(Years) (Months) (Days)
 Date of Funeral June 2-37 M.
(Date) (Day of Week) (Hour)
 Services at St Ann's

Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Municipal Hosp

Cause of Death Acute Cardiac Failure
 Contributory Causes Arterio sclerosis
 Certifying Physician Eugene H. Mateer
(or Coroner)
 His Address Municipal Hosp
 Name of Father Hollander Ngrem
 His Birthplace Syria
 Maiden Name of Mother Leina Saleef
 Her Birthplace Syria

Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		3 25 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	9 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to	<u>Door Badge</u>	10 00
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service	<u>Blanket</u>	8 00
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	15 00
Opening of Grave or Tomb		55 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor	Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
11-8-37 P. M.		
Total Footing of Bill	\$	447 50
Less	\$	46 50
Balance	\$	5 70
Entered into Ledger, page		27 50

John Hancock	To Funeral Charges.... Total, \$						By Cash	\$ 423 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. 1005 Yearly No. 44 Date June 1 1937

Name of Deceased Joyce Sylvio (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 320 McKee Pl. Husband - Wife - Widow - Daughter or of

Charge to Thomas Sylvio Address 320 McKee Pl.

Order given by _____ How Secured Infant (or informant)

Occupation of Deceased _____ Name of Employer _____

Date of Death June 1 - 37 (Date) (Hour)

Date of Birth Oct 20 1936 (Date) (Hour)

Age 6 (Years) (Months) (Days)

Date of Funeral June 4 - 37 (Date) (Day of Week) (Hour) 20 M.

Services at Home Clergyman _____

His Address _____ Religion of the Deceased Prot.

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Childrens Hosp. Cause of Death Acute mastoiditis

Contributory Causes _____ Certifying Physician W. H. M. Knight (or Coroner)

His Address Childrens Hosp. Name of Father Thomas Sylvio

His Birthplace M. H. Export Maiden Name of Mother Agnes Minn

Her Birthplace Pittsburgh Pa. Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by Hill Interment at Mt Royal { Cemetery Crematory

Lot No. _____ Row 2 Grave No. 54

Section No. M. 2 Owner _____

Diagram of Lot or Vault _____

Complete Funeral	\$	
Casket		45.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10.00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	10.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		25.00
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	12.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	Per <u>EDW. J. McARDY</u>	\$ 102.00
Less		\$
Balance		\$
Entered into Ledger, page		or below.

To Funeral Charges... Total, \$					
	June	3	By Cash	\$	22.00
	"	4			25.00
	"	5			80.00
					7.00

Insurance, \$ _____ Names of Lodges _____

Names of Insurance Companies _____

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

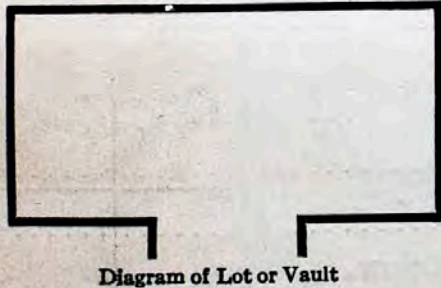
Signed _____ Witness: _____ Signed _____

RECORD OF FUNERAL

Total No. 1006 Yearly No. 45 Date June 1 1937
 Name of Deceased Margaret Delehanty (Single - Married - Divorced) (What Race) (Where Born) W.P. Pgh Pa
 Residence of Deceased 11641 5th Ave Husband—Wife—Widow— }
 Charge to Margaret Delehanty or of }

Address Same
 Order given by (or informant)
 How Secured
 Occupation of Deceased Child
 Name of Employer
 Date of Death June 1 - 37 (Date) (Hour)
 Date of Birth 2-14-28 (Date) (Hour)
 Age 9 (Years) (Months) (Days)
 Date of Funeral June 5 - 37 (Date) (Day of Week) (Hour) M.
 Services at
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Polk Pa Hosp State
 Cause of Death Epilepsy
 Contributory Causes
 Certifying Physician (or Coroner)
 His Address
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery }
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		70 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10 00
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
	(State Color)	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2 00
Door Badge, \$	Gloves, \$	2 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Door Badge</u>	8 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No. _____	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
	(Names of Newspapers) ✓	
Flowers, \$	Rental of Palms, \$	10 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	3 00
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		30 00
<u>Boyd on Park. F. D.</u>		
<u>Franklin Pa</u>		
Total Footing of Bill	\$	179 00
Less	\$	
	\$	
	Balance	\$
Entered into Ledger, page	or below.	



To Funeral Charges..... Total, \$									
			June 18	By <u>Cash Paid</u>	\$	73	22		
			July 22	<u>Cash</u>	\$	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
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1007 Yearly No. 46 Date June 7 1937

Name of Deceased *Colomba Gigliotti* (Single - Married - Divorced) *W* (What Race) *Italy* (Where Born)

Residence of Deceased *203 Covington St* Husband—Wife—Widow— } or of } 460

Charge to: Address: Order given by: How Secured: Occupation of Deceased *Housewife*

Name of Employer: Date of Death *June 7-37* (Date) (Hour)

Date of Birth *May 21-1878* (Date) (Hour) Age *59* (Years) *17* (Months) (Days)

Date of Funeral *June 10 1937* (Date) (Day of Week) *9:30* (Hour) M. Services at: *St. Peters*

Clergyman: His Address: Religion of the Deceased *Catholic*

Resided in the State: Place of Death *203 Covington St*

Cause of Death *Chronic Myocarditis* Contributory Causes *Hypertension*

Certifying Physician *Dr. J. M. Egan* (or Coroner) His Address: *Monroe*

Name of Father *Joseph Alpine* His Birthplace: *Italy*

Maiden Name of Mother *Marina Dattala* Her Birthplace: *Italy*

Motor Ship } Remains to: Size and Style of Casket: (State Color)

Manufactured by: *Hill* Interment at: *Calvary* Cemetery Crematory

Lot No. *915* Grave No. *4* Section No. *M* Owner:

GIGLIOTTI—On Monday, June 7, 1937, Colomba, beloved wife of Rosa Gigliotti, Funeral from the family home, 203 Covington St., on Thursday morning, 8:45 o'clock. Requiem high mass at St. Peter's Church, Fernando St., at 9:30 a. m.

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		350 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	14 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to	<i>Blanket</i>	8 00
Delivering Box to		
Flowers to		
Removal Charges	<i>Bar Baldy</i>	10 00
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers	<i>2</i>	7 20
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	3 00
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. McAVOY		
Total Footing of Bill	<i>June 15, 1937</i>	\$ 483 20
Less		
Per Balance	<i>E. J. M.</i>	
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. 1008 Yearly No. 47 Date June 13 1937

Name of Deceased Jamelia Bapa (Single - Married - Divorced) (What Race) Syria (Where Born)

Residence of Deceased 2229 Wenzel Ave Husband—Wife—Widow—Jacob Bapa or of

Charge to _____

Address _____

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Housewife

Name of Employer _____

Date of Death June 13 1937 5:30 AM (Date) (Hour)

Date of Birth _____

Age 68 (Years) (Months) (Days)

Date of Funeral June 16 1937 1 P.M. (Date) (Day of Week) (Hour)

Services at St. George's

Clergyman _____

His Address _____

Religion of the Deceased Orthodox

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death 2229 Wenzel Ave

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension

Certifying Physician Lester L. Boutlett (or Coroner)

His Address 2127 Broadway

Name of Father Geo. Nicholas

His Birthplace Syria

Maiden Name of Mother Annie Bourdie

Her Birthplace Syria

Motor } Remains to _____
Ship }

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Minersville { Cemetery
Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	
Casket		350 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	75 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	18 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to	<u>Blanket</u>	10 00
Flowers to		
Removal Charges	<u>Door Badge</u>	10 00
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		46 00
Death Notices in	<u>2 Newspapers</u>	3 90
Flowers, \$	(Names of Newspapers)	15 00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	<u>7-3-37</u>	
Out of town Undertaker's Charges		
Total Footing of Bill	\$	573 40
Less	<u>PA</u>	547 50
Balance	\$	
Entered into Ledger, page _____ or below.		

BAPA—On Sunday, June 13, 1937, at her home, 2229 Wenzel Ave., Jamelia, wife of the late Jacob Bapa. Survived by two sons, Micheal and George Bapa. Funeral services on Wednesday at 1 P. M. at St. George's Syrian Church, 1809 Bedford Ave.

Diagram of Lot or Vault

MINERSVILLE CEMETARY
Single Graves

ROW #11 GRAVE #28

NAME Jamelia Bapa

BURIED June 16 - 1937

E. J. McAvoy - Undertaker

Witness _____

Signed _____

Signed _____

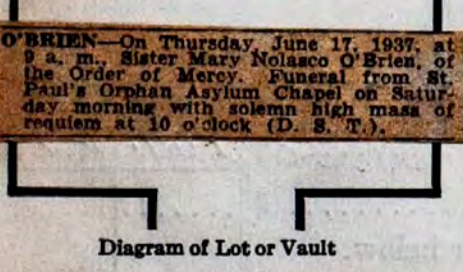
FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1009 Yearly No. 48 Date June 17 1937
 Name of Deceased Mary O'Brien (Sr. M. Nolasco) (Single — Married — Divorced) (What Race) Ireland (Where Born)
 Residence of Deceased St. Pauls Orphanage Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Sr. of Mercy
 Name of Employer.....
 Date of Death June 17, 1937 9 AM (Date) (Hour)
 Date of Birth April 15, 1888 (Date)
 Age 49 2 2 (Years) (Months) (Days)
 Date of Funeral June 19, 10 A. M. (Date) (Day of Week) (Hour)
 Services at St. Pauls
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Pulmonary Collapse
 Contributory Causes Cholecystitis
 Certifying Physician John P. Guffath (or Coroner)
 His Address Mercy Hosp.
 Name of Father Bartuch O'Brien
 His Birthplace Ireland
 Maiden Name of Mother Winifred O'Brien
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St. Xavier { Cemetery
 Crematory

Complete Funeral.....	\$	
Casket.....		60 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		15 00
Burial Vault..... (State Kind)		
Embalming Body..... with Fluid		15 00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color) Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		3 00
Door Badge, \$..... Gloves, \$.....		
Hearse, \$..... <u>Latiche</u> Ambulance, \$.....		35 00
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
____ Certif. Copies of Death Certificates No.____ (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		
Death Notices in..... ? Newspapers.....		3 60
Flowers, \$..... (Names of Newspapers)		
Rental of Palms, \$.....		
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of Bill	\$	131 60
Less.....	\$	
Per Balance	\$	
Entered into Ledger, page..... or below.		



O'BRIEN—On Thursday June 17, 1937, at 9 a. m. Sister Mary Nolasco O'Brien, of the Order of Mercy, Funeral from St. Paul's Orphan Asylum Chapel on Saturday morning with solemn high mass of requiem at 10 o'clock (D. S. T.).

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. 1010 Yearly No. 49 Date June 17 1937

Name of Deceased Rose Johns (Single - Married - Divorced) W Syria (What Race) (Where Born)

Residence of Deceased 612 Congress St Husband—Wife—Widow— } or of W of W } W

Charge to: Tommy Johns
Address: 537 Protective Pl

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death June 17 3:27 PM (Date) (Hour)

Date of Birth Aug 6 1904 (Date) (Year) (Month) (Day)

Age 32 10 11 (Years) (Months) (Days)

Date of Funeral June 20 1 P M. (Date) (Day of Week) (Hour)

Services at St. Anne's

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Br. Laternal Fever

Contributory Causes Pneumonia

Certifying Physician Dr. J. Thomas (or Coroner)

His Address 406 6 Penn Ave

Name of Father Tommy Johns

His Birthplace Syria

Maiden Name of Mother Helen Joseph

Her Birthplace Syria

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Cavalry { Cemetery Crematory

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		365 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Hose, \$		
Underwear, \$ Slippers, \$		18 50
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>		10 00
Flowers to		
Removal Charges <u>Low Badge</u>		10 00
Procuring Burial Permit (State Number and District)		
—Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers (Names of Newspapers)		
Flowers, \$ Rental of Palms, \$		15 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		18 00
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
		Total Footing of Bill <u>501 50</u>
		Less <u>Ex. M.</u>
		Balance <u></u>
Entered into Ledger, page <u>W</u> or below.		

To Funeral Charges.... Total, \$	
Per 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. 1011 Yearly No. 50 Date June 17 1937

Name of Deceased Baby Male Seven (Single — Married — Divorced) Crafton Hays (What Race) (Where Born)

Residence of Deceased 103 Hollywood St Husband—Wife—Widow—
or of }

Charge to Alfred Dineen

Address 103 Hollywood Ave

Order given by
(or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death June 16 1937 9:54 PM
(Date) (Hour)

Date of Birth June 16
(Date)

Age Stillborn
(Years) (Months) (Days)

Date of Funeral June 19 1937 M.
(Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Magee Hospital

Cause of Death Premature

Contributory Causes

Certifying Physician F. H. Mangried
(or Coroner)

His Address Magee Hospital

Name of Father Alfred Dineen

His Birthplace Pgh Pa

Maiden Name of Mother Martha Mitchell

Her Birthplace Virginia

Motor } Remains to
Ship }

Size and Style of Casket
(State Color)

Manufactured by

Interment at Calvary { Cemetery
Crematory

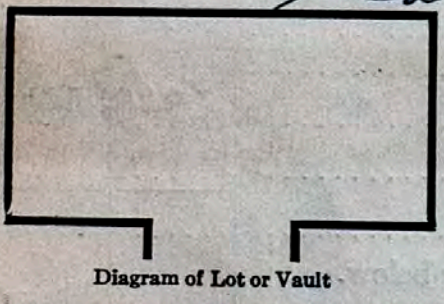
Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$
Casket	10
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	Hose, \$
Suit or Dress, \$	(State Color)
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	(State Number and District) (State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	Rental of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	10
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 20
Less	\$
Balance	\$
Entered into Ledger, page or below.	



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

Insurance, \$ Names of Lodges

Names of Insurance Companies

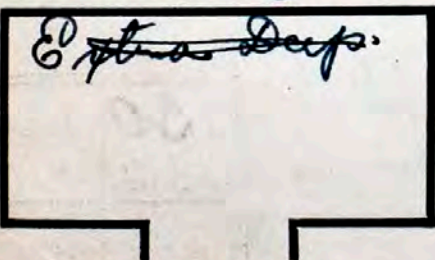
We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

Witness Signed

RECORD OF FUNERAL

Total No. 1012 Yearly No. 51 Date June 19 1937
 Name of Deceased Mary Moses (Single — Married — Divorced) W.P. (What Race) Syria (Where Born)
 Residence of Deceased 1025 Bustwick Way Husband—Wife—Widow—
 or of }

Charge to:
 Address:
 Order given by: (or informant)
 How Secured:
 Occupation of Deceased Retired
 Name of Employer:
 Date of Death June 19 - 37 (Date) (Hour)
 Date of Birth:
 Age about 115 (Years) (Months) (Days)
 Date of Funeral June 22 - 37 (Date) (Day of Week) (Hour) M.
 Services at: St Ann's
 Clergyman: Fr Basil
 His Address: St Anno
 Religion of the Deceased Cath
 Resided in the State: (or U. S. or City or County) (Years) (Months)
 Place of Death 1025 Bustwick Way
 Cause of Death:
 Contributory Causes:
 Certifying Physicians Dr. S. Marcus (or Coroner)
 His Address 1407 5th Ave
 Name of Father Abdel Gabriel
 His Birthplace Syria
 Maiden Name of Mother Joséphine Mawad
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket: (State Color)
 Manufactured by:
 Interment at C. always { Cemetery }
 { Crematory }
 Lot No. Single
 Grave No.:
 Section No.:
 Owner:
 Diagram of Lot or Vault 

Complete Funeral	\$	
Casket		165 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	12
Underwear, \$	Slippers, \$	12 00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	D.O.B.	10 00
Taking Remains to		
Delivering Box to	Blanket	6 00
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
	Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	268 00
Less	\$	
	Balance	\$
Entered into Ledger, page or below.		

To Funeral Charges....	Total, \$	By Cash	\$ 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. 1013 Yearly No. 32 Date June 20 1937

Name of Deceased Edward Sweeney (Single Married - Divorced) W. P. Sweeney (What Race) (Where Born)

Residence of Deceased 42 Van Braam Husband—Wife—Widow— }
or of }

Charge to Mrs. Annie Sweeney

Address Same

Order given by (or informant)

How Secured

Occupation of Deceased Waiter

Name of Employer Restaurant

Date of Death June 20 - 37 1235 P. (Date) (Hour)

Date of Birth Sept 2 1884 (Date) (Month) (Day)

Age 52 9 18 (Years) (Months) (Days)

Date of Funeral June 24 - 37 10A. M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 42 Van Braam

Cause of Death Lobar Pneumonia

Contributory Causes

Certifying Physician J. M. Carthy (Coroner)

His Address 2016 5th ave

Name of Father Dennis Sweeney

His Birthplace Ireland

Maiden Name of Mother Mary M. Bligherty

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary { Cemetery Crematory

SWEENEY—On Sunday, June 20, 1937, Edward, husband of Annie Lydon Sweeney, Funeral from his late residence, 42 Van Braam St., on Thursday morning at 9:30. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock.

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$
Casket	285 00
Metallic Lining	
Outside Box	20 00
Burial Vault	
Embalming Body	25 00
Barber, \$	
Dressing Body	
Suit or Dress, \$	
Underwear, \$	
Folding Chairs, \$	
Candelabrum, \$	3 00
Door Badge, \$	3 00
Hearse, \$	14 00
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Delivering Box to	10 00
Flowers to	
Removal Charges	12 00
Procuring Burial Permit	
—Certif. Copies of Death Certificates	2 00
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	
Flowers, \$	15 00
Rental of Tent, \$	
Lowering Device, \$	
Opening of Grave or Tomb	20 00
Lining Grave, \$	66 00
Outlay for Shipping Charges	
Clergyman, \$	25 00
Railroad or Motor } Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 450 00
Less	\$ 430 00
Balance	\$
Entered into Ledger, page or below.	

EDWARD J. MCAVOY
PAID
7-17-37

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

Insurance, \$

Names of Insurance Companies

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

Witness: Signed:

RECORD OF FUNERAL

Total No. 1014 Yearly No. 53 Date June 23 1937

Name of Deceased Caroline Paulick (Single - Married - Divorced) W. (What Race) Pa. (Where Born)

Residence of Deceased 22 Mackey (Paulick) (Husband - Wife - Widow -)

Charge to Michael Paulick of 22 Mackey St.

Order given by (or informant)

How Secured (State Kind)

Occupation of Deceased Housewife

Name of Employer (Date)

Date of Death June 23 - 37 (Date) (Hour)

Date of Birth Mar 19 1909 (Date) (Hour)

Age 28 3 7 (Years) (Months) (Days)

Date of Funeral June 26 9 A. M. (Date) (Day of Week) (Hour)

Services at St. Agnes

Clergyman (Name)

His Address (Address)

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death McGee Hospital

Cause of Death Tuberc. Pneumonia

Contributory Causes (List)

Certifying Physician H. S. Cook (or Coroner)

His Address McGee Hospital

Name of Father John Menchick

His Birthplace Poland

Maiden Name of Mother Catherine

Her Birthplace Poland

Motor Ship } Remains to (State Color)

Size and Style of Casket (State Color)

Manufactured by (Name)

Interment at Cabany { Cemetery Crematory

Lot No. Row 3

Grave No. 41

Section No. 14

Owner (Name)

Insurance, \$ (Amount) Names of Lodges (List)

Names of Insurance Companies (List)

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

Witness (Name) Signed (Signature)

Complete Funeral	\$	
Casket		250 00
Metallic Lining		
Outside Box	(State Kind)	15 50
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	12 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 50
Door Badge, \$	Gloves, \$	3 50
Hearse, \$	Ambulance, \$	14 50
Limousines to Cemetery	3 @ \$	31 50
Autos to R. R. Station	3 @ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	<u>Blanket</u>	8 00
Death Notices in	Newspapers <u>Evening B.</u>	10 50
Flowers, \$	(Names of Newspapers)	15 00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		53 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 440 00
Less Per <u>7-2-37</u>		\$ 420 65
Balance		\$ 19 35
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. 1015 Yearly No. 54 Date June 23 1937
 Name of Deceased James H Burns Sr (Single — Married — Divorced) H (What Race) Ireland (Where Born)
 Residence of Deceased 700 Timberland Ave Husband—Wife—Widow— } Catherine Burns
 Charge to Mrs Frank L Monks or of } H20
 Address 143 Haberman Ave
 Order given by (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Date of Death June 23 10 30 PM (Date) (Hour)
 Date of Birth Oct 16, 1873
 Age 6 3 8 7 (Years) (Months) (Days)
 Date of Funeral June 28, 9 A M. (Date) (Day of Week) (Hour)
 Services at St Canice's
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 700 Timberland Ave
 Cause of Death Acute myocarditis
 Contributory Causes
 Certifying Physician H. J. McGregor (or Coroner)
 His Address
 Name of Father Barney Burns
 His Birthplace Ireland
 Maiden Name of Mother Ellen Hunter
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery }
 Crematory }
 Plot No. 3
 Grave No. 42
 Section No. 14
 Owner
 Diagram of Lot or Vault
 Complete Funeral \$
 Casket 265 00
 Metallic Lining (State Kind) 20 00
 Outside Box (State Kind) 25 00
 Burial Vault (State Kind) Fluid
 Embalming Body with Hair Dressing, \$
 Barber, \$ Dressing Body
 Suit or Dress, \$ (State Color) Hose, \$ 17 00
 Underwear, \$ Slippers, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$ 3 00
 Door Badge, \$ Gloves, \$ 3 00
 Hearse, \$ Ambulance, \$ 14 00
 Limousines to Cemetery @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to Blanket 8 00
 Delivering Box to
 Flowers to Door Badge 10 00
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. 50 ✓
 Pall Bearer Service
 Personal Service
 Use of Chapel
 Outlay for Lot 53 00
 Death Notices in 2 Newspapers 3 Times 7 10
 (Names of Newspapers)
 Flowers, \$ Rental of Palms, \$ 15 00
 Rental of Tent, \$ of Temporary Tomb, \$
 Lowering Device, \$ Cremation, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Matting, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Total Footing of Bill \$ 440 60
 Less \$
 Balance \$
 Entered into Ledger, page on below.

BURNS—Wednesday, June 23, 1937. James H., husband of the late Catherine Minsban, father of Mrs. Frank L. Monks, James H. and Mrs. Robert Bittner. Funeral from the home of his daughter, Mrs. Frank L. Monks, 143 Haberman Ave., on Monday morning at 8:30. Solemn requiem high mass at St. Canice's Church, at 9 o'clock.

PAID
 Sept 11, 1937
 E. 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
 Signed
 Witness Signed
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1016 Yearly No. 55 Date June 26 1937

Name of Deceased George Christian Bauer (Single - Married - Divorced) St Germany (What Race) (Where Born)

Residence of Deceased Margaret Bauer Husband—Wife—Widow— }
Charge to: John Bauers (Bro) or of }

Address 206 Hallock St D.21

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Glass Blower

Name of Employer _____

Date of Death June 26, 1937 (Date) (Hour)

Date of Birth _____ (Years) (Months) (Days)

Age About 65

Date of Funeral June 29, 2:30 P.M. (Date) (Day of Week) (Hour)

Services at 206 Hallock St.

Clergyman _____

His Address _____

Religion of the Deceased Protestant

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Jeanette

Cause of Death _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father Conrad Bauer

His Birthplace Germany

Maiden Name of Mother Catherine Kingshoff

Her Birthplace Germany

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Minesville Cemetery } Crematory

Lot No. Drive # 42

Grave No. Row 3

Section No. 14

Owner _____

Complete Funeral	\$	
Casket		150 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	16 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	9 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>D. B.</u>		10 00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel <u>Blanket</u>		6 00
Outlay for Lot	<input checked="" type="checkbox"/>	
Death Notices in <u>3</u> Newspapers		6 30
Flowers, \$	(Names of Newspapers)	15 00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		27 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		287 80
Less		
Balance		
Entered into ledger, page _____ or below.		

BAUER—On Saturday, June 26, 1937, George Christian, son of the late Conrad and Catherine Kingshoff Bauer. Funeral services at the home of his brother, John C. Bauer, 206 Hallock Street, Duquesne Heights, on Tuesday afternoon at 2:30 o'clock, D. S. T.

Diagram of Lot or Vault

To Funeral Charges... Total, \$	By <u>Cash</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. 1017 Yearly No. 56 Date June 27 1937

Name of Deceased Stella E. Elenzweig (Single - Married - Divorced) (What Race) J (Where Born)

Residence of Deceased 343 Mc Kee Place or Joseph Elenzweig (Widow) of

Charge to
Address
Order given by (or informant)
How Secured
Occupation of Deceased

Name of Employer

Date of Death June 27, 1937 8 P.M. (Date) (Hour)

Date of Birth Oct 12, 1882 (Date)

Age 54 8 15 (Years) (Months) (Days)

Date of Funeral June 29, 1937 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman

His Address

Religion of the Deceased Jewish

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Leech Farm Hospital

Cause of Death Pulmonary Tuberculosis

Contributory Causes

Certifying Physician M. Frushman (or Coroner)

His Address Leech Farm Hospital

Name of Father Sylvan Elenzweig

His Birthplace Poland

Maiden Name of Mother Esther Elenzweig

Her Birthplace Poland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Tree of Life { Cemetery Crematory

Complete Funeral	\$	
Casket <u>Case</u>	\$	110 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		20 00
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in 3 Newspapers		6 60
(Names of Newspapers)		
Flowers, \$ Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced <u>W. J. McAVOY</u>		
Out of town Undertaker's Charges		

7-12-37

Total Footing of Bill	\$	180 60
Less <u>PR Mrs McAvoy</u>	\$	
Balance	\$	166 60
Entered into Ledger, page or below		

ELENZWEIG—Stella Blumenstein, on Sunday, June 27, 1937, wife of the late Joseph Elenzweig, mother of Sylvan and Madeline, sister of Herman and Myer Blumenstein. Funeral from the McAvoy Funeral Home, 1700 Forbes St., Tuesday at 2 p. m. Interment in Tree of Life Cemetery.

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. 1018 Yearly No. 57 Date July 6 1937
 Name of Deceased Thomas M. Ateer (Single—Married—Divorced) (What Race) Irish (Where Born) Pgh. Pa.
 Residence of Deceased 1619 Etna St. Husband—Wife—Widow— }
 Charge to Mrs. Johanna M. Ateer or..... of }

Address same
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Marble Worker
 Name of Employer.....
 Date of Death July 6 1937 (Date) 6 P. (Hour)
 Date of Birth Mar 7 1908 (Date) (Hour)
 Age 29 (Years) 3 (Months) 9 (Days)
 Date of Funeral July 9 -37 (Date) (Day of Week) (Hour) M.
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death West Penn.
 Cause of Death S. aureus Septicemia
 Contributory Causes urethritis
 Certifying Physician E. C. Waxman (or Coroner)
 His Address West Penn.
 Name of Father James M. Ateer
 His Birthplace Pgh. Pa.
 Maiden Name of Mother Johanna Mulcahey
 Her Birthplace Pgh. Pa.
 Motor } Remains to.....
 Ship }

Complete Funeral.....	\$	
Casket.....	200	00
Metallic Lining.....		
Outside Box..... (State Kind)	15	00
Burial Vault..... (State Kind)		
Embalming Body..... with..... Fluid	25	00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color) Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....	3	00
Door Badge, \$..... Gloves, \$.....	3	00
Hearse, \$..... Ambulance, \$.....	14	00
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from..... <u>Dr. B.</u>	10	00
Taking Remains to.....		
Delivering Box to..... <u>Blanket</u> ✓	8	00
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District) Certif. Copies of Death Certificates No. <u>1</u> (State Physician's or Coroner's)		
Full Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....	16	00
Death Notices in..... <u>2</u> Newspapers <u>(2)</u> ✓	9	60
Flowers, \$..... (Names of Newspapers) Rental of Palms, \$..... ✓	12	00
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....	18	00
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- plane Service, \$.....		
or Motor }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
EDW. J. MCAVOY		
Total Footing of Bill..... <u>21-37</u>	\$	317 60
Less.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.		

McATEER—On Tuesday, July 6, 1937, Thomas, son of Johanna Mulcahey and the late James McAteer. Also survived by two sisters, Margaret McAteer and Mrs. James Potter. Funeral from the family home, 1619 Etna St., on Friday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

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

To Funeral Charges..... Total, \$	\$	By Cash.....	\$
	7-13-37	Mrs. A. M. D. Noel	202.62
		Balance by Union	100.

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.

RECORD OF FUNERAL

Total No. 1019 Yearly No. 58 Date July 17 1937

Name of Deceased Thomas Maloy
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Mayview Husband—Wife—Widow— } or of }

Charge to:

Address:

Order given by:
(or informant)

How Secured:

Occupation of Deceased Plaster Retired

Name of Employer:

Date of Death July 17-37
(Date) (Hour)

Date of Birth:

Age 75
(Years) (Months) (Days)

Date of Funeral July 21-37
(Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman:

His Address:

Religion of the Deceased Cath.

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Mayview City Hosp.

Cause of Death Arteriosclerosis
Arterio sclerotic Degeneration

Certifying Physician
(or Coroner)

His Address:

Name of Father:

His Birthplace:

Maiden Name of Mother:

Her Birthplace:

Motor } Remains to
Ship }

Size and Style of Casket
(State Color)

Manufactured by:

Interment at Calvary { Cemetery
Crematory

MALLOY—On Saturday, July 17, 1937, Thomas Maloy, funeral from the McAfee Funeral Home, 1700 Forbes St., on Wednesday morning at 8:30. Requiem Mass at the Church of the Epiphany at 9. Members of Plasterers' Union, Local No. 31, invited.

Lot No. Single
Grave No. Row 5
Section No. 1, 4
Owner:

Complete Funeral	\$		
Casket		175	00
Metallic Lining			
Outside Box	(State Kind)	25	00
Burial Vault	(State Kind)		
Embalmng Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$	20	00
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3	00
Door Badge, \$	Gloves, \$	3	00
Hearse, \$	Ambulance, \$	14	00
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from		10	00
Taking Remains to			
Delivering Box to			
Flowers to <u>Blanchet</u>		8	00
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)			
Pall Bearer Service			
Personal Service			
Use of Chapel			
Outlay for Lot		53	00
Death Notices in <u>3</u> Newspapers		6	90
(Names of Newspapers)			
Flowers, \$	Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	10	00
Organist, \$			
Railroad } Tickets, \$	Aero-plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill		352	90
Less			
Balance <u>Check</u>			
Entered into Ledger, page or below.			

PAID 8-28-37
J. J. ...

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:

RECORD OF FUNERAL

Total No. 1020 Yearly No. 59 Date July 20 1937
 Name of Deceased Emelie Neidhardt (Single — Married — Divorced) (What Race) N.P. (Where Born) Germany
 Residence of Deceased 34 East St Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by Alexander Neidhardt (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death July 20 - 37 (Date) (Hour)
 Date of Birth May 6, 1853
 Age 84 (Years) 2 (Months) 14 (Days)
 Date of Funeral July 23 - 37 (Date) (Day of Week) (Hour) 9A M.
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 34 East St
 Cause of Death Chronic Myocarditis
 Contributory Causes Senility
 Certifying Physician L. J. Barnett (or Coroner)
 His Address 200 1/2 Fifth Ave
 Name of Father.....
 His Birthplace Germany
 Maiden Name of Mother Elizabeth
 Her Birthplace Germany
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$	
Casket		340 00
Metallic Lining	(State Kind)	25 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	15 00
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>		12 00
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot <u>opening & Train</u>		31 00
Death Notices in <u>4</u> Newspapers		7 90
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	30 00
Organist, \$		
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
Total Footing of Bill		520 90
Less		
Per <u>Balance</u>		
Entered into Ledger, page..... or below.		

NEIDHARDT—On Tuesday, July 20, 1937, Emelie Neidhardt, Funeral from Mc. Funeral Home, 1700 Forbes St., Friday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

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

To Funeral Charges	Total, \$	By Cash	\$
<u>520 90</u>	<u>340 00</u> <u>160 00</u> <u>5 10</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.

RECORD OF FUNERAL

Total No. 1021 Yearly No. 60 Date July 30 1937

Name of Deceased Joseph E. Lee (Single - Married - Divorced) W. J. McAvoy (What Race) Pgh Pa. (Where Born)

Residence of Deceased 1338 Forbes St Husband—Wife—Widow— } or of }

Charge to:

Address:

Order given by:

How Secured:

Occupation of Deceased Mailman

Name of Employer Sun Title

Date of Death July 30 - 37 (Date) (Hour)

Date of Birth Sept 14 1897 (Date) (Hour)

Age 39 (Years) 10 (Months) 16 (Days)

Date of Funeral Aug 2 - 37 (Date) (Day of Week) 10 A. M. (Hour)

Services at: Epiphany

Clergyman:

His Address:

Religion of the Deceased Cath.

Resided in the State:

Place of Death Mercy Hosp.

Cause of Death Thrombosis of liver with hemorrhage from esophageal varices

Contributory Causes:

Certifying Physician W. J. McGregor (or Coroner)

His Address: Marquette

Name of Father Patrick Lee

His Birthplace Ireland

Maiden Name of Mother Annie Holleran

Her Birthplace Ireland

Motor } Remains to

Ship } Remains to

Size and Style of Casket:

Manufactured by:

Interment at: Calvary Cemetery Crematory

LEE—On Friday, July 30, 1937, Joseph Lee of 1338 Forbes St., son of the late Patrick and Annie Holleran Lee. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock. Friends invited.

Diagram of Lot or Vault

Lot No. 255

Grave No. 1.

Section No. H.

Owner:

Complete Funeral	\$	500
Casket		340 00
Metallic Lining		
Outside Box	(State Kind)	25 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	24 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Blanket</u>	12 00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		31 00
Death Notices in	<u>6</u> Newspapers	15 80
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singer, Organist, \$	25 00
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	<u>D. W. J. McAVOY</u>	
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 533 30
Less	Per <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

Witness: Signed:

RECORD OF FUNERAL

Total No. 1022 Yearly No. 61 Date Aug 3 1937
 Name of Deceased A. Clement A. Miravalle Jr. (Single - Married - Divorced) N. Y. (What Race) Pgh Pa. (Where Born)
 Residence of Deceased 474 Antenor St Overbrook (Husband - Wife - Widow) or of
 Charge Clement Miravalle Sr.
 Address Same

Order given by
 How Secured (or informant)
 Occupation of Deceased Infant
 Name of Employer
 Date of Death Aug 3 - 1937 (Date) (Hour)
 Date of Birth Feb 6 - 1937 (Date) (Hour)
 Age 6 3 (Years) (Months) (Days)
 Date of Funeral Aug 7 1937 9 30 (Date) (Day of Week) (Hour) M.
 Services at St Moritz Church
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Children Hosp.
 Cause of Death Broncho pneumonia
 Contributory Causes enteritis
 Certifying Physician Wm. M. Petty (or Coroner)
 His Address Children Hosp.
 Name of Father Clement Miravalle
 His Birthplace Italy
 Maiden Name of Mother Margaret Stutts
 Her Birthplace Phil Pa.
 Motor } Remains to
 Ship }

Complete Funeral	\$	
Casket	✓	50 00
Metallic Lining		
Outside Box (State Kind)		5 00
Burial Vault (State Kind)		
Embalming Body with Fluid		10 00
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		3 00
Candles, \$		3 00
Door Badge, \$		10 50
Gloves, \$		10 50
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>D.O.B.</u>		5 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
1 Certif. Copies of Death Certificate No. (State Number and District) (State Physician's or Coroner's)		1 00
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for <u>Matt. Linnig</u>		33 00
Death Notices in Newspapers ✓		13 26
(Names of Newspapers)		
Flowers, \$		10 00
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	154 26
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

MIRAVALLE—On Tuesday, Aug. 3, 1937, Clement A. Jr., infant son of Clement and Margaret (nee Stuts) Miravalle. Funeral from the family home, 474 Antenor St., Overbrook, on Saturday morning at 8:45. Angels mass at St. Norbert Church at 9:30.

Manufactured by
 Interment at Calvary Cemetery Crematory
 Lot No. Angels Row
 Grave No.
 Section No.
 Owner

To Funeral Charges... Total, \$		
<u>Ca. 3208 R.</u>		
<u>2-15-38</u>		
	<u>Feb 18 1938</u>	<u>By Cash</u> \$ <u>50 00</u>
	<u>July 17 1939</u>	<u>Cash P.</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

RECORD OF FUNERAL

Total No. 1023 Yearly No. 62 Date Aug 22 1937
 Name of Deceased Margaret Nessler (Single - Married - Divorced) (What Race) Jew (Where Born)
 Residence of Deceased 811 Congress St. Husband—Wife—Widow—
 Charge to John Nessler or..... of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death Aug 22 - 37 (Date) (Hour)
 Date of Birth June 15 1890 (Date) (Hour)
 Age 47 2 7 (Years) (Months) (Days)
 Date of Funeral Aug 26 - 37 9 A.M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U.S. or City or County) (Years) (Months)
 Place of Death 811 Congress St.
 Cause of Death Cholera Myocarditis
 Contributory Causes Cholera Nephritis
 Certifying Physician Murray (or Coroner)
 His Address 5-st ave
 Name of Father Donald McFarlane
 His Birthplace Scotland
 Maiden Name of Mother Margaret Jewins
 Her Birthplace Johnstown
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Irwin Pa. { Cemetery
 Crematory
 Lot No. Single
 Grave No.....
 Section Irwin Cemetery
 Owner.....

Complete Funeral	\$	
Casket		3.00 00
Metallic Lining		
Outside Box (State Kind)		25 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		19 00
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		25 00
Limousines to Cemetery 2 @ \$ 20		40 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Blanket</u>		12 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		36 00
Death Notices in 2 Newspapers		5 28
(Names of Newspapers)		
Flowers, \$ Rental of Palms, \$		15 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		10 00
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
PAID		
Total Footing of bill 9-37		\$ 518 28
Less		
Balance		\$ 494 17
Entered into Ledger, page..... or below.		

NESSLER—On Sunday, August 22, 1937, Margaret, beloved wife of John Nessler and mother of Eugene and William Nessler. Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Thursday morning at 8:30. Requiem high mass, Church of the Epiphany, at 9 o'clock.

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

Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies Prudential etc 528 at 4669
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....

Burial of

Margaret Nessler

Date of Death

August 22, 1937

Date of Burial

August 26, 1937

Place of Burial

Irwin Union Cemetery

Addressed to

Mr. John Nessler

81 Congress St.

Pittsburgh Pa.

Edward J. McAvoy

Funeral Director

*

1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Statement
of

Professional Service Rendered

Casket	300.00
Outside Case	25.00
Embalming	25.00
Dress etc.	19.00
Candles	3.00
Gloves	3.00
Hearse	25.00
Limousines	40.00
Blanket	12.00
Death Notices	5.28
Palm Decoration	15.00
Church Services	10.00

518.28

J. MCAVOY

Sept 9. 37 #94-17

Per [Signature]

RECORD OF FUNERAL

Total No. 1024 Yearly No. 63

Name of Deceased Frank Robinson Date Aug 30 1937
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1100 Forbes St. Husband—Wife—Widow—
(or informant) or..... of }

Charge to Mrs. Mamie Edwards

Address 231 S. Lawn Ave.
 Order given by Coshocton

How Secured.....
 Occupation of Deceased W.P.A. Foreman

Name of Employer.....
 Date of Death Aug 30 1937

Date of Birth Aug 16 1889
 Age 48 0 14
(Years) (Months) (Days)

Date of Funeral 9-2-37 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel
 Clergyman.....

His Address.....
 Religion of the Deceased Prot.

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death 1100 Forbes St.
 Cause of Death Coronary Thrombosis

Contributory Causes.....
 Certifying Physician Dr. W. Black
(or Coroner)


His Address Tenth Ave.
 Name of Father Joseph Robinson

His Birthplace Wales
 Maiden Name of Mother Margaret Wills

Her Birthplace Janesville Ohio
 Motor Ship } Remains to.....

Size and Style of Casket.....
(State Color)

Manufactured by.....
 Interment at Minersville Cemetery
 Crematory


 Lot No. 11
 Grave No. 29
 Section No.....
 Owner.....

Complete Funeral.....	\$	
Casket.....		235
Metallic Lining.....		
Outside Box..... <small>(State Kind)</small>		15
Burial Vault..... <small>(State Kind)</small>		
Embalming Body..... with..... Fluid		25
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$ <u>Shirt Tie Hose</u> \$.....		2 50
Underwear, \$ <u>Underwear</u> \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		3
Hearse, \$..... Ambulance, \$.....		14
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to <u>Blanket</u>		12
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... <small>(State Number and District)</small>		
— Certif. Copies of Death Certificates No. <small>(State Physician's or Coroner's)</small>		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel <u>Dropped</u>		10
Outlay for Lot.....		32
Death Notices in..... Newspapers.....		2 64
Flowers, \$..... Rental of Palms, \$.....		
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		5.00
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
EDW. J. MCGAVOY		
Total Footing of Bill.....	\$	356 14
Less..... <u>Sept 22 1937</u>	\$	
Balance.....	\$	5.00
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.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1025 Yearly No. 64 Date 9-13 1937
 Name of Deceased Anthony De Grazia (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1317 Bluff St Husband—Wife—Widow— }
 Charge to: or of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death Sept 13-37 (Date) (Hour)
 Date of Birth April 19-37 (Date) (Hour)
 Age..... (Years) (Months) (Days)
 Date of Funeral Sept 14 - 10 A (Date) (Day of Week) (Hour) M.
 Services at Home
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Hydrocephalus
 Contributory Causes Spinal Prolapsed
 Certifying Physician Naberich (or Coroner)
 His Address Mercy Hosp.
 Name of Father Joseph
 His Birthplace Arizona
 Maiden Name of Mother Mary Scochers
 Her Birthplace Pgh Pa.
 Motor } Remains to
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary Cemetery }
 Lot No. 37 Row Crematory }
 Grave No. 3
 Section No. 8
 Owner.....

Complete Funeral	\$
Casket	33.00
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	Hose, \$
Suit or Dress, \$	(State Color)
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	10.00
Use of Chapel	45.00
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 88.00
Less	\$
Balance	\$
Entered into Ledger, page	..... or below.

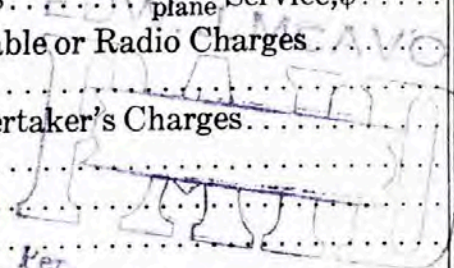
To Funeral Charges... Total, \$	By Cash <u>9-14</u> \$ <u>60.00</u>
	<u>Oct 4</u> <u>10.00</u>
	<u>Nov. 30</u> <u>5.00</u>
	<u>Jan 22</u> <u>5.00</u>

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

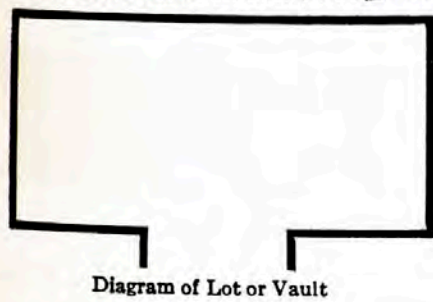
RECORD OF FUNERAL

Total No. 1026 Yearly No. 65 Date Sept. 15 1937
 Name of Deceased Mary Katherine Rettinger W. (Single - Married - Divorced) W. (What Race) Pgh. Pa. (Where Born)
 Residence of Deceased Hickory Pa. Husband - Wife - Widow - }
 Charge to Michael Rettinger or of }

Address Hickory Pa.
 Order given by Southview, Pa. (by informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death Sept 15 1937 (Date) (Hour)
 Date of Birth Aug 5 1891 (Date) (Hour)
 Age 46 (Years) 1 (Months) 10 (Days)
 Date of Funeral Sept 18 1937 (Date) (Day of Week) (Hour) 9 M.
 Services at Holy Trinity
 Clergyman J. Grant / 2757
 His Address
 Religion of the Deceased Catholic
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Hickory Pa.
 Cause of Death Cardio Renal Disease
 Contributory Causes
 Certifying Physician D. M. Carroll (or Coroner)
 His Address Hickory Pa.
 Name of Father Edward Burke
 His Birthplace Ireland
 Maiden Name of Mother Mary
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)

Complete Funeral	\$
Casket	285.00
Metallic Lining	
Outside Box (State Kind)	25.00
Burial Vault (State Kind)	
Embalming Body with Fluid	25.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	3.00
Hearse, \$ Ambulance, \$	14.00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Blauvelt</u>	12.00
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
<u>1</u> Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1.00
Pall Bearer Service	
Personal Service <u>Flowers</u>	15.00
Use of Chapel	
Outlay for Lot	48.00
Death Notices in <u>4</u> Newspapers (Names of Newspapers)	11.88
Flowers, \$ Rental of Palms, \$	15.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- plane Service, \$	
or Motor } Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	10.00
	
Total Footing of Bill	\$ 467.88
Less <u>Paid Sept 21, 1937</u>	\$ 320.00
Balance	\$
Entered into Ledger, page or below.	

Manufactured by
 Interment at Mt Carmel { Cemetery }
 { Crematory }
 Lot No.
 Grave No.
 Section No.
 Owner



To Funeral Charges... Total, \$	By Cash..... \$
<u>Mrs. Vandales</u> <u>125</u>	
<u>Westland Pa.</u>	
<u>Pittsburgh Coal Co.</u>	
<u>Billed 9/22/37</u>	

Insurance, \$ Prudential 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. 1027 Yearly No. 66 Date Sept 17 1937

Name of Deceased Infant M. Anulty (Single Married Divorced) (What Race) (Where Born) W. Pa.

Residence of Deceased 22 Brownell St Husband-Wife-Widow- or of

Charge to Mr. R. M. Anulty

Address 22 Brownell St

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Sept 17, 1937 9:45 AM (Date) (Hour)

Date of Birth Sept 16, 1937 (Date)

Age 12 hours (Years) (Months) (Days)

Date of Funeral Sept 18, 1937 M. (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Congenital Malformation of Heart

Contributory Causes

Certifying Physician L. J. Barnett (or Coroner)

His Address 200 4 5th Ave

Name of Father Mr. R. M. Anulty

His Birthplace Pgh Pa.

Maiden Name of Mother Margaret R. Hughes

Her Birthplace Pgh Pa.

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at St. Marys { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		10 00
Metallic Lining (State Kind)		
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body with Fluid		
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ (State Color)	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers (Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		10 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	20 00
Less	\$	
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. 1028 Yearly No. 67 Date Sept 17 1937
 Name of Deceased Eliza Feenan Blaney (Single - Married - Divorced) W. (What Race) Ireland (Where Born)
 Residence of Deceased 1626 Tustin St Husband—Wife—Widow—
 or..... of }

Charge to:
 Address:
 Order given by:
 How Secured:
 Occupation of Deceased Retired
 Name of Employer:
 Date of Death Sept 17, 1937 3:50 PM (Date) (Hour)
 Date of Birth Not known
 Age abt 70 (Years) (Months) (Days)
 Date of Funeral Sept. 20, 1937 9 AM (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman:
 His Address:
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death Bronchial Asthma
 Contributory Causes Heart Failure
 Certifying Physician F. H. Hegarty (or Coroner)
 His Address Med. Arts Bldg
 Name of Father James Feenan
 His Birthplace Ireland
 Maiden Name of Mother Alice Feenan
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by:
 Interment at Calvary Cemetery
 Crematory
 Lot No. 162
 Grave No. 2
 Section No. H
 Owner Mrs Eliza Blaney

Complete Funeral	\$ 360
Casket	225 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	25 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	16 00
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Druid</u>	10 00
Delivering Box to	
Flowers to	
Removal Charges <u>Blanket</u>	10 00
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificate No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	4 62
(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	18 00
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	10 00
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 378 62
Less	
Balance	
Entered into Ledger, page or below.	

BLANEY—On Friday, Sept. 17, 1937 at 3:55 p. m., Eliza Feenan, wife of the late Robert Blaney, Funeral from her late residence, 1626 Tustin St., on Monday morning at 8:30. Requiem high mass at the Church of the Epiphany at 8 o'clock.

Edw. J. McAvoy
 EDW. J. MCAVOY
 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. 1029 Yearly No. 68 Date Sept 22 1937
 Name of Deceased Eugene M. Ranger (Single Married Divorced) Chicago (What Race) (Where Born)
 Residence of Deceased 808 E. Diamond St. Husband—Wife—Widow—Daisy L. Stinger
 Charge to Mrs Eugene M. Ranger or of

Address Same
 Order given by John R. Frankel (or informant) Painters Union Local
 How Secured People Alliance
 Occupation of Deceased Painter
 Name of Employer
 Date of Death Sept 22 - 37 (Date) (Hour)
 Date of Birth Jan 4 1904 (Date) (Hour)
 Age 33-8-18 (Years) (Months) (Days)
 Date of Funeral Sept 25-37 (Date) (Day of Week) (Hour) M.

Services at Home
 Clergyman
 His Address
 Religion of the Deceased Pro P
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Amesville Ohio
 Cause of Death Shock - Fracture of
 Contributory Causes Shoulder to falling
 Certifying Physician W. M. Brown (or Coroner)
 His Address Amesville Ohio
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace

Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Woodland Cemetery Cemetery Crematory

Complete Funeral	\$	250
Casket		150 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Underwear, \$	3 00
Underwear, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	D-B	10 00
Delivering Box to		
Flowers to	Blanket	8 00
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		20 00
Death Notices in	4 Newspapers	9 24
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Organist, \$		
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	Nov. 13, 1937	\$ 272 24
Less		
Balance		
Entered into Ledger, page		or below.

RANGER—Suddenly, on Wednesday, September, 22, 1937, Eugene M., husband of Daisy L. Stinger Ranger. Funeral services at his late residence, 808 E. Diamond St., N. S. on Saturday afternoon at 2 o'clock. Painters' Local Union No 6, and friends invited.

Lot No.
 Grave No.
 Section No. Painters
 Owner

To Funeral Charges.... Total, \$		
Bill mailed to		
John R. Frankel	10-20-37	
Peoples Alliance Bldg		
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.

RECORD OF FUNERAL

Total No. 1030 Yearly No. 69 Date Sept 25 1937

Name of Deceased Margaret Beattie (Single - Married - Divorced) W. England (What Race) (Where Born)

Residence of Deceased 1628 Watson St. Husband—Wife—Widow—Widow or of

Charge to: Address: Order given by Frances Campbell How Secured 1628 Watson St. Occupation of Deceased Housewife Name of Employer

Date of Death Sept 25 1937 (Date) (Hour)

Date of Birth: Age Att 80 (Years) (Months) (Days)

Date of Funeral Sept 27 1937 (Date) (Day of Week) (Hour) M.

Services at: Epiphany Clergyman:

His Address: Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp.

Cause of Death Cerebral thrombosis

Contributory Causes Fracture of left femur

Certifying Physician W. J. Donagan (or Coroner)

His Address: Name of Father William Baker

His Birthplace England

Maiden Name of Mother Sarah Thornton

Her Birthplace England

Motor Ship } Remains to: Size and Style of Casket (State Color)

Manufactured by: Interment at Calvary Cemetery Crematory

Lot No. Row 4 Grave No. 30 Section No. 14

Owner: Diagram of Lot or Vault No card returned

Complete Funeral	\$ 288 00
Casket	150 00
Metallic Lining (State Kind)	
Outside Box (State Kind)	15 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	12 00
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
✓ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	50
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	53 00
Death Notices in <u>2</u> Newspapers (Names of Newspapers)	5 28
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	10 00
Railroad } Tickets, \$ Aero-plane Service, \$	
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill <u>11-8-37</u>	\$ 301 28
Less	
Balance	
Entered into Ledger, page or below.	

To Funeral Charges... Total, \$	
<u>Oct. 16, 1937 By Check</u>	261 85
	15 00
<u>11-8-37 Cash P.P.</u>	15 00

Insurance, \$ Names of Lodges Names of Insurance Companies

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

Witness: Signed: Signed:

CALVARY CEMETERY

Sept 27, 1937

SINGLE INTERMENT

NAME OF DECEASED Margaret Beattie

Grave No. 30 Row 4 Sec. 14

Paid \$ 50 00

Chas McAvoy SUPT.

RECORD OF FUNERAL

Total No. 1031 Yearly No. 70 Date Oct 3 1937
 Name of Deceased Henry J. Hammer (Single - Married - Divorced) W. (What Race) Ctva (Where Born)
 Residence of Deceased 31 Millerberger Husband—Wife—Widow—
 Charge to M. Catherine House or..... of }
 Address Same

Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Gram. man
 Name of Employer 1st
 Date of Death Oct 3-37 (Date) (Hour)
 Date of Birth 3-22-1884 (Date) (Hour)
 Age 53 (Years) 6 (Months) 11 (Days)
 Date of Funeral Oct 5-37 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman Rev. P. J. ...
 His Address Frank St.
 Religion of the Deceased Prot

Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 31 Millerberger
 Cause of Death Essential Hypertension
 Contributory Causes Organic Heart Disease
 Certifying Physician J. L. ... (of Coroner)
 His Address 1775 5th Ave
 Name of Father August
 His Birthplace Germany
 Maiden Name of Mother Elizabeth
 Her Birthplace Germany

Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)

Manufactured by Smith & Seale
 Interment at Smith & Seale { Cemetery
 Crematory



Diagram of Lot or Vault

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

Complete Funeral	\$	
Casket		225 00
Metallic Lining		
Outside Box	(State Kind)	25 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	22 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	2 @ \$	21 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	Bluff St.	8 00
Delivering Box to		
Flowers to		10 00
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)	
Full Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		68 00
Death Notices in	2 Newspapers	5 30
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10 00
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		449 50
Less	<u>Nov. 24, 1937</u>	439 30
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. 1032 Yearly No. 71 Date Oct 4 1937

Name of Deceased Leonella Caudiorio (Single — Married — Divorced) W. (What Race) Italy (Where Born)

Residence of Deceased 57 Marion Husband—Wife—Widow— }
Charge to: Anna Marie or of }

Address 57 Marion

Order given by (or informant)

How Secured

Occupation of Deceased Railroader

Name of Employer PRR

Date of Death Oct 4 1937 (Date) (Hour)

Date of Birth Nov 22 1887 (Date) (Month) (Day) (Year)

Age 49 (Years) 10 (Months) 12 (Days)

Date of Funeral Oct 8 1937 (Date) (Day of Week) (Hour) 10:15 M.

Services at St. Peter's

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 57 Marion St.

Cause of Death Pneumonia

Contributory Causes

Certifying Physician Bezzant (or Coroner)

His Address Medical Bldg

Name of Father Pellegrino Caudiorio

His Birthplace Italy

Maiden Name of Mother Margia Caudiorio

Her Birthplace Italy

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary Queen Mary Cemetery Lot No.
Crematory

Grave No.
Section No.
Owner

Diagram of Lot or Vault

Entered into Ledger, page or below.

Complete Funeral	\$	
Casket		45 10 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	(State Kind) with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	(State Color) Slippers, \$	2 50
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	2 @ \$ 10.50	21 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Don Dely</u>	12 00
Delivering Box to	<u>Blanket</u>	10 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel	<u>Drapes</u>	10 00
Outlay for Lot		
Death Notices in	4 Newspapers	7 92
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$ Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		2.75
Cash Advanced	EDW. J. MCAVOY	
Out of town Undertaker's Charges		260 00
Total Footing of Bill		901 17
Less		359 99
Balance		541 17

To Funeral Charges... Total, \$	
	May 27 By Cash U.S. Adm. \$ 100 00
	" 27 Potter Dr. S. Co. 441 17

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

Names of Insurance Companies

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

Witness Signed



VETERANS ADMINISTRATION

WASHINGTON

November 3, 1937

YOUR FILE REFERENCE:

IN REPLY REFER TO: MBAC-9-10

IANDIORIO, Leonello
(EANDIORIO, Leonello)

XC-320,199

Mrs. Anna Eandiorio
57 Marion Street
Pittsburgh, Pennsylvania

Dear Madam:

There is attached a copy of a letter of even date to Mr. Edward McAvoy, Undertaker, Pittsburgh, Pa., for your information.

All communications relative to the case should bear the name of the veteran and refer to the number XC-320,199.

Respectfully

E. L. Bailey

E. L. BAILEY
Director
Dependents Claims Service

Encl. (1)

D-7674

Burial of

Statement
of

Professional Service Rendered

Leonella Eandiorio

Date of Death

October 4, 1937

Date of Burial

October 8, 1937

Place of Burial

Queens, N. Y.

Addressed to

Mrs. Anna Marie Eandiorio

57 Marion St.

Pittsburgh Pa.

Edward J. McAvoy

Funeral Director



Casket	510.00
Embalming	25.00
Shirt, Tie etc.	2.50
Candles	3.00
Gloves	3.00
Hearse	14.00
Limousines	21.00
Blanket	10.00
Door Badge	12.00
Drapes	10.00
Death Notices	7.92
Out of Town	
Undertaker's Ch'g.	<u>260.00</u>
	878.42
Outside Case	20.00
Tele. Charges	<u>2.75</u>
	901.17

100 to be paid by West

1700 FORBES STREET, PITTSBURGH, PA.
PHONE GRANT 7675

The foregoing is true, correct and unpaid.

E. J. McAvoy

Mr. Edward J. McAvoy

1700 Forbes St., Pittsburg, Pa.

TO **H. Petruccello & Sons, DR.**
Funeral Directors
374 GRAHAM AVENUE

Amoco Open End Vault, Marble finish, extra size, made of iron.		\$150	00
Removal of body from train N.Y. to Chapel in B'klyn.		15	00
Reopen grave and lowering device		25	00
Extra charge for Vault		5	00
Hearse		25	00
Assistants		15	00
Expense		25	00
	Total	\$260	00



VETERANS ADMINISTRATION

WASHINGTON

November 3, 1937

YOUR FILE REFERENCE:

IN REPLY REFER TO: MBAC-9-10

Edward McAvoy, Undertaker
1700 Forbes Street
Pittsburgh, Pennsylvania

IANDIORIO, Leonello
(EANDIORIO, Leonello)

XC-320,199

Dear Sir:

Acknowledgment is made of the receipt of your claim for the statutory burial allowance in the above named case.

You failed to sign the claim for the Comptroller General's files. Therefore it is now necessary for you to sign the enclosed Form P-121. It is also necessary for you to furnish a fully itemized burial bill showing the separate cost of each article furnished and service rendered.

A certified true copy of the death certificate containing the seal and signature of the Registrar should also be furnished.

Evidence requested should be received in this Administration within one year from the date of the request therefor.

All communications relative to the case should bear the name of the veteran and refer to the number XC-320,199.

Respectfully

E. L. Bailey

E. L. BAILEY
Director
Dependents Claims Service

Encl. Form P-121

I told Mrs. Caudinno you would try and get over to see her tonight.

RECORD OF FUNERAL

Total No. 1033 Yearly No. 72 Date Oct 5 1937
 Name of Deceased George L. Crouch (Single — Married — Divorced) W.P. (What Race) Pa (Where Born)
 Residence of Deceased 15 Shingiss St Husband—Wife—Widow—
 Charge to George Crouch Jr. or..... of }

Address 62 Taylor, Craft Pa
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Hotel Retired
 Name of Employer.....
 Date of Death Oct 5 1937 (Date) (Hour)
 Date of Birth Sept 11 1865 (Date) (Hour)
 Age 72 (Years) 0 (Months) 24 (Days)
 Date of Funeral Oct 8 1937 2 P.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev. Bray
 His Address 2nd Street
 Religion of the Deceased Prot.

Complete Funeral	\$ 485
Casket	350 00
Metallic Lining	
Outside Box (State Kind)	25 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	2 00
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$ 10.50	10 50
Autos to R. R. Station @ \$	
Getting Remains from <u>Port Ridge</u>	10 00
Taking Remains to	
Delivering Box to <u>Blanket</u>	12 00
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
—Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot <u>Plot 20-37</u>	30 00
Death Notices in <u>6</u> Newspapers	16 50
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
<u>Paid Oct 23, 1937</u> <u>EJM.</u>	
Total Footing of Bill	\$ 513 00
Less	
Balance	
Entered into Ledger, page..... or below.	

CROUCH—On Tuesday, October 5, 1937, George L., husband of the late Anna Crouch; also survived by one grand-daughter, Georgia June Crouch. Funeral from the McAYoy Funeral Home, 1700 Forbes St., on Friday at 2:00 p. m. Survived by one son, George Crouch, Jr., and one daughter, Mrs. Anna Kramer.

Lot No. 35-
 Grave No. 1
 Section No. 4
George L. Crouch Jr.

Diagram of Lot or Vault

To Funeral Charges... Total, \$ <u>Bill Mailed 10-19-37</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.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1034 Yearly No. 73 Date Oct 5 1937
 Name of Deceased Frank Pellara (Single - Married - Divorced) W (What Race) Italy (Where Born)
 Residence of Deceased 1623 Watson St Husband—Wife—Widow—
 Charge to Marina - John or of }

Address 120 E 112 Brnx
 Order given by (or informant)
 How Secured
 Occupation of Deceased Till Sector
 Name of Employer
 Date of Death Oct 5 - 37 (Date) (Hour)
 Date of Birth Oct 28 1890 (Date) (Hour)
 Age 46 (Years) 11 (Months) 7 (Days)
 Date of Funeral Oct 7 1937 (Date) (Day of Week) (Hour) 9:15 AM
 Services at St Peters
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital
 Cause of Death Pertussis
 Contributory Causes Post operative complications
 Certifying Physician (or Coroner)
 His Address Mercy Hosp
 Name of Father Valentino
 His Birthplace Italy
 Maiden Name of Mother Mary De Jesus
 Her Birthplace Italy
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$	
Casket		125 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
<u>3</u> Certif. Copies of Death Certificate No. _____	(State Number and District) (State Physician's or Coroner's)	3 00
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	<input checked="" type="checkbox"/>	53 00
Death Notices in _____ Newspapers		
Flowers, \$ _____	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$ _____	of Temporary Tomb, \$	
Lowering Device, \$ _____	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$ _____	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$ _____	Singers, \$ _____	Organist, \$
Railroad or Motor Tickets, \$ _____	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		261 00
Less		
Balance		
Entered into Ledger, page _____ or below.		

Manufactured by
 Interment at Calvary { Cemetery Crematory
 Lot No. Single
 Grave No. Grave #34
 Section No. 14
 Owner Row 4
 Diagram of Lot or Vault See to Brother John

To Funeral Charges... Total, \$		By Cash <u>John Pellara</u>	48 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. 1035 Yearly No. 74 Date Oct 9 1937
 Name of Deceased Louis Agostine (Single Married Divorced) (What Race) W. (Where Born) Italy
 Residence of Deceased 3111 Center ave Husband—Wife—Widow—
 or of

Charge to:
 Address:
 Order given by (or informant):
 How Secured:
 Occupation of Deceased Carpenter
 Name of Employer:
 Date of Death Oct 9 1937 (Date) (Hour)
 Date of Birth Sept 25 1903 (Date) (Hour)
 Age 34 (Years) 0 (Months) 14 (Days)
 Date of Funeral Oct 12 1937 10:15 A.M. (Date) (Day of Week) (Hour)
 Services at St. Peter's
 Clergyman:
 His Address:
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Eye & Ear Shop
 Cause of Death Ocule meningitis
 Contributory Causes Staphylococcus pneumoniae
 Certifying Physician L.A. Bontemp (or Coroner)
 His Address Eye & Ear Shop
 Name of Father Ralph
 His Birthplace Italy
 Maiden Name of Mother Julia Teller
 Her Birthplace Italy
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$	
Casket		200 00
Metallic Lining		
Outside Box (State Kind)		25 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin <u>Glove</u>		3 00
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ <u>Door Badge</u>		10 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Blauvelt</u>		15 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		53 00
Death Notices in <u>2</u> Newspapers (Names of Newspapers)		7 26
Flowers, \$ Rental of Palms, \$		15 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		25 00
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	395 26
Less	\$	
Balance	\$	
Entered into Ledger, page or below		

AGOSTINE—On Saturday, October 9, 1937, Louis, beloved husband of Josephine Del-sardo. Funeral from the family home, 3111 Center Ave., on Tuesday morning at 9:30. Requiem high mass in St. Peter's Church, Fernando St., at 10:15 o'clock.

Lot No. _____
 Grave No. _____
 Section No. single
 Owner James Agostine

To Funeral Charges... Total, \$		<u>Oct 28</u>	By Cash	\$ 125 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.

RECORD OF FUNERAL

Total No. 1036 Yearly No. 75 Date Oct 14 1937

Name of Deceased Thomas Flanagan (Single - Married - Divorced) W (What Race) Ireland (Where Born)

Residence of Deceased 1112 Forbes St Husband—Wife—Widow—
or of }

Charge to
Address

Order given by
(or informant)

How Secured

Occupation of Deceased Male Nurse

Name of Employer

Date of Death Sept 13 1937 (Date) (Hour)

Date of Birth Aug 15 1878 (Date) (Hour)

Age 59 (Years) 0 (Months) 28 (Days)

Date of Funeral Oct 14 - 37 (Date) (Day of Week) 2 30 (Hour) M.

Services at no service

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death Coronary Thrombosis

Contributory Causes

Certifying Physician Dr. S. J. Greer (or Coroner)

His Address County Morgue

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

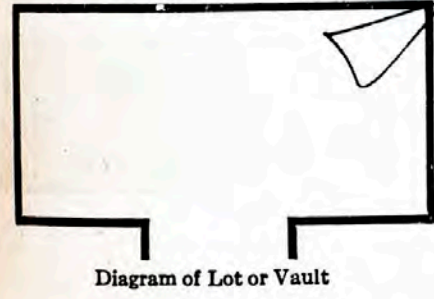
Motor Ship } Remains Ellen Mackey

Size and Style of Casket 401 44 of st (State Color) Informant

Manufactured by

Interment at Cabary { Cemetery Crematory

Complete Funeral	\$
Casket	
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$
Less	\$
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

RECORD OF FUNERAL

Total No. 1037 Yearly No. 76 Date October 19, 1937
 Name of Deceased Joseph Francis Kilkeary (Single - Married - Divorced) M. H. (What Race) R. P. Pa. (Where Born)
 Residence of Deceased 203 Dinwiddie St. Husband—Wife—Widow— } Barbara Kilkeary
 Charge to: Barbara Kilkeary or..... of }
 Address..... same
 Order given by.....
 How Secured.....
 Occupation of Deceased Foreman
 Name of Employer State
 Date of Death Oct 19, 1937 6:20 AM
 Date of Birth Jan 26, 1890
 Age 47 8 23
 Date of Funeral Oct 23, Sat 9 A.M.
 Services at..... Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... 4 7 8
 Place of Death..... Merry Hospital
 Cause of Death..... Cardiac Failure
 Contributory Causes..... Hypertensive Heart Disease
 Certifying Physician..... C. L. Mullins
 His Address..... Merry Hospital
 Name of Father..... William Kilkeary
 His Birthplace..... Ireland
 Maiden Name of Mother..... Anna Berry
 Her Birthplace..... Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
 Manufactured by.....
 Interment at..... Calvary } Cemetery
 Lot No..... } Crematory
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	440	00
Casket		350	00
Metallic Lining			
Outside Box	<small>(State Kind)</small>	20	00
Burial Vault	<small>(State Kind)</small>		
Embalming Body	<small>(State Kind)</small>		
Barber, \$	with Fluid	25	00
Dressing Body	Hair Dressing, \$		
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3	00
Door Badge, \$	Gloves, \$	3	00
Hearse, \$	Ambulance, \$	14	00
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Delivering Box to			
Flowers to	<u>Blanket</u>	10	00
Removal Charges			
Procuring Burial Permit			
_____ Certif. Copies of Death Certificates No.	<small>(State Number and District)</small>		
Pall Bearer Service	<small>(State Physician's or Coroner's)</small>		
Personal Service			
Use of Chapel			
Outlay for Lot			
Death Notices in	<u>1</u> Newspapers	7	92
Flowers, \$	<small>(Names of Newspapers)</small>		
Rental of Palms, \$			
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		31	00
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
Organist, \$			
Railroad } Tickets, \$	Aero-plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill		\$	463 92
Less		\$	
Balance		\$	
Entered into Ledger, page.....	or below.		

KILKEARY—On Tuesday, Oct. 19, 1937, Joseph F., husband of Barbara Boscard Kilkeary, son of the late William and Ann Kilkeary. Funeral from the family home, 203 Dinwiddie St., on Saturday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock.

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.

RECORD OF FUNERAL

Total No. 1038 Yearly No. 77 Date Oct 24 1937

Name of Deceased Bertha Brimmeier (Single - Married - Divorced) W (What Race) Pa (Where Born)

Residence of Deceased 72 Congress Husband - Wife - Widow - } or of }

Charge to
Address.....

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Steamstress W.P.A.

Name of Employer.....

Date of Death Oct 24 - 37 (Date)

Date of Birth May 30 1881 (Date) (Hour) 9

Age 56 (Years) (Months) (Days)

Date of Funeral Oct 26 - 37 (Date) (Day of Week) 9 M. (Hour)

Services at Epiphany

Clergyman.....

His Address.....

Religion of the Deceased Catholic

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Montefiore Hosp

Cause of Death Carcinoma of Breast with metastasis to lungs & liver

Contributory Causes.....

Certifying Physician Friedberg (or Coroner)

His Address.....

Name of Father Robert Hayes

His Birthplace Pa

Maiden Name of Mother Julia Watson

Her Birthplace Pa

Motor } Remains to.....
Ship }

Size and Style of Casket..... (State Color)

Manufactured by.....

Interment at M.S. Coakley { Cemetery Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral	\$	
Casket	✓	150 00
Metallic Lining		
Outside Box	✓	20 00
Burial Vault		
Embalsming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	✓ 9 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Blanket</u>		8 00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificate No.		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers	✓	5 28
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	265 28
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

BRIMMEIER - On Sunday October 24, 1937 Bertha Hayes, wife of the late Henry Brimmeier, of 72 Congress Street, Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Tuesday morning at 8:30 o'clock. Requiem high mass at the Church of the Epiphany at 9 o'clock. Friends invited.

From	To Funeral Charges. Total, \$	By Cash	\$
<u>Guardian see bottom of next page.</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. 1039 Yearly No. 78 Date Oct 26 1937
 Name of Deceased Alice Enlow (Single - Married - Divorced) W. (What Race) (Where Born)
 Residence of Deceased 1619 Edna St Husband - Wife - Widow - }
 Charge to Wm Enlow or Widow of }

Address 1619 Edna St
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Housekeeper
 Name of Employer _____
 Date of Death Oct 26 37 (Date) (Hour)
 Date of Birth Oct 61 (Years) (Months) (Days)
 Date of Funeral Oct 29 - 37 (Date) (Day of Week) (Hour) M.
 Services at Epiphany
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death May view
 Cause of Death Pulmonary Embolism
 Contributory Causes Arterial Thrombosis
 Certifying Physician Epiphany (or Coroner)
 His Address May view
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Balway { Cemetery
 Crematory

Complete Funeral	\$		
Casket	✓	200 00	
Metallic Lining			
Outside Box	✓	20 00	
Burial Vault			
Embalming Body	with Fluid	25 00	
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$	✓ 9 00	
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3 00	
Door Badge, \$	Gloves, \$	3 00	
Hearse, \$	Ambulance, \$	14 00	
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from	✓	10 00	
Taking Remains to			
Delivering Box to	<u>Blanket</u>	8 00	
Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.	(State Number and District)		
Pall Bearer Service	(State Physician's or Coroner's)		
Personal Service			
Use of Chapel			
Outlay for Lot	<u>2</u>	53 00	
Death Notices in	<u>2</u> Newspapers	15 84	
Flowers, \$	Rental of Palms, \$	✓ 15 00	
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	10 00
Railroad } Tickets, \$	Aero- plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill		385 84	
Less <u>Nov 24 By check</u>		295 00	
Balance		\$	
Entered into Ledger, page		or below.	

ENLOW—(McAteer), on Monday, Oct. 25, 1937. Alice Muleahy, wife of the late Joseph Enlow and mother of William Enlow and sister of Johanna McAteer, of 1619 Edna St. Funeral from the McAteer Funeral Home, 1700 Forbes St., on Friday morning at 9:30 o'clock. Requiem high mass at the Church of the Epiphany at 10 o'clock.

To Funeral Charges... Total, \$		
<u>Wm Enlow</u>		
<u>43 - 34 - 49 St</u>		
<u>Sumneride</u>		
<u>St. D.C.</u>		
<u>M.J.</u>		
By Cash	\$	

Insurance, \$ _____ Names of Lodges Guardian
 Names of Insurance Companies Alex A Garroway - Trust Officer
 We hereby authorize the above funeral and agree to pay the expenses thereof Perpetual Trust Co
 Signed Federal St Pgh Pa
 Witness _____ Signed _____

RECORD OF FUNERAL

Total No. 1040 Yearly No. 79 Date Oct 30 1937
 Name of Deceased Robert G. Harrington (Single - Married - Divorced) W. (What Race) (Where Born)
 Residence of Deceased 56 Congress St. Husband—Wife—Widow—
 Charge to Mrs. Michael Lane or..... of }
 Address 321 Lawn St.

Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased.....
 Name of Employer.....
 Date of Death Oct 30 - 37 (Date) (Hour)
 Date of Birth.....
 Age 61 (Years) (Months) (Days)
 Date of Funeral Nov 3 - 37 (Date) (Day of Week) 9 M. (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mayview
 Cause of Death Carcinoma of Lung
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address.....
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St Marys { Cemetery
 Lot No. 154 Crematory
 Grave No.....
 Section No. M.
 Diagram of Lot or Vault Thos. Harrington Owner

Complete Funeral	\$	
Casket	150	00
Metallic Lining		
Outside Box	20	00
Burial Vault		
Embalming Body with Fluid	25	00
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ <u>Suit</u> Hose, \$	3	00
Underwear, \$ <u>✓</u> Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$	3	00
Candelabrum, \$		
Candles, \$	3	00
Door Badge, \$		
Gloves, \$	14	00
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Mayview</u>	10	00
Taking Remains to <u>Blauvelt</u>	8	00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>2</u> Newspapers	4	62
Flowers, \$		
Rental of Palms, \$	15	00
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$	18	00
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$	10	00
Railroad } Tickets, \$		
or Motor } Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill <u>12-3-37</u>	\$	283.62
Less		
Per Balance		
Entered into Ledger, page..... or below.		

HARRINGTON—On Saturday, Oct. 30, 1937, Robert G. Harrington, formerly of 56 Congress St. Funeral from the MeAvoy Funeral Home, 1700 Forbes St., on Wednesday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

	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.....

RECORD OF FUNERAL

Total No. 1041 Yearly No. 80 Date Nov 7 1937

Name of Deceased Salam Joseph (Single Married Divorced) W.P. (What Race) Syria (Where Born)

Residence of Deceased 351 Brookside ave Husband—Wife—Widow—
or of } 460

Charge to: Beechum
Address: John Joseph
Order given by: _____
(or informant)

How Secured _____
Occupation of Deceased Retired

Name of Employer _____
Date of Death Nov 7 - 37 (Date) (Hour)

Date of Birth _____
Age 65 (Years) (Months) (Days)

Date of Funeral Nov 10 - 37 (Date) (Day of Week) (Hour) M.

Services at St. Georges
Clergyman _____

His Address _____
Religion of the Deceased Orth Cath

Resided in the State _____ (or U. S. of City or County) (Years) (Months)

Place of Death West Penn Hosp
Cause of Death Strangulate Syria

Contributory Causes Dentritis
Certifying Physician Greenlee (or Coroner)

His Address West Penn Hosp
Name of Father Samuel Joseph

His Birthplace Syria
Maiden Name of Mother Thomas Mary

Her Birthplace Syria
Motor } Remains to _____
Ship }

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Minersville { Cemetery
Crematory



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

Complete Funeral	\$	
Casket		250 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	3 @ \$	31 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Door Badge</u>	10 00
Delivering Box to		
Flowers to	<u>Blanket</u>	10 00
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
_____ (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		41 00
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	15 00
Rental of Tent, \$	Rental of Palms, \$	
Lowering Device, \$	of Temporary Tomb, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Railroad } Tickets, \$	Organist, \$	
or Motor } _____	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 422 50
Less		\$
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 _____

received 12/4/37

RECORD OF FUNERAL

Total No. 1042 Yearly No. 81 Date Nov. 8 1937

Name of Deceased Joseph Murgio (Single - Married - Divorced) (What Race) (Where Born) Italy

Residence of Deceased 909 Wylie Ave Husband - Wife - Widow - } or of }

Charge to Luigi Murgio Address 1329 Vichroy St

Order given by (or informant) How Secured

Occupation of Deceased Laborer Name of Employer P. G. State Co

Date of Death Nov. 8, 1937 8:45 PM (Date) (Hour)

Date of Birth Feb. 27, 1890 (Date) (Month) (Day)

Age 47 8 11 (Years) (Months) (Days)

Date of Funeral Nov. 11 (Date) (Day of Week) (Hour) M.

Services at St. Peter's Clergyman

His Address Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Montefiore Hosp Cause of Death Cerebral Hemorrhage

Contributory Causes Cordiac Infection Certifying Physician K. Y. Jordanian (or Coroner)

His Address Montefiore Hosp Name of Father Luigi Murgio

His Birthplace Italy Maiden Name of Mother Mariantonia Porse

Her Birthplace Italy Motor } Remains to Ship }

Size and Style of Casket (State Color) Manufactured by

Interment at Calvary Cemetery Crematory

Lot No. Grave No. Section No. Owner

7

MURGIO - On Monday, Nov. 8, 1937, Giuseppe Murgio, Funeral from the home of his brother, Luigi Murgio, 1329 Vichroy St., on Thursday morning at 9:15. Requiem high mass at St. Peter's Church, Fernando St., at 10 o'clock. 1937

arges. Total, \$

By Cash \$

Dec. 1, 1937 Cash \$ 250.00

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.

Complete Funeral	\$	
Casket		180.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20.00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	10.00
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to Blanket		8.00
Flowers to		
Removal Charges	Door Badge	10.00
Procuring Burial Permit	(State Number and District)	
___ Certif. Copies of Death Certificates No. ___	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		291.98
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	15.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	15.00
Organist, \$		
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		595.98
Less		
Balance		
Entered into ledger page		
or below.		

EDW. J. MURPHY

RECORD OF FUNERAL

Total No. 1043 Yearly No. 82 Date Nov 9 1937
 Name of Deceased Marcella Mosallem (Single — Married — Divorced) W. (What Race) Pgh Pa. (Where Born)
 Residence of Deceased 1208 Webster Husband—Wife—Widow—
 Charge to: Mosin Mosallem or..... of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death Nov 9-37 (Date) (Hour)
 Date of Birth Sept 23 1936 (Date) (Hour)
 Age 1 (Years) 1 (Months) 17 (Days)
 Date of Funeral Nov 11-37 (Date) (Day of Week) (Hour) M.
 Services at: St Ann's
 Clergyman.....

His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U.S. or City or County) (Years) (Months)
 Place of Death Children Hosp.
 Cause of Death Broncho pneumonia
 Contributory Causes.....
 Certifying Physician W. Gregor (or Coroner)
 His Address.....
 Name of Father Mosin Mosallem
 His Birthplace.....
 Maiden Name of Mother Mary Bielbus
 Her Birthplace.....
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)

Complete Funeral	\$ <u>115</u>
Casket	<u>50 00</u>
Metallic Lining (State Kind)	<u>10 00</u>
Outside Box (State Kind)	<u>10 00</u>
Burial Vault (State Kind)	<u>10 00</u>
Embalming Body with Fluid	<u>10 00</u>
Barber, \$ Hair Dressing, \$	<u>2 00</u>
Dressing Body	<u>14 00</u>
Suit or Dress, \$ (State Color) Hose, \$	<u>8 00</u>
Underwear, \$ Slippers, \$	<u>8 00</u>
Folding Chairs, \$ Tarpaulin, \$	<u>2 00</u>
Candelabrum, \$ Candles, \$	<u>14 00</u>
Door Badge, \$ Gloves, \$	<u>8 00</u>
Hearse, \$ Ambulance, \$	<u>2 00</u>
Limousines to Cemetery @ \$	<u>14 00</u>
Autos to R. R. Station @ \$	<u>8 00</u>
Getting Remains from	<u>8 00</u>
Taking Remains to	<u>8 00</u>
Delivering Box to	<u>8 00</u>
Flowers to <u>Door Badge</u>	<u>8 00</u>
Removal Charges	<u>8 00</u>
Procuring Burial Permit	<u>8 00</u>
Certif. Copies of Death Certificates No. (State Number and District)	<u>8 00</u>
Pall Bearer Service (State Physician's or Coroner's)	<u>8 00</u>
Personal Service	<u>8 00</u>
Use of Chapel	<u>8 00</u>
Outlay for Lot	<u>8 00</u>
Death Notices in Newspapers	<u>8 00</u>
Flowers, \$ (Names of Newspapers)	<u>12 00</u>
Rental of Palms, \$	<u>12 00</u>
Rental of Tent, \$ of Temporary Tomb, \$	<u>18 00</u>
Lowering Device, \$ Cremation, \$	<u>18 00</u>
Opening of Grave or Tomb	<u>18 00</u>
Lining Grave, \$ Matting, \$	<u>18 00</u>
Outlay for Shipping Charges	<u>18 00</u>
Clergyman, \$ Singers, \$ Organist, \$	<u>18 00</u>
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	<u>18 00</u>
Telegr., Phone, Cable or Radio Charges	<u>18 00</u>
Cash Advanced	<u>18 00</u>
Out of town Undertaker's Charges	<u>18 00</u>
Total Footing of Bill	<u>124 00</u>
Less	<u>00 00</u>
Balance	<u>124 00</u>

Manufactured by.....
 Interment at Celony 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.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Mailed 11/11/37

RECORD OF FUNERAL

Total No. 1044 Yearly No. 83 Date Nov 16 1937

Name of Deceased Infant Beatty (Single - Married - Divorced) (What Race) (Where Born) Wf Pgh Pa

Residence of Deceased Schenley Apt. Husband - Wife - Widow - or of

Charge to Taylor Beatty Address Schenley Apt.

Order given by (or informant) How Secured

Occupation of Deceased Infant Name of Employer

Date of Death Nov 16 - 37 Date of Birth Nov 16 37

Age Still born (Years) (Months) (Days) Date of Funeral Nov 19 - 37

Services at Clergyman His Address Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months) Place of Death St. Rosalia Maternity

Cause of Death Still born Fracture Contributory Causes Certifying Physician Dr. O'Donnell

His Address Name of Father Taylor Beatty His Birthplace Pgh Pa

Maiden Name of Mother Mary Clinton Her Birthplace Pgh Pa

Motor Ship } Remains to Size and Style of Casket (State Color)

Manufactured by Shell Interment at Mineville Cemetery Crematory

Lot No. Grave No. Section No. Owner

Diagram of Lot or Vault Bell to Dr. L. O'Donnell Mercy Hospital

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.

Complete Funeral	\$	
Casket	Services	50 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District)		
Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
12/8/37		
Total Footing of Bill		50 00
Less		
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. 1045 Yearly No. 84 Date Nov 16 1937

Name of Deceased Joseph Devlin (Single - Married - Divorced) W. (What Race) Penna. (Where Born)

Residence of Deceased 1001 Webster Husband - Wife - Widow Single or Single

Charge to John Devlin

Address 1637 North St
Chester Pa (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death Nov 16 - 37 (Date) (Hour)

Date of Birth Nov 14 - 1900 (Date) (Hour)

Age 37 0 2 (Years) (Months) (Days)

Date of Funeral Nov 16 - 37 (Date) (Day of Week) (Hour) M.

Services at Removal to Chester Pa

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State Penna. (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Acute Pneumonia Bilateral

Contributory Causes

Certifying Physician J. E. Shover (or Coroner)

His Address Mercy Hosp

Name of Father James A. Devlin

His Birthplace Penna

Maiden Name of Mother May Oregon

Her Birthplace Chester Pa

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by St Michaels Bentley

Interment at Chester Pa { Cemetery Crematory

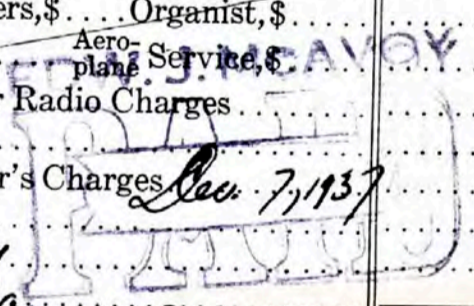
Lot No.

Grave No.

Section No.

Owner Pop Returned 11-18-37

Complete Funeral	\$	
Casket <u>Shipping Case Rental</u>		15 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	5 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Full Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		20 90
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Exp. of Bill		65 90
Less		
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

RECORD OF FUNERAL

Total No. 1046 Yearly No. 850 Date Nov 17 1937

Name of Deceased Martin Logan (Single - Married - Divorced) H (What Race) (Where Born)

Residence of Deceased 1216 Bedford Ave Husband - Wife - Widow - } or of } 275

Charge to
Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Nov. 17, 1937 (Date) (Hour)

Date of Birth (Years) (Months) (Days)

Age (Years) (Months) (Days)

Date of Funeral Nov. 20, 1937 (Date) (Day of Week) 9A M. (Hour)

Services at Epiphany

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Maynew

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary { Cemetery
Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket		160 00
Metallic Lining		
Outside Box (State Kind)		15 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		15 00
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		3 00
Candles, \$		
Door Badge, \$		3 00
Gloves, \$		
Hearse, \$		14 00
Ambulance, \$		
Limousines to Cemetery 2 @ \$		21 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blauvelt</u>		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
(State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		5 00
Death Notices in 2 Newspapers		5 28
(Names of Newspapers)		
Flowers, \$		15 00
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		10 00
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced <u>EDW. J. MCAVOY</u>		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	304 28
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

LOGAN—On Thursday, Nov. 18, 1937, Martin, husband of Catherine Quinlan Logan of 1218 Bedford Ave. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock. Friends invited.

Diagram of Lot or Vault

To Funeral Charges Total, \$		By Cash	\$
<u>Send Bill to Mr. King at once</u>			

Insurance, \$ Names of Lodges

Names of Insurance Companies

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

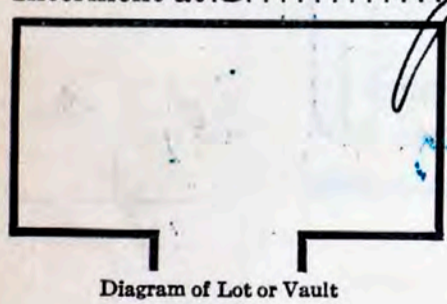
Signed
Signed

RECORD OF FUNERAL

Total No. 1047 Yearly No. 56 Date Nov 21 1937
 Name of Deceased Margaret H. Oldshue
 (Single — Married — Divorced) W. (What Race) Pgh. Pa.
 Residence of Deceased St. Joseph Sanitarium Husband — Wife — Widow — Dr. Thomas H. Oldshue
 Charge to: Colonial Trust Co. or..... of

Address.....
 Order given by.....
 How Secured.....
 Occupation of Deceased Housewife Retired
 Name of Employer.....
 Date of Death Nov 21 - 37 8 A
 (Date) (Hour)
 Date of Birth 10 - 22 1847
 Age 90 29
 (Years) (Months) (Days)
 Date of Funeral Nov 24 - 37 M.
 (Date) (Day of Week) (Hour)
 Services at Dubuque Iowa
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State.....
 (or U. S. or City or County) (Years) (Months)
 Place of Death Dubuque Iowa
 Cause of Death Bronchitis Pneumonia
 Contributory Cause Atherosclerosis
 Certifying Physician Dr. J. M. Walker
 (or Coroner)
 His Address.....
 Name of Father Thomas Roubé
 His Birthplace Ireland
 Maiden Name of Mother Bridget Thier
 Her Birthplace Ireland

Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
 (State Color)
 Manufactured by Meril
 Interment at Calvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	4 00
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		10 00
Taking Remains to		
Delivering Box to		5 00
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		20 00
Personal Service		50 00
Use of Chapel		
Outlay for Lot		18 00
Death Notices in Newspapers		
Photo	(Names of Newspapers)	10 00
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advance	EDW. J. MCAVOX	
Out of town Undertaker's Charges	1938	
Total Footing of Bill		\$ 141 50
Less		\$
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. Mailed to Colonial Trust
12115/37

RECORD OF FUNERAL

Total No. 1048 Yearly No. 87 Date Dec 4 1937

Name of Deceased Infant Hays (Single - Married - Divorced) W. (What Race) Pgh Pa. (Where Born)

Residence of Deceased 4 Stevenson St. Husband—Wife—Widow—
or..... of }

Charge to:
Address:
Order given by:
(or informant)
How Secured:
Occupation of Deceased Infant
Name of Employer:
Date of Death Dec 4 - 37
(Date) (Hour)
Date of Birth Dec 7 - 37
(Date) (Hour)
Age Still born
(Years) (Months) (Days)
Date of Funeral 12 - 7 - 37 2 P.M.
(Date) (Day of Week) (Hour)

Services at:
Clergyman:
His Address:
Religion of the Deceased Cath.
Resided in the State
(or U. S. or City or County) (Years) (Months)
Place of Death Passwant
Cause of Death Premature Stillborn
Contributory Causes:
Certifying Physician J. L. Gilmore
(or Coroner)
His Address Passwant Hoop
Name of Father Frank Hays
His Birthplace Mc Keesport
Maiden Name of Mother Stella Kulak
Her Birthplace Pgh Pa.

Motor } Remains to
Ship }
Size and Style of Casket
(State Color)

Manufactured by:
Interment at Mary's Mc Keesport Cemetery
Crematory

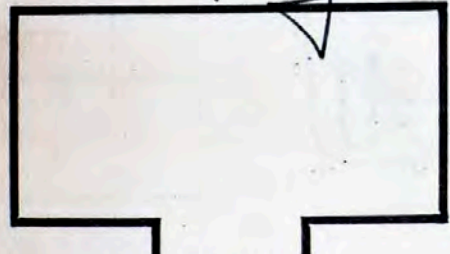


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		10 00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	
Barber, \$	with Fluid	
Dressing Body	Hair Dressing, \$	
Suit or Dress, \$	(State Color)	Hose, \$
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No. _____	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	_____ Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		5 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
PAID		
7-26-38		
Total Footing of Bill		\$ 10 00
Less		5 00
Balance		\$ 5 00
Entered into Ledger, page	or below.	

To Funeral Charges... Total, \$		1957		By Cash	\$ 10 00
		Dec. 6			
		July 26			

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. 1050 Yearly No. 89 Date Dec 4 1937
 Name of Deceased Wadie Sivufy (Single — Married — Divorced) (What Race) W (Where Born) Syria
 Residence of Deceased 715 Cunningham Ave (Husband — Wife — Widow —) or of

Charge to New Castle Pa.
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Drug merchant.
 Name of Employer.....
 Date of Death 12 - 4 - 37 (Date) (Hour)
 Date of Birth.....
 Age 63 (Years) (Months) (Days)
 Date of Funeral 12 - 8 - 37 (Date) (Day of Week) (Hour) 2 P.
 Services at Calvary P. E. Church
 Clergyman Mrs. Thomas
 His Address Church
 Religion of the Deceased Syria Orth.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Franklin Pa
 Cause of Death Auto wreck
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address Franklin Pa
 Name of Father George Sivufy
 His Birthplace Syria
 Maiden Name of Mother Layah K. Ross
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$	
Casket		300 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ (State Color)	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery, 2 @ \$		21 00
Autos to R. R. Station @ \$		
Getting Remains from <u>Franklyn</u>		10 00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Funeral Service <u>chgs.</u>		25 00
Use of Chapel		
Outlay for Lot		
Death Notices in 2 Newspapers		3 96
Flowers, \$ (Names of Newspapers)	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		39 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		2 30
Cash Advanced		
Out of town Undertaker's Charges		35 00
Total Footing of Bill		\$ 488 26
Less		
Balance		

Manufactured by Annwood
 Interment at Annwood Cemetery
 Lot No. 29
 Grave No.
 Section No. 22
 Owner Alice She Lady Daughter

SIVUFY—Suddenly on Dec. 4, 1937, at Franklin, Pa. Wadie, husband of the late Kathryn Sivufy. Funeral from 347 Soahr St., on Wednesday at 1:30 p. m. Services at Calvary Protestant Episcopal Church at 2 p. m.

To Funeral Charges, Total, \$		(Oct. 3) 1940 By Cash	\$ 438 26

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.

Burial of

Statement
of
Professional Service Rendered

Wadie Siyufy

Date of Death

Dec. 4, 1937

Date of Burial

Dec. 8, 1937

Place of Burial

Homewood Cemetery

Addressed to

Estate of--

Loretta M. Zahloot

Casket	550.00
Gloves	3.00
Hearse	14.00
Limousines (3)	31.50
Getting Remains from Franklin	10.00
Blanket	10.00
Door Badge	15.00
Service Charges	25.00
Death Notices	3.96
Rental of Palms	15.00
Telephone Charges	2.30
Out of town Undertakers Fee	35.00

Edward J. McAvoy

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

RECORD OF FUNERAL

Total No. 1057 Yearly No. 90 Date Dec 4 1937

Name of Deceased Kathryn Siufy (Single - Married - Divorced) W. (What Race) Syria (Where Born)

Residence of Deceased 715 Cunningham Ave Husband - Wife - Widow - }
Charge to New Castle Pa or of }

Address Fred. M. Siufy

Order given by (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death 12-4-37 (Date) (Hour)

Date of Birth

Age 48 (Years) (Months) (Days)

Date of Funeral 12-8-37 2 P. M. (Date) (Day of Week) (Hour)

Services at Calvary P.C. Church

Clergyman Rev. Thomas

His Address

Religion of the Deceased Syrian Orth.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Franklin Pa

Cause of Death Auto wreck

Contributory Causes

Certifying Physician (of Coroner)

His Address Franklin Pa

Name of Father Yannis Shehady

His Birthplace Syria

Maiden Name of Mother Georgia Hanoun

Her Birthplace Syria

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by Homedwood

Interment at Homedwood { Cemetery
Crematory

Complete Funeral	\$	
Casket		3.15 00
Metallic Lining		
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Franklin</u>	10 00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service	<u>chgs</u>	25 00
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	3 96
Flowers, \$	(Names of Newspapers)	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	39 00
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		2 30
Cash Advanced		
Out of town Undertaker's Charges		35 00
Total Footing of Bill	\$	503 26
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

To Funeral Charges	Total, \$	<u>Oct 31 1940</u>	By Cash	\$ 453 26
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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

SIUFY—Suddenly, on Dec. 4, 1937, at Franklin, Pa., Kathryn, wife of the late Wadie Siufy. Funeral from 347 Spahr St. on Wednesday at 1:30 p. m. Services at Calvary Protestant Episcopal Church at 2 p. m.

Diagram of Lot or Vault
Alice Shehady Owner
Daughter

RECORD OF FUNERAL

Total No. 1052 Yearly No. 91

Name of Deceased Phillip Signyf Date Dec - 4 1937
(Single - Married - Divorced)
W. (What Race) Pgh Pa (Where Born)

Residence of Deceased 715 Chestnut St (Husband - Wife - Widow -)
or _____ of _____

Charge to Mrs. Castle
 Address Mrs. Phillip Signyf
 Order given by _____
(or informant)

How Secured _____
 Occupation of Deceased Salesman
 Name of Employer Rug

Date of Death 12-4-37
(Date) (Hour)
 Date of Birth Sept 30
(Years) (Months) (Days)
 Age 31

Date of Funeral 12-8-37 2^{PM}
(Date) (Day of Week) (Hour)
 Services at Calvary B. Church
 Clergyman Rev. Thomas

His Address _____
 Religion of the Deceased Syria Orth.
 Resided in the State Franklin Pa
(or U. S. or City or County) (Years) (Months)

Place of Death Auto wrecks
 Cause of Death _____
 Contributory Causes _____
 Certifying Physician _____
(or Coroner)

His Address Franklin
 Name of Father Wadie Signyf
 His Birthplace Syria
 Maiden Name of Mother Kathryn The body
 Her Birthplace Syria
 Motor Ship } Remains to _____
 Size and Style of Casket _____
(State Color)

Manufactured by _____
 Interment at Amewood { Cemetery }
Crementary

SIYFY—Suddenly on Dec. 4, 1937, at Franklin, Pa., Phillip, son of the late Wadie and Kathryn Signyf. Funeral from 347 Spahr St. on Wednesday at 1:30 p. m. Services at Calvary Episcopal Church at 2 p. m.

Lot No. _____
 Grave No. _____
 Section No. _____
 Owner Mrs. The body Sister

Complete Funeral	5.00
Casket	350.00
Metallic Lining	
Outside Box (State Kind)	20.00
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	3.00
Hearse, \$ Ambulance, \$	14.00
Limousines to Cemetery @ \$	21.00
Autos to R. R. Station @ \$	
Getting Remains from <u>Franklin</u>	10.00
Taking Remains to _____	
Delivering Box to _____	
Flowers to <u>Blanket</u>	10.00
Removal Charges	
Procuring Burial Permit	
____ Certif. Copies of Death Certificates No. _____	
<small>(State Number and District)</small>	
Pall Bearer Service	
Personal Service <u>chgo</u>	25.00
Use of Chapel	
Outlay for Lot	
Death Notices in _____ Newspapers	9.96
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	15.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	39.00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	2.30
Cash Advanced	
Out of town Undertaker's Charges	35.00
Total Footing of Bill	548.26
Less _____	
Balance	

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 _____

RECORD OF FUNERAL

Total No. 1053 Yearly No. 92 Date Dec 8 1937
 Name of Deceased James M Culp (Single - Married - Divorced)
 Residence of Deceased 1911 Watson Husband—Wife—Widow— }
 Charge to James B Culp or of }
 Address 2009 Watson
 Order given by (or informant)
 How Secured
 Occupation of Deceased Plasterer
 Name of Employer Retired
 Date of Death Dec 8 1937 (Date) (Hour)
 Date of Birth Oct 11 1864 (Date) (Hour)
 Age 73 (Years) 1 (Months) 27 (Days)
 Date of Funeral 12-11-37 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman Rev. Claud Studebaker
 His Address 5502 Dearborn St.
 Religion of the Deceased Prot.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Passavant Hosp.
 Cause of Death Chronic nephritis, organic
arteriosclerosis, Diabetes mellitus
 Certifying Physician L. Stutz (or Coroner)
 His Address 1745 5th Ave
 Name of Father Leury R Culp
 His Birthplace Canada
 Maiden Name of Mother Phelan M. Vicor
 Her Birthplace Pgh Pa.
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Quindale #3 { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		75 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service (State Physician's or Coroner's)		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers <u>Times</u>		4 62
Flowers, \$ (Names of Newspapers) Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		12 00
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	153 62
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

CULP—Wednesday, December 8, 1937.
 James M., husband of Sally Foster
 Culp of 1911 Watson St. Funeral serv-
 ices at the McAvoy Funeral Home, 1700
 Forbes, on Saturday afternoon at 2
 o'clock. Plasterers Union Local No. 31
 and friends invited.

Diagram of Lot or Vault

To Funeral Charges... Total, \$	By Cash
<u>Mailed to</u>	
<u>Local Plasterers</u>	

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

Mailed 11/31/37 12-16/37

RECORD OF FUNERAL

Total No. 1054 Yearly No. 93

Name of Deceased Mary Terese Murphy Date Dec 10 1937

Residence of Deceased 803 Flemington St (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)

Charge to John P. Murphy Husband - Wife - Widow - }
or of }

Address 803 Flemington

Order given by Funeral at 1121 Bluff (or informant)
How Secured Martin O'Toole

Occupation of Deceased Child

Name of Employer
Date of Death Dec 10 1937 (Date) (Hour)
Date of Birth Dec 8, 1932 (Date) (Hour)

Age 5 (Years) 0 (Months) 2 (Days)
Date of Funeral Dec 13-1937 (Date) (Day of Week) 9 (Hour) M.

Services at St Rosalia

Clergyman
His Address
Religion of the Deceased Cath.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 803 Flemington St.

Cause of Death
Contributory Causes

Certifying Physician (or Coroner)
His Address

Name of Father John P. Murphy

His Birthplace
Maiden Name of Mother Mary O'Toole

Her Birthplace
Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by
Interment at { Cemetery Crematory

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$ 220
Casket	150 00
Metallic Lining	
Outside Box (State Kind)	10 00
Burial Vault (State Kind)	
Embalming Body (State Kind) with Fluid	15 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	2 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>St. Rosalia</u>	8 00
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers <u>Time</u>	5 28
(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	12 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	23 00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero-plane Service, \$ or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW. J. MCAVOY <u>Dec 30, 1937</u> <u>Paid in full</u>	
Total Footing of Bill	\$ 242 28
Less	
Balance	
Entered into Ledger, page or below.	

MURPHY—On Friday, December 10, 1937, Mary Terese, beloved daughter of John P. and Mary O'Toole Murphy. Funeral from the home of her grandparents, Mr. and Mrs. Martin O'Toole, 1121 Bluff St., on Monday morning at 8:15. Angel's mass at St. Rosalia's Church at 9 a. m.

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
Witness Signed

RECORD OF FUNERAL

158 Phone Ne 358

Total No. 1055 Yearly No. 94 Date Dec. 13 1937

Name of Deceased Frank T. Leonard (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1400 Colwell St Husband - Wife - Widow - Margaret Lutz of

Charge to Mrs. Margaret Lutz Leonard

Address 105 Starwood St (or informant) Pgh, Pa

How Secured

Occupation of Deceased Special Policeman Name of Employer City

Date of Death Dec. 13, 1937 (Date) 2 PM (Hour)

Date of Birth

Age 42 (Years) (Months) (Days)

Date of Funeral Dec. 17, 1937 (Date) (Day of Week) 9 AM (Hour)

Services at Holy Trinity

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home Theatre

Cause of Death Acute Myocarditis

Contributory Causes

Certifying Physician H. J. McEggar (or Coroner)

His Address County Morgue

Name of Father Frank Leonard

His Birthplace Pgh Pa

Maiden Name of Mother Catherine Dolan

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at St. Michaels Cemetery Crematory

LEONARD—Suddenly on Monday, Dec. 13, 1937, at 2 p. m., Frank T. (Pat) husband of Margaret Lutz Leonard. Funeral from his late residence, 1400 Colwell St., on Friday morning at 8:30. Solemn requiem high mass at Holy Trinity Church at 9 o'clock.

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket	250.00	
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color)	Hose, \$
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	1 @ \$	10.50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to	<u>Door Badge</u>	12.00
Removal Charges	<u>Blanket</u>	8.00
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. _____	4.00
Pall Bearer Service	(State Physician's or Coroner's)	
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	2 Newspapers <u>Times</u>	13.86
Flowers, \$	(Names of Newspapers)	15.00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb	←	350.00
Lining Grave, \$	←	
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		Per <u>393.36</u>
Less		
Balance		
Entered into Ledger, page _____ or below.		

EDWARD MCAVOY
PAID
1938

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

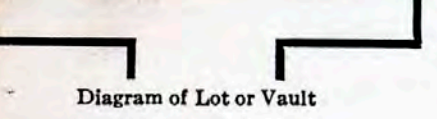
Total No. 1057 Yearly No. 96 Date Dec. 14 1937

Name of Deceased Anthony Jabour Joseph (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1412 Webster Ave. Husband - Wife - Widow - } Amnona Jabour
or of

Charge to Address Order given by How Secured Occupation of Deceased Retired Name of Employer Date of Death Dec 14 1937 (Date) (Hour) Date of Birth Age (Years) (Months) (Days) Date of Funeral Dec 17 1937 (Date) (Day of Week) (Hour) M. Services at St. Ann's Church Clergyman His Address Religion of the Deceased Cath. Resided in the State (or U. S. or City or County) (Years) (Months) Place of Death Home Cause of Death Coronary Occlusion Contributory Causes Certifying Physician W. J. McGregor (or Coroner) His Address County Morgue Name of Father Jabour Jabour His Birthplace Syria Maiden Name of Mother Fatma John Her Birthplace Syria Motor } Remains to Ship } Size and Style of Casket (State Color) Manufactured by Interment at Calvary { Cemetery Crematory

JABOUR—On Tuesday, December 14, 1937, Anthony, husband of Anna Naffah Jabour. Funeral from 1221 Webster Ave. on Friday morning at 10 o'clock. Requiem high mass at St. Ann's Church at 10:30.



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

Complete Funeral	\$ 38.4
Casket	300.00
Metallic Lining	
Outside Box	20.00
Burial Vault	
Embalming Body with Fluid	25.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	2.00
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	3.00
Hearse, \$ Ambulance, \$	14.00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	10.00
Flowers to	
Removal Charges	8.00
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	50
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in 2 Newspapers	3.96
Flowers, \$ Rental of Palms, \$	15.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- plane Service, \$	
or Motor } Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 404.46
Less	\$
Balance	\$
Entered into Ledger, page or below.	

EDW. J. MCANVOY
PAID
11/7/38

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

Burial of

Statement
of
Professional Service Rendered

Anthony Jabour (Joseph)

Date of Death

December 14, 1937

Date of Burial

December 17, 1937

Place of Burial

Calvary Cemetery

Addressed to

Mrs. Anna Jabour (Joseph)

1412 Webster Ave.

Pittsburgh Pa.

Edward J. McAvoy

Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

Casket	300.00
Outside Case	20.00
Embalming	25.00
Shirt & Tie	2.00
Candles	3.00
Gloves	3.00
Hearse	14.00
Door Badge	10.00
Blanket	8.00
Death Notices	3.96
Palm Decoration	15.00
Certif. Copy	<u>.50</u>
	404.46

RECORD OF FUNERAL

Total No. 1058 Yearly No. 97 Date Dec 18 1937

Name of Deceased John Graber (Single - Married - Divorced) What Race Switzerland (Where Born)

Residence of Deceased 1708 Tustin St. Husband - Wife - Widow - or of Mary

Charge to: Address: Order given by (or informant):

How Secured: Occupation of Deceased Retired Name of Employer: Date of Death Dec 15 - 37 (Date) (Hour):

Date of Birth: At 77 (Years) (Months) (Days): Date of Funeral 12 - 21 - 37 (Date) (Day of Week) 2 P M. (Hour):

Services at: Home Clergyman: His Address: Religion of the Deceased Prot. Resided in the State (or U. S. or City or County) (Years) (Months):

Place of Death Mercy Hosp Cause of Death Prostate Cancer Contributory Causes Certifying Physician John R. Liska (or Coroner): His Address: Name of Father Henry Graber His Birthplace Switzerland Maiden Name of Mother Not known Her Birthplace Switzerland

Motor } Remains to Ship } Size and Style of Casket: Manufactured by: Interment at Calvary Cemetery

Table listing funeral services and costs: Complete Funeral \$469.00, Casket \$295.00, Metallic Lining (State Kind), Outside Box (State Kind), Burial Vault (State Kind), Embalming Body with Fluid \$25.00, Barber \$, Hair Dressing \$, Dressing Body, Suit or Dress \$, Hose \$, Underwear \$, Slippers \$, Folding Chairs \$, Tarpaulin \$, Candelabrum \$, Candles \$ 3.00, Door Badge \$, Gloves \$ 10.00, Hearse \$, Ambulance \$ 14.00, Limousines to Cemetery 2 @ \$ 21.00, Autos to R. R. Station @ \$, Getting Remains from, Taking Remains to Blanket 8.00, Delivering Box to, Flowers to Don't pay, Removal Charges, Procuring Burial Permit (State Number and District), Certif. Copies of Death Certificates No. (State Physician's or Coroner's), Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in 2 Newspapers 53.00, Flowers \$, Rental of Palms \$, Rental of Tent \$ of Temporary Tomb \$, Lowering Device \$, Cremation \$, Opening of Grave or Tomb, Lining Grave \$, Matting \$, Outlay for Shipping Charges, Clergyman \$, Singers \$, Organist \$, Railroad } Tickets \$, Aero-plane } Service \$, Telegr., Phone, Cable or Radio Charges, Cash Advance EDW. J. MCAVOY, Out of town Undertaker's Charges.

Diagram of Lot or Vault: Grave No. 17 Section No. 5 Owner: Row 2

GRABER - On Saturday, Dec. 18, 1937. John, husband of Mary Dougherty Graber, father of William J. and Mrs. Paul Hill, Funeral from his late residence, 1708 Tustin St., on Tuesday afternoon at 2 o'clock. Services private.

Total Footing of Bill \$491.24 Less Balance \$ Entered into Ledger, page or below.

Table with 2 columns: 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 Signed

Witness

Burial of

Statement
of

Professional Service Rendered

John Graber

Date of Death

December 18, 1937

Date of Burial

December 21, 1937

Place of Burial

Calvary Cemetery

Addressed to

Casket 295.00

Outside Case 20.00

Embalming 25.00

Clothing 18.00

Gloves 3.00

Hearse 14.00

Limousines 21.00

Door Badge 10.00

Blanket 8.00

Death Notices 9.24

Palm Decoration 15.00

Outaly for Lot 53.00

491.24

Edward J. McAvoy

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

RECORD OF FUNERAL

Total No. 1059 Yearly No. 98 Date Dec 17 1937
 Name of Deceased Hannah Flaherty (Single - Married - Divorced) W. (What Race) Pa. (Where Born)
 Residence of Deceased 1331 Bluff Husband—Wife—Widow Michael or of

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death Dec 17 - 37 (Date) (Hour)
 Date of Birth Dec 3 1898 (Date) (Hour)
 Age 39 (Years) 0 (Months) 14 (Days)
 Date of Funeral Dec 21 - 37 (Date) (Day of Week) 9 (Hour) M.
 Services at Epiphany
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1331 Bluff
 Cause of Death Pulmonary T. B.
 Contributory Causes
 Certifying Physician J. Barnett (or Coroner)
 His Address 2004 Olive
 Name of Father John Mobrey
 His Birthplace Ireland
 Maiden Name of Mother Catherine Barry
 Her Birthplace Ireland
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$ 440
Casket	280 00
Metallic Lining	
Outside Box	20 00
Burial Vault	
Embalming Body with Fluid	25 00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	8 50
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	3 00
Candles, \$	
Door Badge, \$	3 00
Gloves, \$	
Hearse, \$	1 4 00
Ambulance, \$	
Limousines to Cemetery @ \$	1 0 50
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	20 00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	10 50
Flowers, \$	
Rental of Palms, \$	15 00
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	31 00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	25 00
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 465 50
Less	
Balance	
Entered into Ledger, page	

FLAHERTY—Friday, Dec. 17, 1937. Hannah Mobrey, wife of Michael J. Flaherty, daughter of the late John and Catherine Barry Mobrey. Funeral from the Mc-Avoy Funeral Home, 1700 Forbes St., on Tuesday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock. Friends invited.

EDW. J. MCAVOY
 JAN 3 1938

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.

RECORD OF FUNERAL

Total No. 1060 Yearly No. 99 Date Dec. 21 1937

Name of Deceased George Salem (Single - Married - Divorced) W (What Race) Syria (Where Born)

Residence of Deceased 1605 Bedford Ave Husband - Wife - Widow - } Sophia }
 or..... of } 320

Charge to Anna R. Salem

Address 1605 Bedford Ave.

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Retired

Name of Employer.....

Date of Death Dec. 21, 1937 (Date) (Hour)

Date of Birth May 15, 1879

Age 58 7 6 (Years) (Months) (Days)

Date of Funeral Dec. 23, 2 P (Date) (Day of Week) (Hour) M.

Services at St. George's

Clergyman.....

His Address.....

Religion of the Deceased Cath.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death Coronary Occlusion

Contributory Causes.....

Certifying Physician W. J. McGregor (or Coroner)

His Address County, Marquette

Name of Father Unknown

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor } Remains to.....
 Ship }

Size and Style of Casket..... (State Color)

Manufactured by.....

Interment at Menomville { Cemetery }
 Crematory }

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral..... \$	\$
Casket.....	195 00
Metallic Lining..... (State Kind)	20 00
Outside Box..... (State Kind)	25 40
Burial Vault..... (State Kind)	18 50
Embalming Body..... with Fluid	3 00
Barber, \$..... Hair Dressing, \$	3 00
Dressing Body.....	14 00
Suit or Dress, \$..... (State Color) Hose, \$	10 50
Underwear, \$..... Slippers, \$	8 00
Folding Chairs, \$..... Tarpaulin, \$	10 00
Candelabrum, \$..... Candles, \$	10 00
Door Badge, \$..... Gloves, \$	15 00
Hearse, \$..... Ambulance, \$	41 00
Limousines to Cemetery..... @ \$	15 00
Autos to R. R. Station..... @ \$	15 00
Getting Remains from..... <u>Blanket</u>	15 00
Taking Remains to..... <u>Down Bridge</u>	15 00
Delivering Box to.....	15 00
Flowers to.....	15 00
Removal Charges.....	15 00
Procuring Burial Permit..... (State Number and District)	15 00
____ Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)	15 00
Pall Bearer Service.....	15 00
Personal Service.....	15 00
Use of Chapel.....	15 00
Outlay for Lot.....	15 00
Death Notices in..... Newspapers	15 00
Flowers, \$..... (Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$..... of Temporary Tomb, \$	15 00
Lowering Device, \$..... Cremation, \$	15 00
Opening of Grave or Tomb.....	15 00
Lining Grave, \$..... Matting, \$	15 00
Outlay for Shipping Charges.....	15 00
Clergyman, \$..... Singers, \$..... Organist, \$	15 00
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$	15 00
Telegr., Phone, Cable or Radio Charges.....	15 00
Cash Advanced.....	15 00
Out of town Undertaker's Charges.....	15 00
Total Footing of Bill.....	378 00
Less.....	0 00
Balance.....	378 00

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

EDW. J. MCAVOY

Jan 7, 1938

Paid

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.

RECORD OF FUNERAL

Total No. 1061 Yearly No. 100 Date Dec 21 1937

Name of Deceased Robert Lowery (Single - Married - Divorced) W. (What Race) Pgh Pa. (Where Born)

Residence of Deceased 428 Duquesne Way Husband - Wife - Widow - of

Charge to George H. R. Lowery or of

Address [Redacted]

Order given by New London Conn (or informant)

How Secured

Occupation of Deceased Distributor Advertising Co

Name of Employer

Date of Death (Date) (Hour)

Date of Birth (Years) (Months) (Days)

Age 58

Date of Funeral Dec 23 - 37 3 PM (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman

His Address

Religion of the Deceased Prot

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Influenza

Contributory Causes

Certifying Physician John Shaver (or Coroner)

His Address Mercy Hosp

Name of Father John Lowery

His Birthplace Pgh Pa

Maiden Name of Mother Mathilda Koch

Her Birthplace Pgh Pa

Motor Ship Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Allegheny Cemetery (Cemetery Crematory)

Lot No. 243

Grave No. 8

Section No. 31

Owner

Diagram of Lot or Vault

Table with columns for item descriptions and costs. Includes items like Complete Funeral (\$142.00), Casket, Metallic Lining, Outside Box, Burial Vault, Embalming Body, etc. Total Footing of Bill is \$142.00.

Table for payment details. Columns include '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

Witness: Signed: Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1062 Yearly No. 101 Date Dec 26 1937
Name of Deceased Sr Anita (ann) Gordon W Bradlock
Residence of Deceased Mt Mercy 5th ave
Charge to
Address
Order given by
How Secured
Occupation of Deceased Religion - Order
Name of Employer
Date of Death Dec 26 - 1937
Date of Birth
Age abt 65
Date of Funeral Dec 27 - 37 9A.M.
Services at Mt. Mercy Chapel
Clergyman
His Address
Religion of the Deceased Cath.
Resided in the State
Place of Death St Francis Hosp
Cause of Death Nipha pneumonia
Contributory Causes Depression Treason
Certifying Physician W. Staley
His Address St Francis
Name of Father Mike Gordon
His Birthplace Pa
Maiden Name of Mother Bridget Malone
Her Birthplace Pa
Motor Ship } Remains to
Size and Style of Casket
Manufactured by
Interment at St Francis Cemetery
Diagram of Lot or Vault

Table listing funeral expenses: Complete Funeral \$60.00, Casket, Metallic Lining, Outside Box \$15.00, Burial Vault, Embalming Body with Fluid \$15.00, Barber, Hair Dressing, Dressing Body, Suit or Dress, Hose, Underwear, Slippers, Folding Chairs, Tarpaulin, Candelabrum, Candles \$3.00, Door Badge, Gloves, Hearse, Ambulance \$35.00, Limousines to Cemetery @ \$, Autos to R. R. Station @ \$, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates No., Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in Newspapers, Flowers, Rental of Palms, Rental of Tent, of Temporary Tomb, Lowering Device, Cremation, Opening of Grave or Tomb, Lining Grave, Matting, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Aero-plane Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges.

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

EDW. J. MCAVOY
Total Footing of Bill \$128.00
Less
Balance
Entered into Ledger, page or below.

Table with columns for charges and payment: 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.

RECORD OF FUNERAL

Total No. 10.63 Yearly No. 102 Date Dec. 29 1937

Name of Deceased Coleman Conroy (Single - Married - Divorced) W. (What Race) Ireland (Where Born)

Residence of Deceased 1801 Carson St Husband—Wife—Widow—
or..... of }

Charge to: Lillian Conroy (wife)

Address: State of Coleman Conroy

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Elevator Operator

Name of Employer.....

Date of Death Dec. 29 4:57 PM (Date) (Hour)

Date of Birth April 29, 1887 (Date)

Age 50 8 0 (Years) (Months) (Days)

Date of Funeral Jan. 3, 1938 9A (Date) (Day of Week) (Hour)

Services at St John's Church

Clergyman C. J. Moriarty

His Address 14th St

Religion of the Deceased Cath.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Peritonitis

Contributory Causes Lepnatomony

Certifying Physician Harold S. Kuelner (or Coroner)

His Address Mercy Hospital

Name of Father Anthony Conroy

His Birthplace Ireland

Maiden Name of Mother Mary Toole

Her Birthplace Ireland

Motor } Remains to
Ship }

Size and Style of Casket..... (State Color)

Manufactured by.....

Interment at Mt. Carmel { Cemetery
Crematory

CONROY—On Wednesday, Dec. 29, 1937, Coleman, husband of Lillian Rufft Conroy, brother of Della Conroy and Martin O'Toole. Funeral from his late residence, 1801 Carson St., on Monday morning at 8:30 o'clock. Solemn requiem high mass at St. John's Church at 9 o'clock. Friends invited.

Diagram of Lot or Vault

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

Complete Funeral.....	\$ 688
Casket.....	550 00
Metallic Lining.....	25 00
Outside Box..... (State Kind)	25 00
Burial Vault..... (State Kind)	25 00
Embalming Body..... with..... Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color)	Hose, \$.....
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Badge, \$..... Gloves, \$.....	3 00
Hearse, \$..... ✓ Ambulance, \$.....	14 00
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Remains to..... <u>Blanket</u>	10 00
Delivering Box to.....	
Flowers to..... <u>Blue Budge</u>	12 00
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
<input checked="" type="checkbox"/> Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)	2 00
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	
Death Notices in..... <u>2</u> Newspapers <u>3</u> Times	15 84
Flowers, \$..... (Names of Newspapers)	15 00
Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	28 00
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero-Service, \$..... or Motor } plane	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
EDW. J. MCAVOY <i>[Signature]</i> For.....	
Total Footing of Bill.....	\$ 702 84
Less.....	\$
Balance.....	\$
Entered into Ledger, page..... or below.	

To Funeral Charges... Total, \$ <u>Miss Helen Joyce</u> <u>1601 Blvd Allie</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.....

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

RECORD OF FUNERAL

Total No. 1064 Yearly No. 03 Date Dec 30 1937

Name of Deceased Conest Slusher
(Single — Married — Divorced) W. (What Race) (Where Born)

Residence of Deceased _____
Husband—Wife—Widow— }
or _____ of _____ }

Charge to _____
Address _____

Order given by _____
(or informant)

How Secured _____

Occupation of Deceased Farmer

Name of Employer _____
Date of Death _____
(Date) (Hour)

Date of Birth _____
Age 24
(Years) (Months) (Days)

Date of Funeral _____ M.
(Date) (Day of Week) (Hour)

Services at _____
Clergyman _____

His Address _____

Religion of the Deceased _____

Resided in the State _____
(or U. S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death Lobar Pneumonia

Contributory Causes _____

Certifying Physician J. C. Shoner
(or Coroner)

His Address Mercy Hospital

Name of Father James Slusher

His Birthplace Ky.

Maiden Name of Mother Polly Tozee

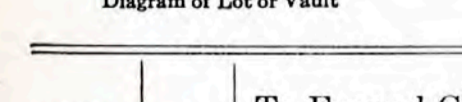
Her Birthplace Ky.

Motor } Remains to _____
Ship }

Size and Style of Casket _____
(State Color)

Manufactured by _____

Interment at County Mosque Cemetery



Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral _____ \$

Casket _____

Metallic Lining _____
(State Kind)

Outside Box _____
(State Kind)

Burial Vault _____
(State Kind)

Embalming Body _____ with _____ Fluid

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body _____

Suit or Dress, \$ _____ (State Color) Hose, \$ _____

Underwear, \$ _____ Slippers, \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Badge, \$ _____ Gloves, \$ _____

Hearse, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains from _____

Taking Remains to _____

Delivering Box to _____

Flowers to _____

Removal Charges _____

Procuring Burial Permit _____
(State Number and District)

_____ Certif. Copies of Death Certificates No. _____
(State Physician's or Coroner's)

Pall Bearer Service _____

Personal Service _____

Use of Chapel _____

Outlay for Lot _____

Death Notices in _____ Newspapers
(Names of Newspapers)

Flowers, \$ _____ Rental of Palms, \$ _____

Rental of Tent, \$ _____ of Temporary Tomb, \$ _____

Lowering Device, \$ _____ Cremation, \$ _____

Opening of Grave or Tomb _____

Lining Grave, \$ _____ Matting, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad } Tickets, \$ _____ Aero- }
or Motor } plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Total Footing of Bill _____ \$

Less _____ \$

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. 1065 Yearly No. 1 Date Jan. 1, 1938

Name of Deceased Infant Callura (Single - Married - Divorced) W (What Race) Psh (Where Born)

Residence of Deceased 1718 Tustin St. Husband—Wife—Widow— }
Charge to: Frank Callura or of }

Address.....

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Infant

Name of Employer.....

Date of Death Jan. 1, 1938 4:30 AM (Date) (Hour)

Date of Birth Jan. 1, 1938 (Date) (Hour)

Age..... (Years) (Months) (Days) Hours

Date of Funeral Jan. 3, 1938 3P M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman.....

His Address.....

Religion of the Deceased Cath.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Premature Delivery

Contributory Causes.....

Certifying Physician L. J. Burnett (or Coroner)

His Address 2004 - 5th Ave.

Name of Father Frank Callura

His Birthplace Psh.

Maiden Name of Mother Augustine Melano

Her Birthplace.....

Motor } Remains to
Ship } (State Color)

Size and Style of Casket.....

Manufactured by.....

Interment at Calvary { Cemetery
Crematory

Lot No. row 20

Grave No. 31

Section No. 8

Owner.....

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		10.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		5.00
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane	Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	15.00
Less	\$	10.00
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.....

RECORD OF FUNERAL

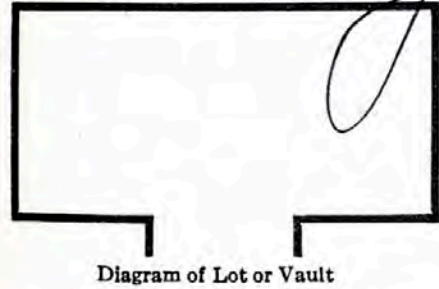
Total No. 1066 Yearly No. 2 Date Jan 9 1938
 Name of Deceased Jennie Better (Single - Married - Divorced)
 Residence of Deceased 1816 Webster Husband—Wife—Widow—
 Charge to: Tony Better (What Race) W. (Where Born) Syria
 Address: _____ or _____ of _____

Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Date of Death Jan 9 1938 (Date) (Hour)
 Date of Birth _____ (Years) (Months) (Days)
 Age 27
 Date of Funeral Jan 12 - 38 9 M. (Date) (Day of Week) (Hour)
 Services at: St Ann's
 Clergyman: _____

His Address: _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Rosserport
 Cause of Death Shock. Hemorrhage

Contributory Causes _____
 Certifying Physician P. J. Hervey (or Coroner)
 His Address: Marque
 Name of Father Charles Michael
 His Birthplace Syria
 Maiden Name of Mother Marion Shaver
 Her Birthplace Syria

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Calvary { Cemetery }
 Crematory



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

Complete Funeral	\$	
Casket		365 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ (State Color)	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Door Body</u>		10 00
Delivering Box to		
Flowers to <u>Blanket</u>		10 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers (Names of Newspapers)		15 00
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	483 00
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

To Funeral Charges Total, \$				
<u>Marked 2/14/38</u>				
		<u>Mar 5 1938</u>	<u>By Cash</u>	\$ 225 00
		<u>Jan 20 1939</u>		25 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 _____
 Signed _____
 Witness _____

RECORD OF FUNERAL

Total No. 1067 Yearly No. 3 Date Jan 9 1938
 Name of Deceased Richard Jones (Single - Married - Divorced)
 Residence of Deceased 128 S. Negley ave Husband—Wife—Widow—W. Pa. (What Race) (Where Born)
 Charge to Alberta

Address
 Order given by
 How Secured
 Occupation of Deceased Truck Driver
 Name of Employer Newspaper
 Date of Death Jan 9 1938
 Date of Birth Oct 2 1908 (Date) (Hour)
 Age 29 (Years) 4 (Months) 7 (Days)
 Date of Funeral 1-12-38 (Date) (Day of Week) 2:30 P.M. (Hour)
 Services at Chapel
 Clergyman
 His Address
 Religion of the Deceased Prot
 Resided in the State
 Place of Death Rheumatic Heart Disease
 Cause of Death West Penn Hosp
 Contributory Causes
 Certifying Physician Milton Jones (or Coroner)
 His Address West Penn Hosp
 Name of Father William H Jones
 His Birthplace Va
 Maiden Name of Mother J Dick
 Her Birthplace Va
 Motor Ship } Remains to
 Size and Style of Casket 1610 Brighton of m.l.
 Manufactured by Wm Jones Jr.
 Interment at Allegheny { Cemetery Crematory

Complete Funeral	\$	535 00
Casket		295 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	100 00
Embalming Body with Fluid		25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ (State Color)	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>		8 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		82 00
Death Notices in Newspapers		66 00
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10 00
Organist, \$		
Railroad or Motor Tickets, \$	Aero-Plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
PAID Jan 26, 1938		
Total Footing of Bill	\$	558 60
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

JONES—On Sunday, Jan. 9, 1938, Richard, beloved husband of Alberta Frans Jones. Funeral services at the McAvoy Funeral Home, 1700 Forbes St., on Wednesday afternoon at 2:30. Friends invited.

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. 10.68 Yearly No. 4 Date Jan 12 1938
 Name of Deceased Eva Sablaski (Single - Married - Divorced)
 Residence of Deceased 2038 Tustin St (What Race) Poland (Where Born)
 Charge to: Separated Husband - Wife - Widow - or of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death Jan 12 1938 (Date) (Hour)
 Date of Birth 4-17-1875 (Date) (Hour)
 Age 64(02) 8 24 (Years) (Months) (Days)
 Date of Funeral Jan 14 2P (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman Dr. Kaufman
 His Address.....
 Religion of the Deceased Prot.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mayview
 Cause of Death Carcinoma of Lung
 Contributing Causes Hypertensive Heart Disease
 Certifying Physician George Sarwan (or Coroner)
 His Address Mayview Pa
 Name of Father Poland
 His Birthplace Poland
 Maiden Name of Mother Poland
 Her Birthplace Poland
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Minersville { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner M. Scurlow

Complete Funeral	\$	
Casket		90 00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	20 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	8 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Mayview</u>		10 00
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
<u>1</u> Certif. Copies of Death Certificates No. <u>1 00</u>	(State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		36 00
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertakers Charges		
Total Footing of Bill		\$ 207 00
Less		
Balance		
Entered into Ledger, page..... or below.		

EDW. J. MCAVOY
 Jan 3, 1938
 Paid in full
 E. 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
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 1069 Yearly No. 57 Date Jan. 13 1958

Name of Deceased Achille Lunardi (Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 1343 Bluff St Husband—Wife—Widow— }
Charge to Pia (Lorenzetti) Lunardi or of }

Address 1343 Bluff St

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Laborer

Name of Employer _____

Date of Death Jan. 13, 255 AM (Date) (Hour)

Date of Birth May 4, 1884 (Date)

Age 53 9 27 (Years) (Months) (Days)

Date of Funeral Jan. 17, 930 AM (Date) (Day of Week) (Hour)

Services at St. Peter's

Clergyman _____

His Address _____

Religion of the Deceased Cath

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Cerebral Hemorrhage

Contributory Causes _____

Certifying Physician P. J. Fenney (or Coroner)

His Address County Morgue

Name of Father Peter Lunardi

His Birthplace Italy

Maiden Name of Mother Pia Lorenzetti

Her Birthplace Italy

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Calvary Cemetery Crematory

Lot No. _____

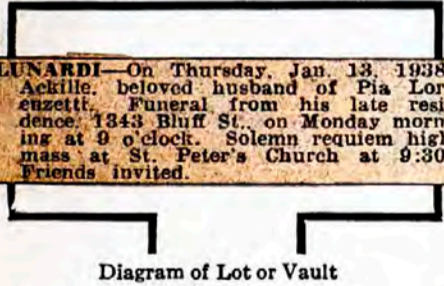
Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	725
Casket		400 00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	100 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body	<u>Own Clothes</u>	
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	31 50
Limousines to Cemetery	@ \$	14 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Blanket</u>	10 00
Delivering Box to	<u>Down Badge</u>	12 00
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		141 00
Death Notices in	Newspapers	693
Flowers, \$	(Names of Newspapers)	20 00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 766 43
Less		
Balance		
Entered into Ledger, page		_____ or below.

LUNARDI—On Thursday, Jan. 13, 1958, Achille, beloved husband of Pia Lorenzetti. Funeral from his late residence, 1343 Bluff St., on Monday morning at 9 o'clock. Solemn requiem high mass at St. Peter's Church at 9:30. Friends invited.



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. 1070 Yearly No. 6 Date Jan 13 1938
 Name of Deceased Mary M. Dunley (Single - Married - Divorced)
 (What Race) Irish (Where Born) Ireland

Residence of Deceased
 Charge to: Dominic M. Dunley
 Address: 1625 Hawthington St.

Order given by
 How Secured
 Occupation of Deceased Retired

Name of Employer
 Date of Death Jan. 13, 1938 7:30 PM
 (Date) (Hour)

Date of Birth Sept. 3, 1864
 Age 73 4 10
 (Years) (Months) (Days)

Date of Funeral Jan. 17, 1938 9 A.M.
 (Date) (Day of Week) (Hour)

Services at Corpus Christi
 Clergyman
 His Address

Religion of the Deceased Cath
 Resided in the State
 (or U. S. or City or County) (Years) (Months)

Place of Death St. John's Hosp.
 Cause of Death Arterio Sclerosis
 Contributory Causes Coccyx of rectum

Certifying Physician C. M. Shainey
 (or Coroner)
 His Address 621 Pressley St

Name of Father James Dunley
 His Birthplace Ireland
 Maiden Name of Mother Mary Stanton
 Her Birthplace Ireland

Motor } Remains to
 Ship }
 Size and Style of Casket
 (State Color)

Manufactured by
 Interment at Calvary { Cemetery
 Crematory

Lot No. P 5
 Grave No. 23
 Section No. 14
 Owner

McINLEY—On Thursday, Jan. 13, 1938, Mary Dunley, wife of the late Dominic McGinley, Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8:15 a. m. Requiem high mass at Corpus Christi Church at 9 o'clock.

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		160 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		11 00
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		21 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to <u>Blanket</u>		8 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		53 00
Death Notices in Newspapers		
Flowers, \$ (Names of Newspapers) Rental of Palms, \$		15 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- plane Service, \$ or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		333 00
Less		158 00
Balance		
Entered into Ledger, page or below.		

EDW. J. MCAVOY
 Feb 2 1938
 Paid in full
 [Signature]

To Funeral Charges.... Total, \$		Jan 27	By Cash	\$ 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

RECORD OF FUNERAL

Total No. 1071 Yearly No. 7 Date Jan. 14 1938
 Name of Deceased Thomas Greulich (Single - Married - Divorced) (What Race) Penna. (Where Born)
 Residence of Deceased 105 Cherry Hill St. Husband - Wife - Widow - or of

Charge to _____
 Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Fireman
 Name of Employer City
 Date of Death Jan 14 8:45 AM (Date) (Hour)
 Date of Birth Feb. 26, 1878 (Date) (Month) (Days)
 Age 59 (Years) 10 (Months) 18 (Days)
 Date of Funeral Jan. 17 (Date) (Day of Week) (Hour) M.
 Services at _____
 Clergyman _____
 His Address _____
 Religion of the Deceased _____
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Engine House # 29
 Cause of Death Coronary Occlusion
 Contributory Causes _____
 Certifying Physician P. J. Henney (or Coroner)
 His Address _____
 Name of Father Unknown Patrick Greulich
 His Birthplace Pennsylvania
 Maiden Name of Mother Irish Mary Murphy
 Her Birthplace Unknown
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)

Complete Funeral	\$ 390
Casket	295 00
Metallic Lining (State Kind)	20 00
Outside Box (State Kind)	20 00
Burial Vault (State Kind)	25 00
Embalming Body with _____ Fluid	25 00
Barber, \$ _____ Hair Dressing, \$ _____	
Dressing Body	1 50
Suit or Dress, \$ _____ (State Color) Tie, Hose, \$ _____	1 50
Underwear, \$ _____ Slippers, \$ _____	
Folding Chairs, \$ _____ Tarpaulin, \$ _____	
Candelabrum, \$ _____ Candles, \$ _____	
Door Badge, \$ _____ Gloves, \$ _____	3 00
Hearse, \$ _____ Ambulance, \$ _____	14 00
Limousines to Cemetery @ \$ _____	
Autos to R. R. Station @ \$ _____	
Getting Remains from _____	
Taking Remains to _____	
Delivering Box to _____	
Flowers to _____	
Removal Charges _____	
Procuring Burial Permit _____ (State Number and District)	
2 Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)	2 00
Pall Bearer Service <u>Blanket</u>	10 00
Personal Service <u>Door B</u>	12 00
Use of Chapel _____	
Outlay for Lot _____	
Death Notices in _____ Newspapers	8 00
Flowers, \$ _____ (Names of Newspapers)	20 00
Rental of Palms, \$ _____	
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____	
Lowering Device, \$ _____ Cremation, \$ _____	
Opening of Grave or Tomb _____	
Lining Grave, \$ _____ Matting, \$ _____	
Outlay for Shipping Charges _____	
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____	
Railroad or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____	
Telegr., Phone, Cable or Radio Charges _____	
Cash Advanced _____	
Out of town Undertaker's Charges _____	
Total Footing of Bill	\$ 410 50
Less _____	
Per _____ Balance _____	
Entered into Ledger, page _____ or below.	

GREULICH—Suddenly, on Friday Jan. 14, 1938, Thomas, beloved husband of Irene Thelma Greulich. Funeral services at his late residence, 105 West Cherry Hill St., Cherry Hill, on Monday afternoon at 2:30. Friends invited.



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

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

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

RECORD OF FUNERAL

Total No. 1072 Yearly No. 8 Date Jan 14 1938

Name of Deceased Annie Smith (Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 1906 Tuslin St Husband—Wife—Widow—

Charge to Catherine Griffith or of

Address 1906 Tuslin St

Order given by 1831 Watson St (or informant)

How Secured Occupation of Deceased Retired

Name of Employer Date of Death Jan 14 1938 10 P (Date) (Hour)

Date of Birth 2-24-93 (Date) (Hour)

Age 44 (Years) 10 (Months) 20 (Days)

Date of Funeral 1-18-38 9 M (Date) (Day of Week) (Hour)

Services at Epiphany Clergyman

His Address Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1906 Tuslin

Cause of Death Pulmonary Tuberculosis

Contributory Causes Certifying Physician Dr. H. H. Black (Coroner)

His Address 1229 5th Ave

Name of Father Edward Boylan


His Birthplace Pa

Maiden Name of Mother not known

Her Birthplace Pa

Motor } Remains to Ship } Size and Style of Casket (State Color)

Manufactured by Interment at Calvary { Cemetery Crematory

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

Complete Funeral	\$ 250.00
Casket	1.20 00
Metallic Lining	
Outside Box (State Kind)	15 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	9 00
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	53 00
Death Notices in Newspapers	
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	10 00
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 252 00
Less	
Balance	

	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. 1073 Yearly No. 9 Date Jan 19 1938

Name of Deceased Monsour James (Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 1029 Webster Ave Husband—Wife—Widow— }
or..... of }

Charge to: Walter James
Address 1029 Webster Ave

Order given by..... (or informant)
How Secured.....

Occupation of Deceased Retired
Name of Employer.....

Date of Death Jan 19, 1938 (Date) (Hour)
Date of Birth Not Known

Age 63 (Years) (Months) (Days)

Date of Funeral Jan 21, 1938 (Date) (Day of Week) (Hour) M.

Services at St. Anne
Clergyman Fr. Bail

His Address.....
Religion of the Deceased Catholic

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thrombosis

Contributory Causes Mitral Stenosis

Certifying Physician D. J. Sorrip (or Coroner)

His Address 3701 Penn Ave

Name of Father John James

His Birthplace Syria

Maiden Name of Mother Faten Shakel

Her Birthplace Syria

Motor } Remains to
Ship }

Size and Style of Casket..... (State Color)

Manufactured by Calvary

Interment at Calvary { Cemetery
Crematory

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

Diagram of Lot or Vault

	To Funeral Charges... Total, \$				
					\$ 50 00
					200 00

Complete Funeral.....	\$ 285 00
Casket.....	
Metallic Lining.....	
Outside Box.....	20 00
Burial Vault.....	
Embalming Body..... with Fluid	25 00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	3 00
Door Badge, \$..... Gloves, \$.....	3 00
Hearse, \$..... Ambulance, \$.....	14 00
Limousines to Cemetery @ \$.....	10 50
Autos to R. R. Station @ \$.....	
Getting Remains from.....	
Taking Remains to <u>St. Anne</u>	12 00
Delivering Box to.....	
Flowers to <u>Blanket</u>	10 00
Removal Charges.....	
Procuring Burial Permit.....	
Certif. Copies of Death Certificates No.....	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	58 00
Death Notices in..... Newspapers.....	
Flowers, \$..... Rental of Palms, \$.....	15 00
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero-plane Service, \$.....	
or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill	\$ 455 50
Less.....	
Balance	

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.

RECORD OF FUNERAL

177

Total No. 1074 Yearly No. 10 Date January 21, 1938

Name of Deceased Roslyn Egan (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 6734 Frankstown Husband - Wife - Widow - or of

Charge to: William Egan

Address: 6734 Frankstown Ave

Order given by

How Secured

Occupation of Deceased

Name of Employer

Date of Death Jan 21, 1938 11:05 (Date) (Hour)

Date of Birth March 17, 1937 (Date) (Month) (Day)

Age 10 4 (Years) (Months) (Days)

Date of Funeral Jan 24, 1938 (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Lobar Pneumonia

Contributory Causes Measles

Certifying Physician R. M. Pylonda (or Coroner)

His Address 6805 Frankstown

Name of Father William Donald Egan

His Birthplace Pgh. Pa

Maiden Name of Mother Rose Marie Mastyn

Her Birthplace

Motor } Remains to Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Mt Carmel { Cemetery Crematory

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

Complete Funeral	\$	
Casket		40 00
Metallic Lining		
Outside Box (State Kind)		10 00
Burial Vault (State Kind)		
Embalming Body with Fluid		10 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		2 00
Door Badge, \$ Gloves, \$		
Hearse, \$ Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service (State Physician's or Coroner's)		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$ Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		8 00
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets \$ Aero } Service, \$ or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	75 00
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

EDW. J. MGAVOY
Jan 28, 1938
Per [Signature]

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. 1075 Yearly No. 11 Date January 21, 1938

Name of Deceased Jacob S. Smith (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 111 Dinwiddie St. (Husband - Wife - Widow - or of)

Charge to Frances Smith

Address

Order given by (or informant)

How Secured

Occupation of Deceased Watchman

Name of Employer

Date of Death Jan. 20, 1938 (Date) (Hour)

Date of Birth Jan. 26, 1915 (Date) (Hour)

Age 22 11 25 (Years) (Months) (Days)

Date of Funeral Jan. 24 (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Los Angeles, Calif.

Cause of Death Drowning due to

Contributory Causes jumping off bridge

Certifying Physician P. J. Henney (or Coroner)

His Address County Marquette

Name of Father John S. Smith

His Birthplace N. Carolina

Maiden Name of Mother Not Known

Her Birthplace Not Known

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Uniondale { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$
Casket <u>4 base</u>	2.50 00
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with <u>Marque</u> Fluid	10 00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	3 00
Gloves, \$	
Hearse, \$	1.40 00
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	5.00 00
Death Notices in <u>Door B</u> Newspapers	10 00
Flowers, \$	15 00
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	1.00 00
Singers, \$	
Organist, \$	
Railroad or Motor } Tickets, \$	
Aero-plane Service, \$	
Telegr. Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 362 00
Less	\$
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

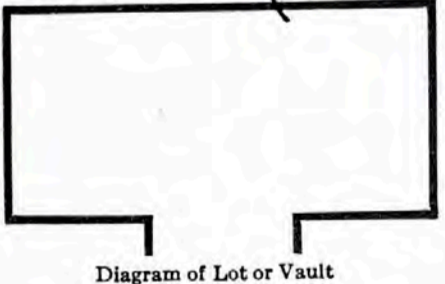
Signed

Witness Signed

RECORD OF FUNERAL

Total No. 1076 Yearly No. 12 Date Jan 25 1938
 Name of Deceased John Joseph Teeters (What Race) Pg Pa (Where Born)
 Residence of Deceased 457 Forest Bellvue Pa (What Race) Pg Pa (Where Born)
 Charge to: _____
 Address: _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Infant
 Name of Employer _____
 Date of Death Jan 25 - 38 (Date) _____ (Hour)
 Date of Birth Sept 30 1937 (Date) _____ (Hour)
 Age 3 25 (Years) (Months) (Days)
 Date of Funeral Jan 27 - 38 (Date) _____ (Day of Week) _____ (Hour) M.
 Services at Home
 Clergyman _____
 His Address _____
 Religion of the Deceased Prot.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death 457 Forest Ave
 Cause of Death Hydrocephalus
 Contributory Causes Spinal Bifida
 Certifying Physician J. J. McCaughy (or Coroner)
 His Address 5 ave
 Name of Father Joseph Teeters
 His Birthplace Pg Pa
 Maiden Name of Mother Mary Cartwright
 Her Birthplace Pg Pa

Complete Funeral	\$	
Casket		40 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	10 00
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	10 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
	(State Color)	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No. _____		
(State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		15 00
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr. Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY July 15, 1938		
Total Footing of Bill		\$ 75 00
Less _____		
Balance		
Entered into Ledger, page _____ or below.		



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

To Funeral Charges... Total, \$				
				\$ 70 00
				5 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 _____

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Burial of

John J. Teeters

Date of Death

January 25, 1938

Date of Burial

January 27, 1938

Place of Burial

United Cemetery

Addressed to

Mr. Joseph Teeters

457 Forest St.

Bellvue, Pa.

Edward J. McAvoy

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

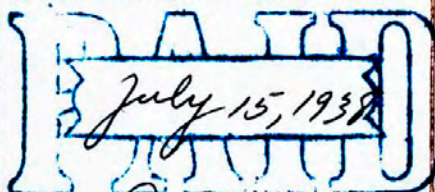
PHONE GRANT 7675

Statement
of

Professional Service Rendered

Casket	40.00
Outside Case	10.00
Embalming	10.00
Outlay for Lot	<u>15.00</u>
	75.00

EDW. J. MCAVOY



Per *JBM*



RECORD OF FUNERAL

Total No. 1077 Yearly No. 13 Date Feb 1 1938
 Name of Deceased Mike Thomas (Single — Married — Divorced) W. (What Race) Syria (Where Born)
 Residence of Deceased 1215 Whitcomb St. Husband—Wife—Widow—Belinda or of 425

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Fruit Peddler
 Name of Employer
 Date of Death Feb 1 1938 2 35 (Date) (Hour)
 Date of Birth
 Age 40 (Years) (Months) (Days)
 Date of Funeral Feb 3 - 1938 11 A (Date) (Day of Week) (Hour) M.
 Services at St. George's Church
 Clergyman Fr. Abraham
 His Address
 Religion of the Deceased Orthodox
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1215 Whitcomb St.
 Cause of Death Scarlet Pneumonia
 Contributory Causes
 Certifying Physician Albert Goldblum (or Coroner)
 His Address 1710 Bedford ave.
 Name of Father Thomas Thomas
 His Birthplace Syria
 Maiden Name of Mother Anna (Oleksun)
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)

Complete Funeral	\$	
Casket	300 00	
Metallic Lining		
Outside Box (State Kind)	15 00	
Burial Vault (State Kind)		
Embalming Body with Fluid	25 00	
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$	13 00	
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$	3 00	
Door Badge, \$ Gloves, \$	3 00	
Hearse, \$ Ambulance, \$	14 00	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to <u>Blanket</u>	8 00	
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____ (State Number and District)		
_____ (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	36 00	
Death Notices in _____ Newspapers _____ (Names of Newspapers)	12 00	
Flowers, \$ Rental of Palms, \$	2 00	
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Fording of Bill	\$ 479 00	
Less	\$ 449 00	
Balance	\$	
Entered into Ledger, page or below.		

Manufactured by
 Interment at Minersville { Cemetery
 Crematory
 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. 1078 Yearly No. 14 Date Feb 3 1938
 Name of Deceased Marie Kathryn O'Keefe (Single - Married - Divorced) W. (What Race) Igh Pa (Where Born)
 Residence of Deceased 1607 Blvd Allie Husband - Wife - Widow - }
 Charge to: or of }

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Infant
 Name of Employer
 Date of Death Feb 3 - 1938 (Date) (Hour)
 Date of Birth Dec 11 1934 (Date) (Hour)
 Age 3 1 22 (Years) (Months) (Days)
 Date of Funeral Feb 5 - 38 9 (Date) (Day of Week) (Hour) M.
 Services at Epiphany
 Clergyman [Signature]
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Children Hosp
 Cause of Death Bronch pneumonia
 Contributory Causes Myocardial Encephalitis
 Certifying Physician [Signature] (or Coroner)
 His Address
 Name of Father Thomas O'Keefe
 His Birthplace Bump, Pa
 Maiden Name of Mother Marie Scott
 Her Birthplace Igh Pa
 Motor } Remains to
 Ship }

Complete Funeral	\$	
Casket		60 00
Metallic Lining		
Outside Box	(State Kind)	10 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	10 00
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body		
Suit or Dress, \$.....	Hose, \$.....	
Underwear, \$.....	Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	2 00
Door Badge, \$.....	Gloves, \$.....	
Hearse, \$.....	Ambulance, \$.....	14 00
Limousines to Cemetery	@ \$.....	
Autos to R. R. Station	@ \$.....	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No. _____	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	6 30
Flowers, \$.....	(Names of Newspapers)	8 00
Rental of Palms, \$.....		12 00
Rental of Tent, \$.....	of Temporary Tomb, \$.....	
Lowering Device, \$.....	Cremation, \$.....	
Opening of Grave or Tomb		10 00
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges		
Clergyman, \$.....	Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$.....	Aero-plane Service, \$.....	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 132 30
Less		\$ 75 00
Balance <u>cash</u>		\$ 57 30
Entered into Ledger, page <u>Be</u> or below <u>Be</u>		

Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

O'KEEFE—On Thursday, Feb. 3, 1938, Marie Kathryn, daughter of Thomas and Marie Scott O'Keefe, in her fourth year. Funeral from the family home, 1607 Blvd. of Allie, on Saturday morning at 8:30. Angel mass at the Church of the Epiphany at 9 o'clock.

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. 1079 Yearly No. 15 Date Feb 4 1938
 Name of Deceased Martin O'Roole (Single - Married - Divorced) (What Race) W (Where Born) Ireland
 Residence of Deceased 1121 Bluff St. Husband—Wife—Widow—W or..... of Mary

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer Phumers Iron
 Date of Death Feb 4 - 38 3:20 A (Date) (Hour)
 Date of Birth Nov 11 1873 (Date) (Month) (Day)
 Age 64 (Years) 2 (Months) 23 (Days)
 Date of Funeral 2 - 7 - 38 10 A M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Post-operative pneumonia
 Contributory Causes Arteriosclerosis of sigmoid
 Certifying Physician J. D. Donnell (or Coroner)
 His Address Mercy Hosp
 Name of Father James O'Roole
 His Birthplace Ireland
 Maiden Name of Mother Mary O'Roole
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }

Complete Funeral.....	\$ 500
Casket.....	350 00
Metallic Lining.....	25 00
Outside Box..... (State Kind)	25 00
Burial Vault..... (State Kind)	25 00
Embalming Body..... with Fluid	25 00
Barber, \$..... Hair Dressing, \$	25 00
Dressing Body.....	25 00
Suit or Dress, \$..... (State Color) Hose, \$	3 50
Underwear, \$..... Slippers, \$	3 00
Folding Chairs, \$..... Tarpaulin, \$	3 00
Candelabrum, \$..... Candles, \$	3 00
Door Badge, \$..... Gloves, \$	3 00
Hearse, \$..... Ambulance, \$	14 00
Limousines to Cemetery..... @ \$	14 00
Autos to R. R. Station..... @ \$	14 00
Getting Remains from.....	14 00
Taking Remains to.....	14 00
Delivering Box to.....	14 00
Flowers to.....	14 00
Removal Charges..... <u>Blanket</u>	10 00
Procuring Burial Permit..... (State Number and District)	10 00
_____ Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot..... <u>Cem. chg.</u>	33 00
Death Notices in..... Newspapers	18 72
..... (Names of Newspapers) <u>Nov 13</u>	10 00
Flowers, \$..... Rental of Palms, \$	15 00
Rental of Tent, \$..... of Temporary Tomb, \$	
Lowering Device, \$..... Cremation, \$	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$	
Outlay for Shipping Charges.....	25 00
Clergyman, \$..... Singers, \$..... Organist, \$	25 00
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town..... <u>EDWARD MCAVOY</u> Undertaker's Charges	
Total Footing of Bill..... <u>Feb 23 1938</u>	\$ 535 22
Less.....	
Balance.....	
Entered into Ledger, page..... or below.	

O'TOOLE—On Friday, Feb. 4, 1938, Mar-
 tin, beloved husband of Mary Gannon,
 father of Mrs. Mary Murphy, Thomas
 J., Sister M. Baptista, Martin J. and
 Ann; brother of Miss Della Conroy. Fu-
 neral from his late residence, 1121 Bluff
 St., on Monday morning at 9:30. Solemn
 requiem high mass at the Church of the
 Epiphany at 10 o'clock. Friends invited.

Diagram of Lot or Vault

Lot No. 514
 Grave No.....
 Section No.....
 Owner Martin O'Roole

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. 1076 Yearly No. 16 Date Feb 6 1938
 Name of Deceased Jomnick Chance W. San de mare Italy
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 822 Adelaide St Husband—Wife—Widow—Alphonso
 Charge to:

Address

Order given by

How Secured

Occupation of Deceased Stone Mason

Name of Employer Stone Quarry

Date of Death Feb 6 - 38 10 30 P
(Date) (Hour)

Date of Birth May 3 1874
(Date)

Age 63 10 25
(Years) (Months) (Days)

Date of Funeral Feb 10 - 38 9 M.
(Date) (Day of Week) (Hour)

Services at St Richards

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State

Place of Death Montefiore Hosp

Cause of Death Silicosis

Contributory Causes Congestive Heart Failure

Certifying Physician J. H. Franklin
(or Coroner)

His Address Montefiore Hosp

Name of Father John Chance

His Birthplace San de mare Italy

Maiden Name of Mother

Her Birthplace Italy

Motor } Remains to

Ship }

Size and Style of Casket

Manufactured by

Interment at Calvary { Cemetery
 Crematory

Lot No.

Grave No.

Section No.

Owner 716 Adelaide St. Nick Chance

Complete Funeral	\$ 300
Casket	195 00
Metallic Lining	
Outside Box	15 00
Burial Vault	
Embalming Body	25 00
Barber, \$	
Dressing Body	
Suit or Dress, \$	
Underwear, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Badge, \$	
Hearse, \$	
Limousines to Cemetery	
Autos to R. R. Station	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	
Rental of Tent, \$	
Lowering Device, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad or Motor Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 314 57
Less	
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. 1071 Yearly No. 17 Date Feb 8 1938

Name of Deceased Dr. W. J. Probst (Single - Married - Divorced) W. Wife (What Race) Hartford, Wis (Where Born)

Residence of Deceased Ripley, Mo. Husband—Wife—Widow—
or of } Widow

Charge to Funeral

Address Magdalen

Order given by

How Secured

Occupation of Deceased Medical Doctor

Name of Employer

Date of Death Feb 8 - 38 12¹⁶ A.

Date of Birth July 5 - 1885

Age 52 7 3

Date of Funeral Feb 11 - 38 2 30 M.

Services at St. Johns Lutheran Church

Clergyman

His Address

Religion of the Deceased Prot.

Resided in the State

Place of Death Mary Hope

Cause of Death arteriosclerosis Heart Disease

Contributory Cause Coronary occlusion

Certifying Physician J. E. Chaner (or Coroner)

His Address Mary Hope

Name of Father Christian Probst

His Birthplace Hartford Wis Germany

Maiden Name of Mother Barbara Forster

Her Birthplace Wis Germany

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Sumnerwood { Cemetery
Crematory

Lot No.
Grave No.
Section No.
Owner



Complete Funeral	\$	1000
Casket		685 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	125 00
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	7 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	1 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	10 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Blanket</u>	15 00
Delivering Box to		
Flowers to	<u>Removal to Cem</u>	15 00
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		25
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers) <u>St. Johns</u>	40 00
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb	<u>Comm chg</u>	53 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio } Charges		
Cash Advanced		
Out of town Underwriter's Charges		
Total Footing of Bill		\$ 1021 00
Less		
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

RECORD OF FUNERAL

Total No. 1082 Yearly No. 18 Date Feb 23 1938
 Name of Deceased Richard Mellick (Single - Married - Divorced) Syria (What Race) (Where Born)
 Residence of Deceased 1808 Webster Enoch Husband - Wife - Widow - }
 or of }

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Bus Washer
 Name of Employer Pullman Co
 Date of Death 2-23-38 (Date) (Hour)
 Date of Birth Nov 1884 (Date) (Hour)
 Age 53 (Years) (Months) (Days)
 Date of Funeral 2-25-38 (Date) (Day of Week) (Hour) M.
 Services at St Georges
 Clergyman
 His Address
 Religion of the Deceased Cath. Orthodox
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1808 Webster Enoch
 Cause of Death Hypertensive Heart Disease
 Contributory Causes
 Certifying Physician Albert Goldman (or Coroner)
 His Address Bedford ave 1710
 Name of Father Mellick
 His Birthplace Syria
 Maiden Name of Mother Abda
 Her Birthplace Syria
 Motor Ship } Remains to
 Size and Style of Casket Rich Mellick (Low) (State Color)
 Manufactured by
 Interment at Muenzeville { Cemetery Crematory
 Lot No. Row 12
 Grave No. 6
 Section No.
 Owner

Complete Funeral	\$	
Casket		175 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	15 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Badge, \$	Gloves, \$	3
Hearse, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from <u>Don Bodge</u>		10 00
Taking Remains to		
Delivering Box to <u>Blanchet</u>		8 00
Flowers to		25 00
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot <u>Don Bodge</u>		41 00
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$ 354 00
Less		
Balance		
Entered into Ledger, page or below.		

Handwritten: Paid in full
 Mar 11 1938
 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
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1083 Yearly No. 19 Date 2-23-38 1938

Name of Deceased Julia Frances Webber (Single - Married - Divorced) W. Pgh Pa (What Race) (Where Born)

Residence of Deceased 909 Bluff St Husband—Wife—Widow— or of

Charge to Catherine A Webber
Address 909 Bluff St

Order given by (or informant)
How Secured

Occupation of Deceased at home

Name of Employer
Date of Death Feb 23-38 (Date) (Hour)

Date of Birth June 7 1906 (Date) (Hour)
Age 31 8 16 (Years) (Months) (Days)

Date of Funeral Feb 28-38 9 M (Date) (Day of Week) (Hour)

Services at Epiphany
Clergyman

His Address
Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 909 Bluff St

Cause of Death Rheumatoid Heart Disease
Contributory causes Atherosclerosis

Certifying Physician F. A. Hegarty (or Coroner)

His Address Medical Arts Bldg

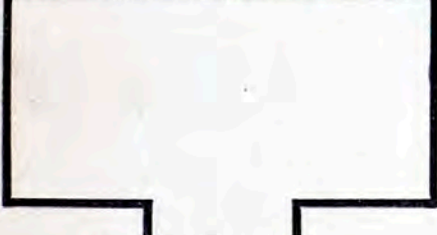
Name of Father John H Webber
His Birthplace Ohio

Maiden Name of Mother Jane Fozgel
Her Birthplace Pgh Pa

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by
Interment at St Mary's Cemetery



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 440 00
Casket	290 00
Metallic Lining	
Outside Box (State Kind)	20 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color)	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	3 00
Candles, \$	
Door Badge, \$	3 00
Gloves, \$	
Hearse, \$	14 00
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers J. Beech	15 00
Removal Charges	
Procuring Burial Permit (State Number and District)	20 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	50
Pall Bearer Service	
Personal Service	25 00
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	31 00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
April 4, 1938	
Total Footing of Bill	\$ 465 64
Less	\$
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

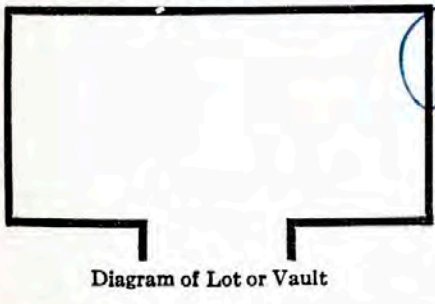
RECORD OF FUNERAL

Total No. 1084 Yearly No. 20 Date Feb 27 1938
 Name of Deceased Lorine Barney Beegs Pgh
(Single Married Divorced) (What Race) (Where Born)

Residence of Deceased 2206 5th Ave
 Charge to Charles F. Barney
 Address Mrs. Gertrude Kane
 Order given by _____
(or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Date of Death Feb 27-38
(Date) (Hour)
 Date of Birth May 19 1887
(Years) (Months) (Days)
 Age 50 9 8
 Date of Funeral Mar-2-1938 9 A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____
(or U. S. or City or County) (Years) (Months)
 Place of Death Diabetes Mellitus
 Cause of Death West Penn Hosp
 Contributory Causes _____
 Certifying Physician W. H. Clark
(or Coroner)
 His Address West Penn Hosp
 Name of Father Ed. H. Barney
 His Birthplace Ireland
 Maiden Name of Mother Anne Lughly
 Her Birthplace Pgh Pa
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____
(State Color)
 Manufactured by _____
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$	274	45
Casket		125	00
Metallic Lining			
Outside Box	(State Kind)	15	00
Burial Vault	(State Kind)		
Embalming Body	with Fluid	25	00
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$	12	00
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3	00
Door Badge, \$	Gloves, \$	3	00
Hearse, \$	Ambulance, \$	14	00
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Delivering Box to			
Flowers to			
Removal Charges			
Procuring Burial Permit	(State Number and District)	2	00
___ Certif. Copies of Death Certificate No.	(State Physician's or Coroner's)		
Pall Bearer Service		8	00
Personal Service	<u>Blanket</u>	3	00
Use of Chapel	<u>Flowers</u>		
Outlay for Lot		53	00
Death Notices in	Newspapers	6	93
Flowers, \$	Rental of Palms, \$	15	00
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	10	00
Organist, \$			
Railroad } Tickets, \$	Aero- plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
April 5, 1938 Paid to M		294	93
Total Footing of Bill	\$		
Less	\$		
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.

RECORD OF FUNERAL

Total No. 1083 Yearly No. 21 Date Feb 26 1935
 Name of Deceased Charles R. Shook (Single Married Divorced) W. (What Race) W. (Where Born) Pgh. Pa.
 Residence of Deceased 725 Florida ave Mt Lebanon
 Charge to Mrs. Charles R. Shook or Jennie of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Salesman
 Name of Employer.....
 Date of Death Feb 26-35 (Date) (Hour)
 Date of Birth Mar 17 1887 (Date) (Hour)
 Age 50 11 9 (Years) (Months) (Days)
 Date of Funeral Mar 1 3P. (Date) (Day of Week) (Hour)
 Services at Squad's Funeral Home
 Clergyman Rev M. Cowd
 His Address Washington Rd Mt Leb
 Religion of the Deceased Prot.
 Resided in the State Pgh. (of U. S. or City or County) (Years) (Months)
 Place of Death 725 Florida ave Mt Leb
 Cause of Death Coronary Thrombosis
 Contributory Causes.....
 Certifying Physician P. J. Henney (or Coroner)
 His Address Magway
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Mt Lebanon { Cemetery Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$
Casket	405 00
Metallic Lining	
Outside Box	
Burial Vault	100 00
Embalming Body with Fluid	25 00
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	6 00
Gloves, \$	
Hearse, \$	14 00
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service <u>ser chg</u>	20 00
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	15 84
Flowers, \$	
Rental of Palms, \$	20 00
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb <u>dem chg</u>	35 00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 640 84
Less	\$
Balance	\$

EDW. J. MCAVOY
 Funeral Home

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. 7084 Yearly No. 22 Date Feb 28 1938
 Name of Deceased Elizabeth Minks (Single - Married - Divorced) W. (What Race) Alsatian (Where Born)
 Residence of Deceased 23 Shingis St. Husband—Wife—Widow— } George
 Charge to Estate of or of }
 Address Elizabeth Minks
 Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife Retired
 Name of Employer
 Date of Death Feb 28 1938 (Date) (Hour)
 Date of Birth 1849 (Year) (Months) (Days)
 Age 89 (Years) (Months) (Days)
 Date of Funeral Mar 4-38 10-30 M. (Date) (Day of Week) (Hour)
 Services at 23 Shingis St.
 Clergyman Prof. Tab. Oakland
 His Address Prof. Tab. Oakland
 Religion of the Deceased Prot.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mayview Hosp.
 Cause of Death Pneumonia
 Contributory Causes
 Certifying Physician (or Coroner)
 His Address
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }
 Size and Style of Casket MW England - Fidelity Trust (State Color)
 Manufactured by Gladys Postlewaite
 Interment at Hillaring Cem. Cemetery Crematory
 Lot No. 59
 Grave No.
 Section No. C
 Owner Eliz Minks

Complete Funeral	\$	
Casket		285 00
Metallic Lining		
Outside Box (State Kind)		
Burial Vault (State Kind)		75 00
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ Hose, \$		16 00
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		20 00
Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		40 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		20 00
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		8 40
Flowers, \$ Rental of Palms, \$		10 00
Rental of Tent, \$ of Temporary Tomb, \$		20 00
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		35 00
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- plane Service, \$		
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	557 40
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

EDW. J. MCAVOY
 Undertaker

To Funeral Charges	Total, \$			
		June 2, 1938	Cash Ch.	\$ 257 40
		Jan 1, 1938	Ch.	300

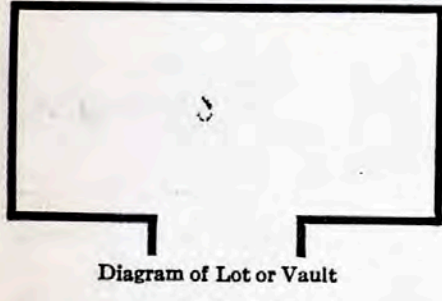
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1087 Yearly No. 23 Date Feb 24 1938
 Name of Deceased Elias Marpes (Single — Married — Divorced) W. Syrian (What Race) (Where Born)
 Residence of Deceased 1104 Webster Husband—Wife—Widow—
 Charge to: Estate of Elias Marpes or of

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Barber
 Name of Employer
 Date of Death Feb 24 9 1938 (Date) (Hour)
 Date of Birth
 Age 45 (Years) (Months) (Days)
 Date of Funeral Mar 1 9 A.M. (Date) (Day of Week) (Hour)
 Services at: St. Ann's
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Miami
 Cause of Death Heart Disease
 Contributory Causes
 Certifying Physician (or Coroner)
 His Address
 Name of Father Richard Marpes
 His Birthplace Syria
 Maiden Name of Mother Lena Ashmun
 Her Birthplace Syria

Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery }
 { Crematory }
 Lot No.
 Grave No.
 Section No.
 Owner



Complete Funeral	\$	
Casket		375 00
Metallic Lining		
Outside Box (State Kind)		25 00
Burial Vault (State Kind)		
Embalming Body with Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		3 00
Candles, \$		
Door Badge, \$		3 00
Gloves, \$		
Hearse, \$		14 00
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Blauvelt</u>		12 00
Delivering Box to		
Flowers to		20 00
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>Door B</u> Newspapers (Names of Newspapers)		10 00
Flowers, \$		15 00
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		23 00
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		5 20
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	495 20
Less	\$	
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. 1088 Yearly No. 24

Date ~~Mar 4~~ Mar 4, 1938

Name of Deceased John M. Howley
(Single — Married — Divorced)

W. (What Race) Pgh Pa (Where Born)

Residence of Deceased 552 Neville St

Husband—Wife—Widow—
 or of }

Charge to Frances Schauer

Address

Order given by

How Secured

Occupation of Deceased Construction

Name of Employer W. P. A.

Date of Death Mar 4 - 38

Date of Birth Feb 13 1874

Age 64 0 21

Date of Funeral Mar 8 - 38 9 30 A.M.

Services at St Pauls Cath.

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State

Place of Death 552 Neville

Cause of Death Coronary

Contributory Causes Thrombosis

Certifying Physician W. W. Martin

His Address Penn + main

Name of Father Martin Howley

His Birthplace Ireland

Maiden Name of Mother Beulah Moran

Her Birthplace Ireland

Motor } Remains to

Size and Style of Casket

Manufactured by

Interment at St Mary's { Cemetery
 Crematory

Lot No.

Grave No.

Section No.

Owner

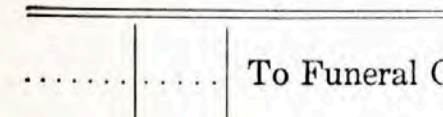


Diagram of Lot or Vault

Complete Funeral	\$	
Casket		165 00
Metallic Lining		
Outside Box	<small>(State Kind)</small>	15 00
Burial Vault	<small>(State Kind)</small>	
Embalming Body	<small>(State Kind)</small>	
Barber, \$	with Fluid	25 00
Dressing Body		
Suit or Dress, \$	<small>(State Color)</small>	Hose, \$
Underwear, \$		Slippers, \$
Folding Chairs, \$		Tarpaulin, \$
Candelabrum, \$		Candles, \$
Door Badge, \$		Gloves, \$
Hearse, \$		Ambulance, \$
Limousines to Cemetery	2 @ \$	21 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges	<u>Blanket</u>	8 00
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No.	<small>(State Number and District)</small>	
_____ Personal Service	<small>(State Physician's or Coroner's)</small>	20 00
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	15 84
Flowers, \$	<small>(Names of Newspapers)</small>	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	304 84
Less	\$	200 00
Balance	\$	104 84
Entered into Ledger, page or below.		

To Funeral Charges. Total, \$		1939	\$ 25 00
		By Cash	
		EDW. J. MCAVOY	
		PAID	
		July 2, 1944	
		Per <u>E. J. M.</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.

RECORD OF FUNERAL

Total No. 1089 Yearly No. 25 Date Mar 6 1938

Name of Deceased John Briglia (Single - Married - Divorced) W. (What Race) Italy (Where Born)

Residence of Deceased 1313 Locust Street Husband - Wife - Widow - Maria Rose Vita

Charge to: ~~Rose Maria Vita~~ Address: 1313 Locust St

Order given by: (or informant) How Secured: Retired

Occupation of Deceased: Retired Name of Employer:

Date of Death: Mar 6 1938 (Date) (Hour)

Date of Birth: Age: 71 (Years) (Months) (Days)

Date of Funeral: Mar 10 1938 (Date) (Day of Week) (Hour) M.

Services at: St. Peters Clergyman:

His Address: Religion of the Deceased: Cath

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Mercy Hosp. Cause of Death: Acute Ill

Contributory Causes: Certifying Physician: Dr. Shaw

His Address: Mercy Hosp. Name of Father: John Briglia

His Birthplace: Italy Maiden Name of Mother:

Her Birthplace: Italy Her Birthplace: Italy

Motor Ship } Remains to: Size and Style of Casket: Theresa Caputo (State Color)

Manufactured by: 1313 Locust St Interment at: St. Mary's Cemetery Crematory

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

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

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

Signed: Witness: Signed:

Entered into Ledger page: or below.

Table with 2 columns: Description and Amount. Includes items like Complete Funeral (\$345), Casket (\$250.00), Metallic Lining, Outside Box (\$20.00), Burial Vault, Embalming Body with Fluid (\$25.00), Barber, Hair Dressing, Dressing Body, Suit or Dress, Underwear, Slippers, Folding Chairs, Tarpaulin, Candelabrum, Candles (\$3.00), Door Badge, Gloves (\$3.00), Hearse, Ambulance (\$14.00), Limousines to Cemetery (\$2.00), Autos to R.R. Station, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates, Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in Newspapers (\$15.84), Flowers, Rental of Palms (\$15.00), Rental of Tent, Temporary Tomb, Lowering Device, Cremation, Opening of Grave or Tomb, Lining Grave, Matting, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Aero-plane Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges. Total Footing of Bill: \$386.84.

Table with 2 columns: 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. 1080 Yearly No. 26 Date May 9 1938
 Name of Deceased Baby Lucero (Single - Married - Divorced) W. (What Race) Pgh Pa (Where Born)
 Residence of Deceased 94 Dawn St. Husband—Wife—Widow—
 Charge to Charles Lucero or..... of }

Address 94 Dawn
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased.....
 Name of Employer.....
 Date of Death Still born (Date) (Hour)
 Date of Birth..... (Years) (Months) (Days)
 Age.....
 Date of Funeral May 14 - 38 (Date) (Day of Week) (Hour) M.
 Services at Home
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Allegheny General Hosp
 Cause of Death Infant Mortality
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address Allegheny General Hosp
 Name of Father Charles Lucero
 His Birthplace Pgh Pa
 Maiden Name of Mother.....
 Her Birthplace Pgh Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery }
 Crematory }
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral.....	\$	
Casket.....		16 00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		
Burial Vault..... (State Kind)		
Embalming Body..... with..... Fluid		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color) Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse, \$..... Ambulance, \$.....		
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		10 00
Death Notices in..... Newspapers..... (Names of Newspapers)		
Flowers, \$..... Rental of Palms, \$.....		
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....		
Telegr. Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of Bill.....		\$ 20 00
Less.....		
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. ⁹¹ 10 ~~89~~ Yearly No. 27 Date Mar 12 1938

Name of Deceased Edward M. Grath (Single Married - Divorced) Husband—Wife—Widow—
Dolores Dief of

Residence of Deceased 2309 Olive

Charge to

Address

Order given by

How Secured

Occupation of Deceased Driver

Name of Employer Newspaper

Date of Death Mar 12 1938 (Date) (Hour)

Date of Birth Oct 7 1907 (Date) (Hour)

Age 30 5 5 (Years) (Months) (Days)

Date of Funeral Mar 16 - 1938 9 4 M. (Date) (Day of Week) (Hour)

Services at St. Camer

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sympathic Shop

Cause of Death Chronic Myocarditis

Contributory Causes Natural Stenosis

Certifying Physician W. S. Nicholson (or Coroner)

His Address 1612 Dwy

Name of Father Patrick J. McGrath

His Birthplace Ireland

Maiden Name of Mother Mrs. Fox

Her Birthplace Ireland

Motor } Remains to
Ship } Size and Style of Casket

Manufactured by

Interment at Calvary { Cemetery Crematory

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$ 450
Casket	285
Metallic Lining	
Outside Box	20
Burial Vault	
Embalming Body	25
Barber, \$.....	Hair Dressing, \$.....
Dressing Body	
Suit or Dress, \$.....	Hose, \$.....
Underwear, \$.....	Slippers, \$.....
Folding Chairs, \$.....	Tarpaulin, \$.....
Candelabrum, \$.....	Candles, \$.....
Door Badge, \$.....	Gloves, \$.....
Hearse, \$.....	Ambulance, \$.....
Limousines to Cemetery	@ \$.....
Autos to R. R. Station	@ \$.....
Getting Remains from	
Taking Remains to <u>Door</u>	12
Delivering Box to	
Flowers to	15
Removal Charges	
Procuring Burial Permit <u>Blanket</u>	8
____Certif. Copies of Death Certificates No. _____	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	71.60
Death Notices in <u>2</u> Newspapers <u>6</u>	11.08
Flowers, \$.....	Rental of Palms, \$.....
Rental of Tent, \$.....	of Temporary Tomb, \$.....
Lowering Device, \$.....	Cremation, \$.....
Opening of Grave or Tomb	
Lining Grave, \$.....	Matting, \$.....
Outlay for Shipping Charges	
Clergyman, \$.....	Singers, \$..... Organist, \$.....
Railroad } Tickets, \$.....	Aero- plane Service, \$.....
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 482.08
Less	\$
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

RECORD OF FUNERAL

Total No. 1092 Yearly No. 28 Date May 22 1938

Name of Deceased Michael Jaibur (Jaibour) (Single—Married—Divorced) W (What Race) Syrian (Where Born)

Residence of Deceased 1823 Trimble Ave Husband—Wife—Widow—
or..... of Jennie Abraham

Charge to Phillip Jaibur
Address.....

Order given by.....
(or informant)

How Secured.....
Occupation of Deceased Hickster

Name of Employer.....
Date of Death May 22 1938 (Date) (Hour)

Date of Birth Dec 23 1897 (Date) (Hour)

Age 40 (Years) (Months) (Days)

Date of Funeral May 24 1938 (Date) (Day of Week) (Hour) M.

Services at St Annus
Clergyman Fr Basil

His Address St Annus
Religion of the Deceased Catholic

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death 1823 Trimble Ave Port View
Cause of Death Valvular Heart Disease

Contributory Causes.....
Certifying Physician.....
(or Coroner)

His Address Jaibour Jaibur

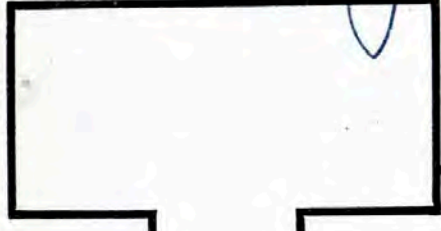
Name of Father Jaibour Jaibur
His Birthplace Syria

Maiden Name of Mother Marian Adisey
Her Birthplace Syria

Motor Ship } Remains to.....
Size and Style of Casket.....
(State Color)

Manufactured by.....

Interment at Calvary { Cemetery
Crematory



Plot No. 6

Grave No. 1

Section No. 14

Owner.....

Complete Funeral	\$	390
Casket		260 00
Metallic Lining	(State Kind)	20 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Badge, \$	Gloves, \$	3
Hearse, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from	<u>Dore Bodge</u>	10 00
Taking Remains to	<u>Blair</u>	8 00
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel	<u>Tripto Port View Pa</u>	10 00
Outlay for Lot		
Death Notices in	X Newspapers X	58 00
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$ Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	426 00
Less.....	\$	
Balance	\$	
Entered into Ledger, page.....	or below.	

April 9 1938
Paid
JMA

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. 1093 Yearly No. 29 Date Mar 22 1938
 Name of Deceased Infant Yumble (Single - Married - Divorced) W. Pgh Pa (What Race) (Where Born)
 Residence of Deceased 206 Stockton Ave W. Husband - Wife - Widow -
 Charge to or of

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Stillborn
 Name of Employer
 Date of Death 3-22-38 (Date) (Hour)
 Date of Birth Stillborn 3-22-38 (Date) (Hour)
 Age (Years) (Months) (Days)
 Date of Funeral Mar 23-38 (Date) (Day of Week) (Hour) M.
 Services at none
 Clergyman
 His Address
 Religion of the Deceased Prot
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mary St
 Cause of Death erythroblastosis
 Contributory Causes
 Certifying Physician Dr. Gulis (or Coroner)
 His Address Mary St
 Name of Father William Yumble
 His Birthplace W. Va
 Maiden Name of Mother Mrs. M. Cornick
 Her Birthplace Denva
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$	
Casket		<u>10</u>
Metallic Lining		
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	with <u>Fluid</u>	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
<small>(State Color)</small>		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates	<small>(State Number and District) (State Physician's or Coroner's)</small>	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
	<small>(Names of Newspapers)</small>	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane	Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	<u>10</u>
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Manufactured by
 Interment at Minersville { Cemetery }
 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
 Witness Signed

RECORD OF FUNERAL

Total No. 1094 Yearly No. 30 Date April 5 1938

Name of Deceased Grace Boehler
(Single - Married - Divorced) (What Race) (Where Born)
Residence of Deceased 4 Stevenson Husband—Wife—Widow— Robert
or of

Charge to:
Address:
Order given by:
How Secured:
Occupation of Deceased Books
Name of Employer Restaurant
Date of Death April 5 - 38
Date of Birth Feb 5 - 1871
Age 67 2 0
Date of Funeral April 8 - 38 M.
Services at Chapel

Clergyman:
His Address:
Religion of the Deceased Prot
Resided in the State:
Place of Death 4 Stevenson
Cause of Death Cerebral Hemorrhage
Contributory Causes:
Certifying Physician J. Henry
His Address Myraue
Name of Father Myraue
His Birthplace Ohio
Maiden Name of Mother Sarah M. Keyser
Her Birthplace Ohio
Motor Ship } Remains to:
Size and Style of Casket:

Manufactured by:
Interment at New Philadelphia Ohio { Cemetery
Crematory
Lot No.
Grave No.
Section No.
Owner:



Diagram of Lot or Vault

Complete Funeral	\$ 2.25 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	25
Barber, \$.	
Hair Dressing, \$.	
Dressing Body	
Suit or Dress, \$.	18 00
Hose, \$.	
Underwear, \$.	
Slippers, \$.	
Folding Chairs, \$.	
Tarpaulin, \$.	
Candelabrum, \$.	
Candles, \$.	
Door Badge, \$.	3
Gloves, \$.	
Hearse, \$.	40 00
Ambulance, \$.	
Limousines to Cemetery @ \$.	40 00
Autos to R. R. Station @ \$.	
Getting Remains from	
Taking Remains to <u>Blanket</u>	8 00
Delivering Box to	
Flowers	10 00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Call Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	20 00
Death Notices in <u>2</u> Newspapers	7 92
Flowers, \$.	
Rental of Palms, \$.	15 00
Rental of Tent, \$.	
of Temporary Tomb, \$.	
Lowering Device, \$.	
Cremation, \$.	
Opening of Grave or Tomb	
Lining Grave, \$.	
Matting, \$.	
Outlay for Shipping Charges	
Clergyman, \$.	
Singers, \$.	
Organist, \$.	10 00
Railroad or Motor } Tickets, \$.	
Aero-plane Service, \$.	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 426 92
Less	
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. 10 93 ⁵ Yearly No. 31 Date April 9 1938
 Name of Deceased Mary Oliver (Single—Married—Divorced) W. W. C. Pa (What Race) (Where Born)
 Residence of Deceased St Marys convent Husband—Wife—Widow—
 Charge to Old Age Assistance Fund or of }

Address.....
 Order given by.....
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death April 9 - 38 (Date) (Hour)
 Date of Birth Oct 17 79 (Date) (Hour)
 Age 79 (Years) (Months) (Days)
 Date of Funeral April 11 - 38 (Date) (Day of Week) (Hour) M.
 Services at St Marys
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Carcinoma of Liver
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address Mercy Hosp
 Name of Father Ante
 His Birthplace Germany
 Maiden Name of Mother McCabe
 Her Birthplace England
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St Marys { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....
 Diagram of Lot or Vault St Marys

Complete Funeral.....	\$	
Casket.....		60.00
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		
Burial Vault..... (State Kind)		
Embalming Body..... with..... Fluid		15.00
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color)		10.00
Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		15.00
Hearse, \$..... Ambulance, \$.....		
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
_____ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		
Death Notices in..... Newspapers..... (Names of Newspapers)		
Flowers, \$..... Rental of Palms, \$.....		
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of.....	\$	600.00
Less.....	\$	
Balance.....	\$	
Entered into Ledger page <u>21</u> 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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC ASSISTANCE
ALLEGHENY COUNTY

BOARD OF ASSISTANCE

House Building, 4 Smithfield Street
Pittsburgh, Penna.

March 3, 1939

Re: Mary Oliver
Family Name
Mary Oliver
Name of Deceased
700 Webster Ave., Pittsburgh
Address

Mr. Edward J. McAvoy
1700 Forbes Street
Pittsburgh, Penna.

Dear Mr. McAvoy:

In response to your request for payment of burial expenses on the above deceased, please be advised that preliminary investigation indicates the eligibility of the deceased for burial assistance from the State Department of Public Assistance under the Public Assistance Law. The final acceptance of this responsibility rests solely with the State Department of Public Assistance. The amount of such responsibility will be determined by the result of further investigation of possible resources legally applicable to burial expenses in this case. Such amount will consist of the difference between the total cost of burial, in this case not to exceed \$ 100.00, and the above mentioned available resources.

The undertaker is required to make affidavit to the fact that the total cost of burial did not exceed the agreed upon figures. Four copies of DPA Form 121, "Certification of Undertaker", are herewith enclosed. All must be completely filled out, the original copy must be notarized and all copies must bear the original signature of the undertaker. All four copies must then be returned to this office accompanied by four copies of a completely itemized funeral bill.

If the family has no burial plot and grave space cannot be secured through friends, relatives, church, fraternal or other sources, or if it is necessary to transport the body to a place of burial at an unusual distance from place of death, additional expenditure may be authorized, all of which, including the charges for opening and closing of grave, must not total, in this case, over \$ 0. These additional charges must be included in the undertaker's bill.

On receipt of the above documents properly executed, same will be certified to the State Department of Public Assistance with request for payment.

Yours very truly,

A. P. L. Turner
Assistant Executive Director

APLT:MT

Encls.

AC Form 102

RECORD OF FUNERAL

Total No. 1094 Yearly No. 32 Date April 12 1938
 Name of Deceased Mela Fengel (Single - Married - Divorced) (What Race) W (Where Born) Germany
 Residence of Deceased 50 Congress St Husband—Wife—Widow— }
 or of }

Charge to:
 Address:
 Order given by: (or informant)
 How Secured:
 Occupation of Deceased Supt
 Name of Employer Institution
 Date of Death April 12 - 38 (Date) (Hour)
 Date of Birth 2-6-1886 (Date) (Hour)
 Age 52 (Years) 2 (Months) 6 (Days)
 Date of Funeral April 15 (Date) (Day of Week) (Hour) M.
 Services at E. Piphany
 Clergyman:
 His Address:
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Pittsburg Hosp
 Cause of Death Abn. Myocardial Degeneration
 Contributory Causes Tonic Water
 Certifying Physician Loon Spowart (or Coroner)
 His Address Pgh Hosp
 Name of Father Anton Fengel
 His Birthplace Germany
 Maiden Name of Mother Elizabeth Raab
 Her Birthplace Germany
 Motor } Remains to
 Ship }
 Size and Style of Casket: (State Color)
 Manufactured by:
 Interment at Calvary { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner:
 Diagram of Lot or Vault

Complete Funeral	\$	
Casket		250 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		21 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in <u>2</u> Newspapers		9 24
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		31 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	25 00
Organist, \$		
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	
Less	\$	
Balance	\$	401 24
Entered into Ledger, page or below.		

To Funeral Charges..... Total, \$				
			By Cash	
			as final settlement	146 87

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.

RECORD OF FUNERAL

Total No. 1095 Yearly No. 33 Date April 13 1935

Name of Deceased Mary Kramer (Single - Married - Divorced) W (What Race) Pha (Where Born)

Residence of Deceased Libary Pa Husband—Wife—Widow—Andrew

Charge to Andrew or of Andrew

Address Libary Pa

Order given by (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death April 13 - 1935 (Date) (Hour)

Date of Birth 6 (Date) (Hour)

Age 63 (Years) (Months) (Days)

Date of Funeral April 15 - 35 10 AM (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State

Place of Death Her Home at Libary Pa

Cause of Death Broncho Pneumonia

Contributory Causes

Certifying Physician J. Graham (or Coroner)

His Address Libary Pa

Name of Father Martin Kilbrey

His Birthplace Ireland

Maiden Name of Mother Colleen Ryan

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Calvary { Cemetery Crematory



Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	550	00
Casket		4	00
Metallic Lining			
Outside Box	(State Kind)	2	50
Burial Vault	(State Kind)		
Embalming Body	with Fluid	2	50
Barber, \$	Hair Dressing, \$		
Dressing Body		1	85
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		3
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3	00
Door Badge, \$	Gloves, \$	3	00
Hearse, \$	Ambulance, \$	1	60
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from	<u>Door Badge</u>	1	20
Taking Remains to			
Delivering Box to	<u>Blanket</u>	8	00
Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.	(State Number and District)		
Pall Bearer Service	(State Physician's or Coroner's)		
Personal Service			
Use of Chapel			
Outlay for Lot			
Death Notices in	<u>2</u> Newspapers <u>6</u>	17	16
Flowers, \$	(Names of Newspapers)		
Rental of Palms, \$		1	50
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		3	60
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad or Motor Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill		579	66
Less			
Entered into Ledger page <u>172</u> or below.			

EDW. J. MCAVOY
PAID

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

Insurance, \$

Names of Insurance Companies

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

Signed

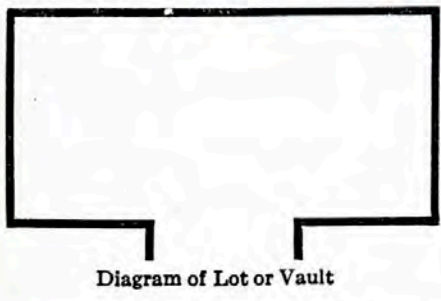
Witness

RECORD OF FUNERAL

Total No. 1096 Yearly No. 34 Date April 18 1938
 Name of Deceased Patricia Donatelli (Single - Married - Divorced)
 Residence of Deceased 5005 Dearborn St. Husband—Wife—Widow—
 Charge to _____ or _____ of _____ (What Race) (Where Born) Pgh Pa

Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Shop
 Name of Employer _____
 Date of Death April 18-38 (Date) (Hour)
 Date of Birth Feb 3 1938 (Date) (Hour)
 Age _____ (Years) _____ (Months) _____ (Days)
 Date of Funeral 4-19-38 (Date) (Day of Week) 4 P.M. (Hour)

Services at _____
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death McGee Shop
 Cause of Death Internal Hydrocephalus
 Contributory Causes _____
 Certifying Physician Dr. M. Clements (or Coroner)
 His Address McGee Shop
 Name of Father Louis Donatelli
 His Birthplace Pgh Pa
 Maiden Name of Mother Rose B. Jennings
 Her Birthplace Poland
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Mt Carmel { Cemetery Crematory



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

Complete Funeral	\$	
Casket		<u>23 00</u>
Metallic Lining		
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body with _____ Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		<u>5 00</u>
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____ (State Number and District)		
_____ (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in _____ Newspapers		
_____ (Names of Newspapers)		
Flowers, \$		
Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$		
Aero-plane } Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	<u>28 00</u>
Less	\$	
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.

STATEMENT

PITTSBURGH, PA., May 13, 1938

IN ACCOUNT WITH

EDWARD J. McAVOY

Funeral Director

1700 FORBES STREET

Mr. Louis Donatelli

5005 Dearborn Street

Pittsburgh, Pa.

GRANT 1000



Funeral of Patricia Donatelli.

Apr. 18, 1938

Casket	23.00
Service	<u>5.00</u>
	28.00

RECORD OF FUNERAL

Total No. 1099 Yearly No. 35 Date 1938

Name of Deceased James Harvey Reese (Single - Married - Divorced) W. (What Race) Irish (Where Born)

Residence of Deceased 905 Bedford Ave Husband - Wife - Widow - }
Charge to Old Age Assistance Fund or of }

Address 905 Bedford

Order given by (or informant)

How Secured
Occupation of Deceased Retired

Name of Employer

Date of Death (Date) (Hour)

Date of Birth (Date) (Hour)

Age 77 (Years) (Months) (Days)

Date of Funeral April 20-38 11 A.M.
Services at Chapel

Clergyman

His Address

Religion of the Deceased Prot.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 905 Bedford Ave

Cause of Death Undetermined

Contributory Causes

Certifying Physician J. Henney (or Coroner)

His Address W. 12th

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Woodlawn { Cemetery
Crematory

Lot No.
Grave No.
Section No.
Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		60 00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	clothing	10 00
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	service Ambulance, \$	15 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		15 00
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		100 00
Less		
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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF WELFARE

MOTHERS' ASSISTANCE FUND OF ALLEGHENY COUNTY
BLIND PENSION
OLD AGE ASSISTANCE

MRS. JOHN W. THOMAS, PRES.
SHARPSBURG, PA.
MRS. HILDA G. HENRICI, VICE-PRES.
CORAOPLIS, PA.
MRS. BLANCHE M. BARR, SEC'Y
PITTSBURGH, PA.
MRS. SUSAN C. FOUSE, TREAS.
PITTSBURGH, PA.
MRS. NELLIE C. WISSER
DRAVOSBURG, PA.
MRS. FRANCES LUTZ
PITTSBURGH, PA.
MRS. MARCUS SPIRO, (HON. PRES.)
PITTSBURGH, PA.

PHONE GRANT 1820
MISS MARGARET C. MILLER
EXECUTIVE SECRETARY

COUNTY OFFICE BUILDING
COR. ROSS AND DIAMOND STS.
PITTSBURGH, PA.

April 18, 1938

Re: James Harvey Reese
905 Bedford Ave.
Pittsburgh, Pa.

Edward J. McAvoy, Funeral Director
1700 Forbes Street
Pittsburgh, Pennsylvania

My dear Mr. McAvoy:

We are enclosing instructions and forms
necessary for payment of funeral expenses of James H. Reese,
Old Age Assistance beneficiary.

Very truly yours,

OLD AGE ASSISTANCE

Edward Kalberer

Edward Kalberer, Visitor

Enc.
MB



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC ASSISTANCE
ALLEGHENY COUNTY

BOARD OF ASSISTANCE
House Building, 4 Smithfield Street
Pittsburgh, Pennsylvania

March 3, 1939

Mr. Edward J. McAvoy
1700 Forbes Street
Pittsburgh, Penna.

Re: James Reese
Family Name
James Reese
Name of Deceased
905 Bedford Ave., Pittsburgh
Address

Dear Mr. McAvoy:

In response to your request for payment of burial expenses on the above deceased, please be advised that preliminary investigation indicates the eligibility of the deceased for burial assistance from the State Department of Public Assistance under the Public Assistance Law. The final acceptance of this responsibility rests solely with the State Department of Public Assistance. The amount of such responsibility will be determined by the result of further investigation of possible resources legally applicable to burial expenses in this case. Such amount will consist of the difference between the total cost of burial, in this case not to exceed \$ 100.00, and the above mentioned available resources.

The undertaker is required to make affidavit to the fact that the total cost of burial did not exceed the agreed upon figures. Four copies of DPA Form 121, "Certification of Undertaker", are herewith enclosed. All must be completely filled out, the original copy must be notarized and all copies must bear the original signature of the undertaker. All four copies must then be returned to this office accompanied by four copies of a completely itemized funeral bill.

If the family has no burial plot and grave space cannot be secured through friends, relatives, church, fraternal or other sources, or if it is necessary to transport the body to a place of burial at an unusual distance from place of death, additional expenditure may be authorized, all of which, including the charges for opening and closing of grave, must not total, in this case, over \$ 0. These additional charges must be included in the undertaker's bill.

On receipt of the above documents properly executed, same will be certified to the State Department of Public Assistance with request for payment.

Yours very truly,

A. P. L. Turner
Assistant Executive Director

APLT:MT
Encls.

RECORD OF FUNERAL

Total No. 1100 ~~1098~~ Yearly No. 36 Date Apr 29 1938
 Name of Deceased Mary Connolly (Single — Married — Divorced) (What Race) W (Where Born) Ireland
 Residence of Deceased 2014 Tustin Husband—Wife—Widow—
 Charge to Mrs Mary Busha or..... of John
 Address 2014 Tustin St
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death Apr 29 (Date) (Hour)
 Date of Birth Dec 24 1885 (Date) (Hour)
 Age 52 4 5 (Years) (Months) (Days)
 Date of Funeral May 3 - 35 9 M. (Date) (Day of Week) (Hour)
 Services at St Agnes
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death Bronchitis (acute nephrit)
 Contributory Causes Chr. Syphilis
 Certifying Physician W A Baker (or Coroner)
 His Address 2125 Olive
 Name of Father John McDonogh
 His Birthplace Ire
 Maiden Name of Mother Mary Ball
 Her Birthplace Ire
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary Cemetery }
 Crematory }
 Row 6
 Grave No. 11
 Section No. 14
 Owner.....

Complete Funeral	\$ 500 00
Casket	340 00
Metallic Lining (State Kind)	20 00
Outside Box (State Kind)	25
Burial Vault (State Kind)	Fluid
Embalming Body with Hair Dressing, \$	25
Dressing Body	Hose, \$
Suit or Dress, \$ (State Color)	18 00
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3
Door Badge, \$ Gloves, \$	3
Hearse, \$ Ambulance, \$	14
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Doubly</u>	10 00
Taking Remains to	
Delivering Box to <u>Blauvelt</u>	8 00
Flowers to	7 00
Removal Charges	
Procuring Burial Permit	
____ Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	53 00
Death Notices in <u>2</u> Newspapers <u>4</u>	9 24
(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW J McAVOY 948	
Total Footing of Bill	\$ 525 24
Less Per.....	
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.

RECORD OF FUNERAL

Total No. 1102 Yearly No. 38 Date May 7 1938

Name of Deceased John Solomon (Single — Married — Divorced) W (What Race) Syria (Where Born)

Residence of Deceased Yorkville & Tiltonville Husband — Ohio — Widow — _____ or _____ of _____

Charge to _____
Address _____

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased _____

Name of Employer _____

Date of Death May 7 - 1938 (Date) _____ (Hour)

Date of Birth _____ (Date) _____ (Hour)

Age 67 (Years) _____ (Months) _____ (Days)

Date of Funeral May 9 - 1938 (Date) 2 P M. (Hour)

Services at St Georges (Date) _____ (Day of Week)

Clergyman _____

His Address _____

Religion of the Deceased Orthodox

Resided in the State _____ (or U. S. or City or County) _____ (Years) _____ (Months)

Place of Death Yorkville Ohio

Cause of Death Coronary Thrombosis

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

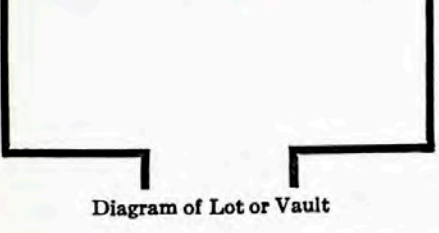
Her Birthplace _____

Motor } Remains to _____
Ship }

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Mansfield Cemetery }
Crematory }



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

Complete Funeral	\$ 200.00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	<u>Suit + Tie - Socks</u>
Suit or Dress, \$	Hose, \$
Underwear, \$	(State Color) Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabra, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	<u>Door Badge</u>
Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates	No. _____ (State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	32.00
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	30.00
<u>O.W. Bradford</u>	
<u>Tiltonville Ohio</u>	
Total Footing of Bill	\$ 282.00
Less	\$
Balance	\$
Entered into Ledger, page	_____ or below.

To Funeral Charges... Total, \$ May 20 By Cash check \$ 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 _____

RECORD OF FUNERAL

Total No. 1103 Yearly No. 39 Date May 10 1938

Name of Deceased Phillip Abraham (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Husband - Wife - Widow - or of

Charge to William Abraham

Address 2815 Midland

Order given by (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer Dry goods

Date of Death May 10 - 38 (Date) (Hour)

Date of Birth June 15 - 1881 (Date) (Hour)

Age 57 6 10 23 (Years) (Months) (Days)

Date of Funeral May 13 - 38 11 M. (Date) (Day of Week) (Hour)

Services at Bethany Presb Bridgeville

Clergyman J. P. Oster

His Address

Religion of the Deceased Prot.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Allegheny Hosp

Cause of Death Carcinoma of Stomach

Contributory Causes

Certifying Physician Charles Bochs (or Coroner)

His Address Allegheny General

Name of Father Abraham Mary

His Birthplace Syria

Maiden Name of Mother Dager

Her Birthplace Syria

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at St George Cemetery Crematory

Lot No. Bridgeville Pa

Grave No.

Section No.

Owner

Table with columns for item description and cost. Includes items like Complete Funeral (\$575.00), Casket (\$295.00), Outside Box, Burial Vault, Embalming Body (2.50), Dressing Body, Suit or Dress, Underwear, Slippers, Folding Chairs, Tarpaulin, Candelabrum, Candles, Door Badge, Gloves, Hearse, Ambulance, Limousines to Cemetery, Autos to R.R. Station, Getting Remains from Dr. Budge (12.00), Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates No., Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in 3 Newspapers 6 (9.90), Flowers, Rental of Palms, Rental of Tent, of Temporary Tomb, Lowering Device, Cremation, Opening of Grave or Tomb, Lining Grave, Matting, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Aero-plane Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges (Service Charges 25.00). Total Footing of Bill \$400.90. Balance \$0.00. Entered into Ledger, page or below.

ABRAHAM—On Tuesday, May 10th, 1938, Phillip, husband of the late Tamira Moses Abraham. Funeral services at the First Presbyterian Church, Washington Ave., Bridgeville, on Friday morning at 11:30 o'clock. Friends invited. Please omit flowers.

Diagram of Lot or Vault

Table with columns for 'To Funeral Charges... Total, \$' and 'By Cash... \$'. Includes a section for 'Insurance, \$' and '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. 1104 Yearly No. 40 Date May 21 1938
 Name of Deceased Walter Powers (Single - Married - Divorced) (What Race) W. (Where Born) Ireland
 Residence of Deceased William Powers Husband—Wife—Widow—
 Charge to 2748 Bergman St. or..... of }
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased WPA Laborer
 Name of Employer.....
 Date of Death May 21 - 38 (Date) (Hour)
 Date of Birth.....
 Age 45 (Years) (Months) (Days)
 Date of Funeral May 29 - 38 (Date) (Day of Week) 9 A: M.
 Services at St. Stephen's
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Brain Abscess (ruptured)
 Contributory Causes Streptococcus II type
 Certifying Physician J. Henry (or Coroner)
 His Address.....
 Name of Father Richard Powers
 His Birthplace Ireland
 Maiden Name of Mother Minnie Donnell
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery }
 Lot No. Single
 Grave No. 17
 Section No. 14
 Row 6

Complete Funeral	\$ 300.00
Casket	150.00
Metallic Lining (State Kind)	20.00
Outside Box (State Kind)	25.00
Burial Vault (State Kind)	
Embalming Body with Fluid	25.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	3.00
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	14.00
Hearse, \$ Ambulance, \$	21.00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	10.00
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	50.00
Death Notices in Newspapers	2.21
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	3.00
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- plane Service, \$	
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 361.21
Less	\$
Balance	\$
Entered into Ledger, page or below.	

EDWIN J. MCAVOY
 PAID
 Balance

To Funeral Charges..... Total, \$		Per By Cash	\$
		May 23, 1938	Paid in full
			E. J. McAvoy

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.

RECORD OF FUNERAL

Total No. 1105 Yearly No. 41 Date May 26 1938

Name of Deceased Albert M. Baster (Single - Married - Divorced) (What Race) W. Kingstown (Where Born) May

Residence of Deceased 1739 Foster St Husband—Wife—Widow—Donatha or..... of

Charge to Donatha Baster Address 74 Zabriskie St

Order given by Jersey Leitz (Informant) How Secured.....

Occupation of Deceased Electric Worker Name of Employer.....

Date of Death May 26-1938 520 (Date) (Hour)

Date of Birth Dec 17-1878 Age 59 (Years) 5 (Months) 1 (Days)

Date of Funeral May 28-1938 2 30 M. (Date) (Day of Week) (Hour)

Services at St. Raphael Clergyman Rev. G. S. Johnson

His Address 5th Ave Methodist Ch. Religion of the Deceased Protestant

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Passavant Hosp Cause of Death Organic Heart Disease

Contributory Causes Dr. Alcoholism Certifying Physician Dr. Harris (or Coroner)

His Address Passavant Hosp Name of Father Wm. Lyons Baster

His Birthplace..... Maiden Name of Mother Catherine Powell

Her Birthplace..... Motor Ship } Remains to.....

Size and Style of Casket..... (State Color)

Manufactured by..... Interment at Missouriville { Cemetery Crematory

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

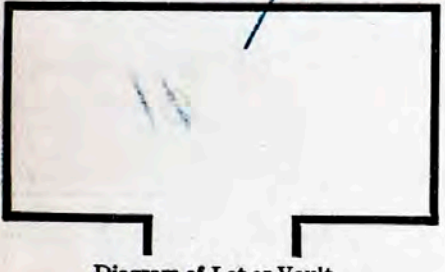


Diagram of Lot or Vault

Complete Funeral	\$	
Casket		146
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3
Hearse, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	10
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		32
Death Notices in	Newspapers	
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Railroad or Motor	Tickets, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	250.00
Less	\$	
Balance	\$	
Entered into Ledger, page	.....	or below.

EDW. J. MCAVOY
Aero-Plane Service

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

Insurance, \$..... Names of Lodges 48 112 439 - 48 112 441
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. 1106 Yearly No. 42 Date June 7 1938
 Name of Deceased Infant Johns
 Residence of Deceased Chicago R.D. #4 Butter Co. (What Race) W. (Where Born) McCue Hosp.
 Charge to: _____

Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Infant
 Name of Employer _____
 Date of Death June 1 - 38
 Date of Birth May 31 - 38 (Hour) _____
 Age 24 hr. (Years) _____ (Months) _____ (Days) _____
 Date of Funeral June 3 - 38 2:30 M. (Date) _____ (Day of Week) _____ (Hour) _____
 Services at _____
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) _____ (Months) _____
 Place of Death McCue Hosp.
 Cause of Death Prematurity
 Contributory Causes _____
 Certifying Physician H. Hoffman? (or Coroner)
 His Address McCue Hosp.
 Name of Father Anthony Dominick Johns
 His Birthplace Pa.
 Maiden Name of Mother Jessamine Gaiden
 Her Birthplace Pa.
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color) _____
 Manufactured by _____
 Interment at Calvary { Cemetery }
 { Crematory }
 Diagram of Lot or Vault
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 10.00
Casket	
Metallic Lining	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 10.00
Less	
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. 1107 Yearly No. 43 Date June 3 1938

Name of Deceased Martin J. Kilbary
(Single — Married — Divorced) (What Race) (Where Born) Pgh Pa

Residence of Deceased 1614 5th Ave Husband—Wife—Widow— Mellie
or..... of

Charge to.....
Address.....
Order given by..... (or informant)

How Secured.....
Occupation of Deceased Bartender

Name of Employer.....
Date of Death June 3 1938 (Date) (Hour)

Date of Birth June 21 1880 (Date) (Hour)

Age 57 11 12
(Years) (Months) (Days)

Date of Funeral June 7 - 38 10 AM
(Date) (Day of Week) (Hour)

Services at Eggham
Clergyman.....

His Address.....
Religion of the Deceased Cath.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death 1614 5th Ave
Cause of Death Uraemia

Contributory Causes Chronic myocarditis
Certifying Physician J. J. McLooney (or Coroner)

His Address 2006 5th Ave

Name of Father Martin Kilbary
His Birthplace Ireland

Maiden Name of Mother Ellen Gayron
Her Birthplace Ireland

Motor } Remains to.....
Ship }

Size and Style of Casket..... (State Color)

Manufactured by.....
Interment at Calvary Cemetery

Diagram of Lot or Vault

Lot No.	
Grave No.	
Section No.	
Owner	

Complete Funeral	\$	<u>584</u>
Casket		<u>375.00</u>
Metallic Lining	(State Kind)	<u>25.00</u>
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	<u>25.00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$ <u>etc</u>	Hose, \$	<u>30.90</u>
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	<u>3.00</u>
Door Badge, \$	Gloves, \$	<u>3.00</u>
Hearse, \$	Ambulance, \$	<u>14.00</u>
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from <u>Door Badge</u>		<u>12.00</u>
Taking Remains to <u>Blanket</u>		<u>10.00</u>
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel <u>own ch.</u>		
Outlay for Lot		<u>31.00</u>
Death Notices in Newspapers		<u>15.84</u>
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	<u>15.00</u>
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	<u>25.00</u>
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
PAID		
Total Footing of Bill <u>June 25, 1938</u>	\$	<u>584.74</u>
Less	\$	
Per <u>JPM</u> Balance	\$	
Entered into Ledger, page..... or below.		

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

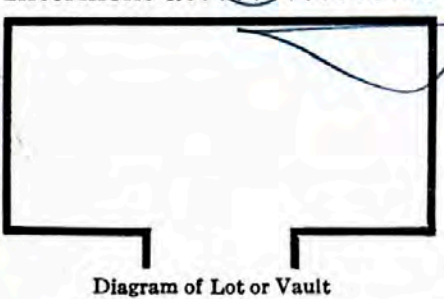
Insurance, \$..... Names of Lodges.....
Names of Insurance Companies :.....
We hereby authorize the above funeral and agree to pay the expenses thereof.....
Signed.....
Witness..... Signed.....
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1108 Yearly No. 44 Date June 9 1938
 Name of Deceased Ellen Stack (Single - Married - Divorced) W. England (What Race) (Where Born)
 Residence of Deceased 210 Olympia and West (Husband - Wife - Widow - or of) Patrick

Charge to John Stack
 Address 210 Olympia and West
 Order given by John Stack (or informant)
 How Secured at home
 Occupation of Deceased at home
 Name of Employer at home
 Date of Death June 9 - 38 (Date) (Hour)
 Date of Birth April 23 1868 (Date) (Hour)
 Age 70 (Years) 1 (Months) 16 (Days)
 Date of Funeral June 13 9 A. (Date) (Day of Week) (Hour) M.
 Services at St. Mary's Mount
 Clergyman St. Mary's Mount
 His Address Bath
 Religion of the Deceased Cath.
 Resided in the State Bath (or U. S. or City or County) (Years) (Months)
 Place of Death 210 Olympia
 Cause of Death Coronary Thrombosis
 Contributory Causes J. H. Gilman
 Certifying Physician J. H. Gilman (or Coroner)
 His Address 1209 Grandview ave.
 Name of Father John Higgins
 His Birthplace Ireland
 Maiden Name of Mother Bathine Marie
 Her Birthplace Ireland
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Manufactured by Calvary
 Interment at Calvary { Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner



Complete Funeral	375
Casket	375 00
Metallic Lining	
Outside Box (State Kind)	25 00
Burial Vault (State Kind)	
Embalming Body with Fluid	25 00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Door B.</u>	12 00
Taking Remains to <u>Blanket</u>	10 00
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot <u>Cem chg</u>	31 00
Death Notices in Newspapers	13 86
(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	15 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW. J. MCAVOY PAID	
Total Footing of Bill <u>July 5, 1938</u>	526 86
Less	
Entered into Ledger, page <u> </u> or below.	

To Funeral Charges... Total, \$	<u>June 17, 1938</u>	<u>check Paid</u>	<u>402 18</u>
	<u>11 24</u>	<u>11 Oct.</u>	<u>49 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.

RECORD OF FUNERAL

Total No. 1109 Yearly No. 45 Date June 10 1938

Name of Deceased Annie Barbara McCandles W.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 280 Preston
 Husband—Wife—Widow— } John S.
 or..... of }

Charge to Paul Ely Lippes
 Address 276 Preston
(or informant)

Order given by Paul Ely Lippes
(or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Date of Death June 10 - 38
(Date) (Hour)

Date of Birth

Age

Date of Funeral June 13 - 38 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman

His Address

Religion of the Deceased Prot.

Resided in the State

Place of Death 280 Preston

Cause of Death Myocardial Degeneration

Contributory Causes

Certifying Physician Dr. Murray
(or Coroner)

His Address 5th ave Frank

Name of Father

His Birthplace Germany

Maiden Name of Mother

Her Birthplace Germany

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Charters { Cemetery
 Crematory

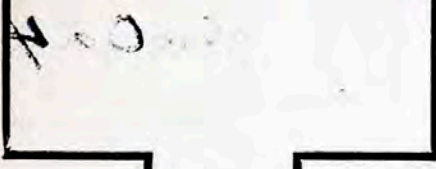


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	
Casket		170 00
Metallic Lining		20 00
Outside Box		25 00
Burial Vault		
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to	Blanket	70 00
Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Cert. Copies of Death Certificates No. _____		2 00
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	10 56
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		32 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Organist, \$	
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		1 73
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	303 99
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

To Funeral Charges Total, \$	\$ 181 90
<u>Allegheny county</u>	33 10
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.

RECORD OF FUNERAL

Total No. 1108 Yearly No. 46 Date June 26 1938

Name of Deceased Roland C. Glover (What Race) (Where Born) Pgh Pa

Residence of Deceased 1641 Watson St Husband—Wife—Widow or May m'Callister

Charge to: Address: Order given by: How Secured: Occupation of Deceased Salesman Name of Employer: Date of Death June 26 - 38 Date of Birth Oct 30 1889 Age 58 7 26 Date of Funeral June 30 - 38 9 A. M.

Services at: Epiphany Clergyman: His Address: Religion of the Deceased Cath Resided in the State: Place of Death 1641 Watson Cause of Death: Coronary arterio Sclerosis

Contributory Causes: Certifying Physician J J McCarthy (or Coroner) His Address: 2016 5th Ave Name of Father Roland C. Glover His Birthplace: Ireland Maiden Name: Eucharine M'Callister Her Birthplace: Ireland

Motor Ship } Remains to: Size and Style of Casket: Manufactured by: Interment at: Calvary Cemetery Crematory Lot No. Row 6 Grave No. 53 Section No. Single 14 Owner: Diagram of Lot or Vault Extra Deep

Table listing funeral expenses: Complete Funeral \$275.00, Casket \$2.75, Metallic Lining \$2.75, Outside Box \$25.00, Burial Vault \$25.00, Embalming Body with Fluid \$25.00, Barber \$2.00, Hair Dressing \$2.00, Dressing Body \$2.00, Suit or Dress \$2.00, Hose \$2.00, Underwear \$2.00, Slippers \$2.00, Folding Chairs \$2.00, Tarpaulin \$2.00, Candelabrum \$2.00, Candles \$3.00, Door Badge \$2.00, Gloves \$2.00, Hearse \$14.00, Ambulance \$14.00, Limousines to Cemetery \$2.00, Autos to R. R. Station \$2.00, Getting Remains from Blauvelt \$10.00, Taking Remains to Delivered Box to Droubidge \$10.00, Flowers \$15.00, Removal Charges \$7.19 24, Procuring Burial Permit \$15.00, Certif. Copies of Death Certificates \$2.50, Pall Bearer Service \$2.50, Personal Service \$2.50, Use of Chapel \$2.50, Outlay for Lot \$2.50, Death Notices in Newspapers \$2.50, Flowers \$2.50, Rental of Palms \$2.50, Rental of Tent \$2.50, of Temporary Tomb \$2.50, Lowering Device \$2.50, Cremation \$2.50, Opening of Grave or Tomb \$2.50, Lining Grave \$2.50, Matting \$2.50, Outlay for Shipping Charges \$2.50, Clergyman \$2.50, Singers \$2.50, Organist \$2.50, Railroad or Motor Tickets \$2.50, Aero-plane Service \$2.50, Electr. Phone, Cable or Radio Charges \$2.50, Cash Advanced M. CAVOY \$2.50, Out of town Undertaker's Charges \$2.50, Total Footing of Bill \$450.24, Less Per \$7.50 24, Balance \$442.74, Entered into Ledger, page or below.

Table with 4 columns: Description of charges, Total, By Cash, and Balance.

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.

RECORD OF FUNERAL

Total No. 1111 Yearly No. 47 Date June 29 1938
 Name of Deceased Lorraine Constantine (Single — Married — Divorced) W.P. (What Race) Pgh Pa (Where Born)
 Residence of Deceased 1612 Webster ave Husband—Wife—Widow Richard
 or..... of

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death June 29-38 (Date) (Hour)
 Date of Birth Dec 4 1936 (Date) (Hour)
 Age 1 (Years) 6 (Months) 25 (Days)
 Date of Funeral July 2 -38 (Date) (Day of Week) 11 A.M. (Hour)
 Services at Calvary
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (U. S. or City or County) (Years) (Months)
 Place of Death St Francis
 Cause of Death Broncho pneumonia
 Contributory Causes.....
 Certifying Physician J.B. McCormick (or Coroner)
 His Address St Francis
 Name of Father Richard Constantine
 His Birthplace Lynn
 Maiden Name of Mother Esther Bergandy
 Her Birthplace Pgh Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Diagram of Lot or Vault

Complete Funeral.....	\$	
Casket.....		<u>35</u>
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		<u>5</u>
Burial Vault..... (State Kind)		
Embalming Body..... with..... Fluid		<u>10</u>
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color) Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse, \$..... Ambulance, \$.....		
Limousines to Cemetery..... @ \$.....		<u>10</u>
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
____Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		<u>10</u>
Death Notices in..... Newspapers (Names of Newspapers)		
Flowers, \$..... Rental of Palms, \$.....		
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- plane Service, \$.....		
or Motor }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of Bill		<u>70</u>
Less.....		
Balance.....		
Entered into Ledger, page..... or below.		

EDW. J. MCAVOY
PAID
7-9-38
 Balance.....

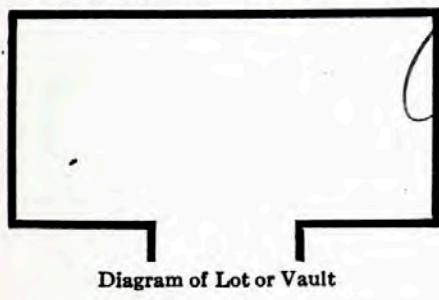
To Funeral Charges..... Total, \$		By Cash..... \$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1112 Yearly No. 48 Date June 30 1938
 Name of Deceased Wm Hooper (Single - Married - Divorced) (What Race) (Where Born) Pgh Pa
 Residence of Deceased 1021 Locust Husband - Wife - Widow - Single
 Charge to: or of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death June 30 - 38 (Date) (Hour)
 Date of Birth June 14 - 1864 (Date) (Hour)
 Age..... (Years) (Months) (Days)
 Date of Funeral July 5 - 38 (Date) (Day of Week) (Hour) 10 A M.
 Services at: St. Stephens
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Broncho pneumonia
 Contributory Causes.....
 Certifying Physician Francis A. Stegarty (Coroner)
 His Address Medical Arts
 Name of Father John Hooper
 His Birthplace Ireland
 Maiden Name of Mother Jessie Carr
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No. 26
 Grave No. 1
 Section No. F
 Owned by John Hooper Sr.



Complete Funeral.....	\$	
Casket.....		<u>375</u>
Metallic Lining.....		
Outside Box..... (State Kind)		<u>25</u>
Burial Vault..... (State Kind)		
Embalming Body..... with Fluid		<u>25</u>
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color) Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		<u>33</u>
Door Badge, \$..... Gloves, \$.....		<u>14</u>
Hearse, \$..... Ambulance, \$.....		
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from <u>Blairbit</u>		<u>10</u>
Taking Remains to <u>Down Crepe</u>		<u>10</u>
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		
Death Notices in <u>3</u> Newspapers <u>6</u>		<u>13 56</u>
(Names of Newspapers)		
Flowers, \$..... Rental of Palms, \$.....		<u>15</u>
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		<u>31</u>
Opening of Grave or Tomb.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... Aero- plane Service, \$.....		
or Motor }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
EDW. J. MCAVOY		
PAID		
<u>7 - 38</u>		
Total Footing of Bill.....	\$	<u>524 56</u>
Less.....	\$	<u>500 00</u>
Per <u>John Hooper Sr.</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.....
 Witness..... Signed.....
 Signed.....

RECORD OF FUNERAL

Total No. 1113 Yearly No. 49 Date July 5 1938

Name of Deceased Mary E. Padon (Single - Married - Divorced) (What Race) (Where Born) Irish Pa.

Residence of Deceased 5439 Potter St. C.C. Husband - Wife - Widow Joseph or of

Charge to

Address

Order given by (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Date of Death July 5 38 (Date) (Hour)

Date of Birth Apr. 15 1868 (Date) (Hour)

Age 70 (Years) 2 (Months) 20 (Days)

Date of Funeral July 9 - 38 (Date) (Day of Week) 9 (Hour) M.

Services at Sacred Heart

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Shady Side Hosp

Cause of Death Arterio Sclerosis

Contributory Causes

Certifying Physician John J. Wurtz (or Coroner)

His Address 5230 Center Ave

Name of Father James Finnis

His Birthplace Ireland

Maiden Name of Mother

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary Cemetery Crematory



Diagram of Lot or Vault

Row 6 Lot No.

Grave No. 37

Section No. Single 14

Owner

Complete Funeral	\$ 447
Casket	300
Metallic Lining (State Kind)	20
Outside Box (State Kind)	25
Burial Vault (State Kind)	25
Embalming Body with Fluid	25
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color)	
Hose, \$	
Underwear, \$ Slippers, \$	2
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3
Door Badge, \$ Gloves, \$	3
Hearse, \$ Ambulance, \$	14
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Blount</u>	10
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	55
Death Notices in <u>2</u> Newspapers <u>6</u>	13 86
(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	15
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	3
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 450.00
Less	\$ 462.86
Balance	\$
Entered into Ledger, page or below.	

PAID
July 27, 1938
E. 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

Signed

Signed

Witness

RECORD OF FUNERAL

Total No. 1114 Yearly No. 50 Date July 6 1938
 Name of Deceased Helen Conroy (Single Married Divorced) (What Race) WT (Where Born) Syria
 Residence of Deceased 418 Stanton Millvale Pa Husband—Wife—Widow— } single
 Charge to Trans Tony Roman or of }
 Address 418 Stanton Millvale Pa
 Order given by Millvale Pa (or informant)
 How Secured
 Occupation of Deceased Housekeeper
 Name of Employer
 Date of Death July 6 - 38 (Date) (Hour)
 Date of Birth
 Age 47 (Years) (Months) (Days)
 Date of Funeral July 9 - 38 (Date) (Day of Week) 9 A.M. (Hour)
 Services at St Ann's
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 418 Stanton St.
 Cause of Death Pulmonary T.B.
 Contributory Causes
 Certifying Physician W Simpson (or Coroner)
 His Address Millvale Pa
 Name of Father Pacus Conroy
 His Birthplace Syria
 Maiden Name of Mother Putz
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St Anthony { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No. Single
 Owner

Complete Funeral	\$ <u>215.</u>
Casket	
Metallic Lining	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$ (State Color)	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
____ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot <u>none</u>	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ <u>215.00</u>
Less Per <u>SS</u>	
Balance	
Entered into Ledger, page or below.	

EDW. J. MCAVOY
PAID
7-27-38

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

Insurance, \$ yes 480.35 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.

RECORD OF FUNERAL

Total No. 1115 Yearly No. 51 Date July 11 1938

Name of Deceased Annie E. Richard (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 7720 Baxter Husband—Wife—Widow or of Frederick

Charge to: Complete Funeral \$ 500 00

Address: Casket

Order given by: Metallic Lining

How Secured: Outside Box

Occupation of Deceased: Retired Burial Vault

Name of Employer: Embalming Body with Fluid

Date of Death: July 38 Barber, \$ Hair Dressing, \$

Date of Birth: May 16 1856 Dressing Body

Age: 82 Suit or Dress, \$ Hose, \$

Date of Funeral: July 14-38 Underwear, \$ Slippers, \$

Services at: Speal's Chapel Folding Chairs, \$ Tarpaulin, \$

Clergyman: Candelabrum, \$ Candles, \$

His Address: Door Badge, \$ Gloves, \$

Religion of the Deceased: Prot. Hearse, \$ Ambulance, \$

Resided in the State: Limousines to Cemetery @ \$

Place of Death: 7720 Baxter Autos to R. R. Station @ \$

Cause of Death: Cardiac Valvular Getting Remains from

Contributory Causes: Disease Taking Remains to

Certifying Physician: W. W. Woodward Delivering Box to

His Address: Hillside Bldg. Flowers to

Name of Father: John Taylor Removal Charges

His Birthplace: Pgt Pa Procuring Burial Permit

Maiden Name of Mother: Elizabeth Glass Certif. Copies of Death Certificates No.

Her Birthplace: Pgt Pa Pall Bearer Service

Motor Ship } Remains to Personal Service

Size and Style of Casket: Use of Chapel

Manufactured by: Outlay for Lot 82 00

Interment at: Allegheny Death Notices in Newspapers

Lot No.:

Grave No.:

Section No.:

Diagram of Lot or Vault Owner: Mrs W. F. Schuster Besma St Beechwer

Complete Funeral	\$ 500 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
____ Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	82 00
Death Notices in Newspapers	
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Teleg., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	
Less	
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. 1116 Yearly No. 52 Date July 11 1938
 Name of Deceased Michael S. Novak (Single—Married—Divorced) Full (What Race) USA (Where Born)
 Residence of Deceased 363 Meyran Husband—Wife—Widow—Mary Book of

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Elevator Operator
 Name of Employer
 Date of Death July 11 - 38 (Date) (Hour)
 Date of Birth June 22 1894 (Date) (Hour)
 Age 44 (Years) 0 (Months) 19 (Days)
 Date of Funeral July 15 - 37 (Date) (Day) (Week) (Hour) M.
 Services at St Paul's
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. City or County) (Years) (Months)
 Place of Death my out fore Hosp
 Cause of Death Pneumonia
 Contributory Causes
 Certifying Physician M. C. Ochsenburt (or Coroner)
 His Address M. Montefiore
 Name of Father Mat. H. Novak
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Bell Vernon Pa Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner



Complete Funeral	\$ 245.00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$ (State Color)	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service (State Physician's or Coroner's)	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers (Name of Newspaper)	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 245.00
Less	
Balance	
Entered into Ledger, page or below.	

To Funeral Charges... Total, \$	7	20.	By Cash	\$ 1.00
	Aug 21 1938			145
				245.00

RECORD OF FUNERAL

Total No. 1117 Yearly No. 53 Date July 17 1938

Name of Deceased Stillborn Edward John (Single - Married - Divorced) July (What Race) Eng. (Where Born)

Residence of Deceased 937 Bedford ave Husband - Wife - Widow - John Edward or of

Charge to:

Address:

Order given by: (or informant)

How Secured:

Occupation of Deceased Stillborn

Name of Employer:

Date of Death 7/17-38 (Date) (Hour)

Date of Birth 7/17-38 (Date) (Hour)

Age Stillborn (Years) (Months) (Days)

Date of Funeral 7-18-38 (Date) (Day of Week) (Hour) M.

Services at: None

Clergyman:

His Address:

Religion of the Deceased Cath

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death St. Rosalia

Cause of Death Acute Cranial Hemorrhage

Contributory Causes:

Certifying Physician Frank L. DePama (or Coroner)

His Address 1612 Cliff St

Name of Father John Edward

His Birthplace Eng. Pa

Maiden Name of Mother Mary E. Ellis

Her Birthplace Syracuse

Motor Ship } Remains to:

Size and Style of Casket: (State Color)

Manufactured by:

Interment at Calvary { Cemetery Crematory

Lot No.

Grave Free Grave

Section No.

Owner Bill mail 7-26

Diagram of Lot or Vault

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Complete Funeral	\$ 10
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	(State Number and District)
Ball Bearer Service	(State Physician's or Coroner's)
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 10
Less	\$
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:

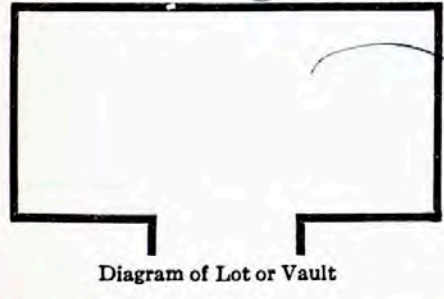
RECORD OF FUNERAL

Total No. 1118 Yearly No. 54 Date Aug 1 1938
 Name of Deceased Josephine Cicero Barreca (Single - Married - Divorced) W (What Race) Italy (Where Born)
 Residence of Deceased 862 Flemington Husband John Barreca or Wife Widow

Charge to _____
 Address _____
 Order given by _____
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Date of Death Aug 1 1938
 Date of Birth Dec 24 1892
 Age 45 7 7
 Date of Funeral Aug 5 - 1938 10 AM
 Services at St Peters
 Clergyman _____

His Address _____
 Religion of the Deceased Cath
 Resided in the State _____
 Place of Death Magie Hosp
 Cause of Death cardio renal failure
 Contributory Causes cholelithiasis
 Certifying Physician John Powell
 His Address Magie Hosp
 Name of Father Joseph Cicero
 His Birthplace Italy
 Maiden Name of Mother Rose Marie Perri
 Her Birthplace Italy

Motor Ship } Remains to _____
 Size and Style of Casket _____
 Manufactured by _____
 Interment at Calvary Cemetery
 Lot No. Single
 Grave No. 40
 Section No. 14
 Owner Row 6 Extra Deep



Complete Funeral	\$ 425
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	25
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	3
Candles, \$	3
Door Badge, \$	74
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Don Bidge</u>	
Delivering Box to <u>Cemetery (Car)</u>	
Flowers to <u>Blanket</u>	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. <u>100</u>	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in <u>2</u> Newspapers <u>4</u>	9.24
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill <u>Complete</u>	\$ 425
Less <u>to certificates</u>	\$ 1.00
Balance	\$
Entered into Ledger, page _____ or below.	

	To Funeral Charges... Total, \$			
		100.00		
<u>Mar 19</u>		15.00		

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. 1119 Yearly No. 53 Date Aug 3 1938

Name of Deceased Thomas Williams (Single - Married - Divorced) W.P. Pa (What Race) (Where Born)

Residence of Deceased 1631 Fifth ave Husband - Wife - Widow - or of Annie

Charge to: Address: Order given by: How Secured: Occupation of Deceased: Name of Employer:

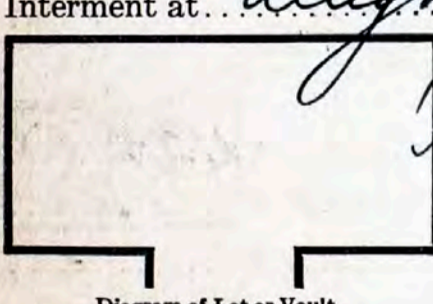
Date of Death Aug 3 - 1938 Date of Birth Nov 3 1886 Age 51 9 Date of Funeral Aug 6 - 1938 2 30 PM

Services at Chapel Clergyman Rev J Johnson His Address 613 Diamond St Prst Religion of the Deceased Prst Resided in the State

Place of Death 1631 5th ave Cause of Death: Contributory Causes: Certifying Physician Dr M Clashy His Address 5th ave

Name of Father: His Birthplace: Maiden Name of Mother: Her Birthplace: Motor Ship Remains to: Size and Style of Casket

Manufactured by: Interment at Allegheny Cemetery Crematory Lot No. Grave No. Section No. Single Owner



Complete Funeral	\$	
Casket		260.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	2.0
Burial Vault	(State Kind)	
Embalming Body	with Fluid	2.5
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	22.50
Underwear, \$	Slippers, \$	80
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	3
Hearse, \$	Ambulance, \$	14
Limousines to Cemetery @ \$		10.50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to Blauvelt		10
Delivering Box to		
Flowers to		5
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		65.00
Death Notices in 2 Newspapers 4		6.60
Flowers, \$	(Names of Newspapers)	15
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10
Organist, \$		
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of Town Undertaker's Charges		
Total Footing of Bill		467.40
Less		27.40
Per Balance		440.00
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.

RECORD OF FUNERAL

Total No. 1120 Yearly No. 56 Date Aug 7 1938

Name of Deceased Timothy Lyons (Single - Married - Divorced) W. V. Ireland (What Race) (Where Born)

Residence of Deceased 1207 Webster Husband—Wife—Widow— Marie or..... of

Charge to Marie Kennedy Lyons Complete Funeral \$ 290

Address..... Casket \$ 150

Order given by..... (or informant) Metallic Lining..... (State Kind) 20

How Secured..... Outside Box..... (State Kind) 25

Occupation of Deceased Janitor Burial Vault..... (State Kind) Fluid 25

Name of Employer P. R. R. Embalming Body with Fluid 25

Date of Death Aug 4 - 38 Barber, \$ Hair Dressing, \$ Dressing Body

Date of Birth July 27 1885 (Date) (Hour) Suit or Dress, \$ Hose, \$ 20

Age 53 0 7 (Years) (Months) (Days) Underwear, \$ Slippers, \$

Date of Funeral Aug 8 - 38 9 A. M. (Date) (Day of Week) (Hour) Folding Chairs, \$ Tarpaulin, \$

Services at E. J. Phelan Candelabrum, \$ Candles, \$ 3

Clergyman His Address Door Badge, \$ Gloves, \$ 3

Religion of the Deceased Cath. Hearse, \$ Ambulance, \$ 14

Resided in the State (or U. S. or City or County) (Years) (Months) Limousines to Cemetery @ \$ 1.0 50

Place of Death Mercy Hosp. Autos to R. R. Station @ \$

Cause of Death Broncho pneumonia Getting Remains from

Contributory Causes Taking Remains to Delivering Box to Blanket 8

Certifying Physician John C. Shaver (or Coroner) Flowers to

His Address Mercy Hosp. Removal Charges

Name of Father John Lyons Procuring Burial Permit

His Birthplace Ireland Certif. Copies of Death Certificates No. (State Number and District)

Maiden Name of Mother Ann Lynch (State Physician's or Coroner's)

Her Birthplace Ireland Pall Bearer Service

Motor Ship } Remains to Personal Service

Size and Style of Casket (State Color) Use of Chapel

Manufactured by Outlay for Lot

Interment at B. Alvey Cemetery } Crematory Death Notices in 2 Newspapers 6 9. 90

Lot No. 337 Flowers, \$ Rental of Palms, \$ 15

Grave No. Rental of Tent, \$ of Temporary Tomb, \$

Section No. M Lowering Device, \$ Cremation, \$ 18

Diagram of Lot or Vault Total Footing of Bill \$ 296.40

Less Balance \$

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

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

Insurance, \$ Names of Lodges Signed... Witness... Signed... Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1121 Yearly No. 57 Date Aug. 23 1938
 Name of Deceased Mr. Charles Michel (Single—Married—Divorced) (What Race) (Where Born) Pa
 Residence of Deceased 105 W. Cherryhill St Husband—Wife—Widow— Emma B. Midnight
 Charge to: Parrish or of Emma B. Midnight
 Address: _____
 Order given by: _____ (or informant)
 How Secured: _____
 Occupation of Deceased Plasterer
 Name of Employer _____
 Date of Death Aug 23 - 38 (Date) (Hour)
 Date of Birth Aug 7 - 1868 (Date) (Hour)
 Age 70 (Years) 4 (Months) 16 (Days)
 Date of Funeral Aug 26 - 38 2 30 PM (Date) (Day of Week) (Hour)
 Services at Home
 Clergyman Rev. R. E. Dwyer
 His Address Springdale Pa
 Religion of the Deceased Lutheran
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Shady side Hosp
 Cause of Death Compensation 9 gall
 Contributory Causes Bladder
 Certifying Physician B. W. Trentin (or Coroner)
 His Address 510 So Aiken ave
 Name of Father Andrew Michel
 His Birthplace Germany
 Maiden Name of Mother Hannah
 Her Birthplace Germany
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Grummerman { Cemetery Crematory
 Lot No. _____
 Grave No. 3
 Section No. _____
 Owner Charles Michel
 Diagram of Lot or Vault _____

Complete Funeral	\$ 400
Casket	295 00
Metallic Lining (State Kind)	20 00
Outside Box (State Kind)	25 00
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	25 00
Dressing Body	
Suit or Dress, \$ (State Color) <u>Slight Hose</u>	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	14 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Springdale Pa</u>	12 00
Taking Remains to _____	
Delivering Box to _____	
Flowers to <u>F. G. 4135 Y. Cedar Rd</u>	
Removal Charges	
Procuring Burial Permit (State Number and District)	
✓ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1 00
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in <u>2</u> Newspapers <u>6c</u> (Names of Newspapers)	13 20
Flowers, \$ Rental of Palms, \$	20 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	25 00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 428 20
Less _____	
Balance	\$
Entered into Ledger, page _____ or below.	

EDW. J. MCAVOY
 PAID OCT 11 1938
 CASH

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. 1122 Yearly No. 58 Date July 17 1938
 Name of Deceased Thomas Freney (Single — Married — Divorced) Wife (What Race) Pgh Pa (Where Born)

Residence of Deceased Husband — Wife — Widow — }
 or of }
 Charge to: St. Vincent de Paul
 Address

Order given by (or informant)
 How Secured
 Occupation of Deceased

Name of Employer
 Date of Death July 17-38 (Date) (Hour)
 Date of Birth
 Age 50 (Years) (Months) (Days)
 Date of Funeral Aug 25-38 (Date) (Day of Week) P (Hour) M.

Services at none
 Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death
 Cause of Death Fractured Skull
 Contributory Causes
 Certifying Physician P. J. Hervey (or Coroner)
 His Address Moynihan
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace

Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery }
 Lot No. Free { Crematory }
 Grave No.
 Section No.
 Owner

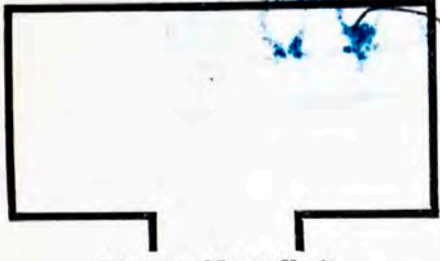


Diagram of Lot or Vault

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box		(State Kind)
Burial Vault		(State Kind)
Embalming Body	with	Fluid
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
		(State Color)
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		(State Number and District)
Certif. Copies of Death Certificates	No.	(State Physician's or Coroner's)
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	.....	Newspapers
		(Names of Newspapers)
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		\$
Less		\$
Balance		\$
Entered into Ledger, page	.....	or below.

No Charges

	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

RECORD OF FUNERAL

Total No. 1173 Yearly No. 59 Date September 1, 1938

Name of Deceased Walter Zelensky (Single - Married - Divorced) White (What Race) Forest, Pa (Where Born) Ind. Co.

Residence of Deceased 59 Marion St., Pgh Pa Husband—Wife—Widow—Single

Charge to Ann Zelensky or of

Address Metuchen N.J.

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Laundry Work

Name of Employer Mercy Hospital

Date of Death Sept. 1, 1938 (Date) _____ (Hour)

Date of Birth Oct. 24, 1915 (Date) _____ (Hour)

Age 22 (Years) 10 (Months) 7 (Days)

Date of Funeral 9 (Date) 5-38 (Day of Week) _____ (Hour) M.

Services at _____

Clergyman _____

His Address _____

Religion of the Deceased Catholic

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Pittsburgh, Pa

Cause of Death Drowned

Contributory Causes _____

Certifying Physician Dr. Henney (or Coroner) B. C. Grattow

His Address Pgh Pa

Name of Father John Zelensky

His Birthplace Europe

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Calvary Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. Single

Owner _____

Complete Funeral	\$ 137
Casket	
Metallic Lining	(State Kind)
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	<u>my wife</u>
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	53
Death Notices in _____ Newspapers	
(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad } Tickets, \$	10
or Motor } _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charge	8-7-38
Total Footing of Bill	250
Less <u>Metuchen</u>	
Balance	
Entered into Ledger, page _____ or below.	

EDWARD J. MCAVOY
PAID
8-7-38
 Per _____

To Funeral Charges... Total, \$	By Cash	\$
<u>mail card to</u>		
<u>Alex Leszczynski</u>		
<u>574 Lakeside</u>		
<u>N. Broad St</u>		
<u>Pg.</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.

RECORD OF FUNERAL

Total No. 1144 Yearly No. 60 Date 9-3 1938
 Name of Deceased Pasquale Poo - Di Paolo White Italy
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1007 Bedford Avenue Husband—Wife—Widow— }
 or of }

Charge to:
 Address:
 Order given by:
(or informant)
 How Secured:
 Occupation of Deceased Laborer
 Name of Employer:
 Date of Death 9-3-38
(Date) (Hour)
 Date of Birth ?
(Date) (Hour)
 Age 53 (about)
(Years) (Months) (Days)
 Date of Funeral 9-6-38
(Date) (Day of Week) (Hour) M.
 Services at:
 Clergyman:
 His Address:
 Religion of the Deceased:
 Resided in the State
(or U. S. or City or County) (Years) (Months)
 Place of Death Cassavant Hosp. Cgh.
 Cause of Death Lobar Pneumonia type II
 Contributory Causes:
 Certifying Physician L. Krip
(or Coroner)
 His Address Cassavant Hospital
 Name of Father Unknown
 His Birthplace:
 Maiden Name of Mother:
 Her Birthplace:
 Motor } Remains to
 Ship }
 Size and Style of Casket:
(State Color)
 Manufactured by:
 Interment at Calvary { Cemetery
 Crematory
 Lot No. Tree grave
 Grave No.
 Section No.
 Owner:
 Diagram of Lot or Vault

Complete Funeral	\$	
Casket		162
Metallic Lining		
Outside Box	<small>(State Kind)</small>	15
Burial Vault	<small>(State Kind)</small>	
Embalming Body	<small>(State Kind)</small>	
Barber, \$	with Fluid	25
Dressing Body		
Suit or Dress, \$	<small>(State Color)</small>	9
Hose, \$		
Underwear, \$	<small>(State Color)</small>	
Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	33
Door Badge, \$	Gloves, \$	14
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	Blanket	8
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	<small>(State Number and District)</small>	
Pall Bearer Service	<small>(State Physician's or Coroner's)</small>	
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
ERW. J. McAVOY		
Total Footing of Bill	\$	249
Less	\$	
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. 1125 Yearly No. 61 Date Sept 6 1938

Name of Deceased Blias Albert (Single - Married - Divorced) W. W. Syria (What Race) W. W. Syria (Where Born)

Residence of Deceased 27 Bustriels Way Husband—Wife—Widow—Mary Adisey or..... of

Charge to..... Complete Funeral \$ 675 00

Address..... Casket.....

Order given by..... (or informant) Metallic Lining..... (State Kind)

How Secured..... Outside Box..... (State Kind)

Occupation of Deceased L.A.T.V. Burial Vault..... (State Kind)

Name of Employer..... Embalming Body..... with..... Fluid

Date of Death Sept 6 - 38 7:07 P (Date) (Hour) Barber, \$..... Hair Dressing, \$.....

Date of Birth Sept 25 - 1895 (Date) (Year) Dressing Body..... Suit or Dress, \$..... (State Color) Hose, \$.....

Age 42 (Years) 11 (Months) 11 (Days) Underwear, \$..... Slippers, \$.....

Date of Funeral Sept 9 - 38 (Date) (Day of Week) (Hour) M. Folding Chairs, \$..... Tarpaulin, \$.....

Services at St Georges Candelabrum, \$..... Candles, \$.....

Clergyman..... Door Badge, \$..... Gloves, \$.....

His Address..... Hearse, \$..... Ambulance, \$.....

Religion of the Deceased Orth Cath Limousines to Cemetery 1 @ \$.....

Resided in the State..... Autos to R. R. Station..... @ \$.....

Place of Death Mercy Hosp Getting Remains from.....

Cause of Death Tuberc Pneuonia Taking Remains to.....

Contributory Causes..... Delivering Box to.....

Certifying Physician John M Johnston (or Coroner) Flowers to.....

His Address Mercy Hosp Removal Charges.....

Name of Father Albert Blias Procuring Burial Permit..... (State Number and District)

His Birthplace Syria Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)

Maiden Name of Mother..... Pall Bearer Service.....

Her Birthplace Syria Personal Service.....

Motor } Remains to..... Use of Chapel.....

Ship } Size and Style of Casket..... (State Color)

Manufactured by..... Outlay for Lot..... 41 00

Interment at Minersville { Cemetery } Death Notices in..... Newspapers.....

Lot No..... (Names of Newspapers)

Grave No..... Flowers, \$..... Rental of Palms, \$.....

Section No..... Rental of Tent, \$..... of Temporary Tomb, \$.....

Owner..... Lowering Device, \$..... Cremation, \$.....

Diagram of Lot or Vault..... Opening of Grave or Tomb.....

Total Footing of Bill..... \$ 716 00

Less.....

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. 1126 Yearly No. 62 Date Sept 10, 1938

Name of Deceased Echel Affif (Single - Married - Divorced) W (What Race) U.S. (Where Born)

Residence of Deceased 91 Washington St. Husband—Wife—Widow— }
 Charge to: Mrs Badia Affif or of } 450

Address.....

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Clerk - Co Treasurer

Name of Employer.....

Date of Death Sept 10, 38 7:45 (Date) (Hour)

Date of Birth May 20, 1915 (Date) (Hour)

Age 23 3 20 (Years) (Months) (Days)

Date of Funeral Sept 13, 38 (Date) (Day of Week) (Hour) M.

Services at.....

Clergyman.....

His Address.....

Religion of the Deceased Cath

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death St. Frances Hosp.

Cause of Death Generalized Carcinomatosis

Contributory Causes.....

Certifying Physician George Thomas (or Coroner)

His Address 4066 Penn Ave

Name of Father Charles Affif

His Birthplace Syria

Maiden Name of Mother Mrs Badia Gabriel

Her Birthplace Syria

Motor } Remains to
 Ship }
 Size and Style of Casket..... (State Color)

Manufactured by.....

Interment at Calvary { Cemetery
 Crematory

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

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		<u>355.00</u>
Metallic Lining	(State Kind)	20.00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	<u>25.00</u>
Barber, \$	Hair Dressing, \$	<u>19.50</u>
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	<u>3.00</u>
Door Badge, \$	Gloves, \$	<u>3.00</u>
Hearse, \$	Ambulance, \$	<u>14.00</u>
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	<u>Door B.</u>	<u>10.00</u>
Death Notices in	Newspapers	
Flowers, \$	Rental of Palms, \$	<u>15.00</u>
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		<u>31.00</u>
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		<u>495.50</u>
Less		<u>475.00</u>
Balance		
Entered into Ledger, page.....	or below.	

EDW. J. MCAVOY
 PAID
 SEP 17 1938

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. 1127 Yearly No. 63 Date Sept 18 1938
 Name of Deceased Infant Tracy (Single—Married—Divorced) (What Race) W (Where Born) Pgh Pa
 Residence of Deceased 47 1/2 W. Betty Husband—Wife—Widow—Guard + Amie
 Charge to..... of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Date of Death Sept 18 (Date) (Hour)
 Date of Birth 11 18
 Age..... (Years) (Months) (Days) 30 min
 Date of Funeral Sept 21 - 38 (Date) (Day of Week) (Hour) M.
 Services at Titusville
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Congenital malformation
 Contributory Causes.....
 Certifying Physician J. H. Carroll (or Coroner)
 His Address Medical arts
 Name of Father Gerard Tracy
 His Birthplace Pgh Pa
 Maiden Name of Mother Amie Morey
 Her Birthplace Oil City
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by Titusville
 Interment at St Titus { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....
 Diagram of Lot or Vault

Complete Funeral.....	\$ 10 00
Casket.....	
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... with Fluid	
Barber, \$..... Hair Dressing, \$	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$	
Underwear, \$..... Slippers, \$	
Folding Chairs, \$..... Tarpaulin, \$	
Candelabrum, \$..... Candles, \$	
Door Badge, \$..... Gloves, \$	
Hearse, \$..... Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	
Death Notices in..... Newspapers	
(Names of Newspapers)	
Flowers, \$..... Rental of Palms, \$	
Rental of Tent, \$..... of Temporary Tomb, \$	
Lowering Device, \$..... Cremation, \$	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$	
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill <u>EJM</u>	\$ 10 00
Less.....	\$
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.

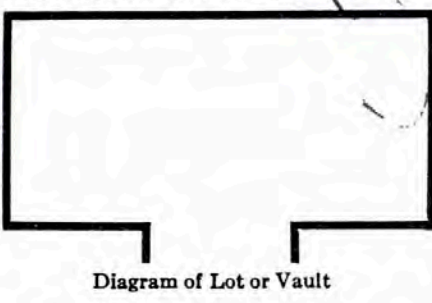
RECORD OF FUNERAL

Total No. 1128 Yearly No. 64 Date Sept 26 1938
 Name of Deceased Catherine Kerr (S. M. overland) Ireland
(Single — Married — Divorced) (What Race) (Where Born)
 Residence of Deceased Mercy Hosp
 Charge to: _____
Husband—Wife—Widow— or of

Address _____
 Order given by _____
(or informant)
 How Secured _____
 Occupation of Deceased S. J. Mercy
 Name of Employer _____
 Date of Death Sept 26 - 38 7:42 A.
(Date) (Hour)
 Date of Birth Nov 23 1870
(Date)
 Age 68 10 7
(Years) (Months) (Days)
 Date of Funeral Sept 28 - 38 9 A.M.
(Date) (Day of Week) (Hour)
 Services at Mercy Hosp Chapel
 Clergyman _____

His Address _____
 Religion of the Deceased Cath
 Resided in the State _____
(or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Carcinoma of Stomach
 Contributory Causes _____
 Certifying Physician E. W. Zurborn
(or Coroner)
 His Address Mercy Hosp
 Name of Father John Kerr
 His Birthplace Ireland
 Maiden Name of Mother Sarah
 Her Birthplace Ireland

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____
(State Color)
 Manufactured by _____
 Interment at St. Daviers { Cemetery
 Crematory



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

Complete Funeral	\$	
Casket	60	00
Metallic Lining		
Outside Box <small>(State Kind)</small>	15	00
Burial Vault <small>(State Kind)</small>		
Embalming Body with Fluid	15	00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ <small>(State Color)</small> Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$	1	50
Door Badge, \$ Gloves, \$	3	00
Hearse, \$ Ambulance, \$	3.5	00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit <small>(State Number and District)</small>		
— Certif. Copies of Death Certificates No. <small>(State Physician's or Coroner's)</small>		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers	5	94
<small>(Names of Newspapers)</small>		
Flowers, \$ Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	132 44
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Paid Nov 4, 1938
 E. 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
 Signed _____
 Signed _____
 Witness _____

RECORD OF FUNERAL

Total No. 1129 Yearly No. 65 Date Sept 26 1938
 Name of Deceased Mary Elizabeth Dowling Sr. M. Ansteth (Single—Married—Divorced) (What Race) Pgh Pa (Where Born)
 Residence of Deceased Mercy Hosp Husband—Wife—Widow—
 Charge to..... or..... of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Sr. of Mercy
 Name of Employer.....
 Date of Death Sept 26 - 38 (Day) (Hour)
 Date of Birth Mar 18 - 1888 (Year) (Month) (Day)
 Age 50 6 8 (Years) (Months) (Days)
 Date of Funeral Sept 28 - 38 9 AM (Date) (Day of Week) (Hour)
 Services at Mercy Hosp Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Hodgkins Disease
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address Mercy Hosp
 Name of Father Martin J. Dowling
 His Birthplace Pgh Pa
 Maiden Name of Mother Mary Elizabeth Hettich
 Her Birthplace Pgh Pa
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St. Xavier's { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	
Casket	60	00
Metallic Lining	(State Kind)	
Outside Box	1.5	00
Burial Vault	(State Kind)	
Embalming Body	with	Fluid
Barber, \$	1.5	00
Dressing Body	Hair Dressing, \$	
Suit or Dress, \$	(State Color)	Hose, \$
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1.50
Door Badge, \$	Gloves, \$	2.00
Hearse, \$	Ambulance, \$	3.50
Limousines to Cemetery	2 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	5.94
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	132.44
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

To Funeral Charges... Total, \$	By Cash..... \$
2 Cars addressed to Mrs. M. J. Dowling 4154 Bigelow Blvd # 45.00	

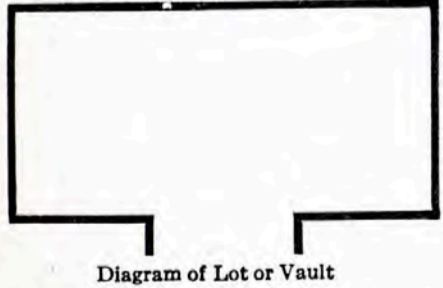
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Witness..... Signed.....

RECORD OF FUNERAL

Total No. 1130 Yearly No. 66 Date Oct 1 1938
 Name of Deceased John Novi (Single) (What Race) W. (Where Born) Italy
 Residence of Deceased 1005 Lincoln Ave Husband—Wife—Widow— (What Race) (Where Born) Helen (Deceased)
 Charge to of

Address
 Order given by
 How Secured Tom Tushen Co. (or Informant)
 Occupation of Deceased Bottler
 Name of Employer Beverage Factory
 Date of Death Oct 1 1938 12:00 P. (Date) (Hour)
 Date of Birth May 26 1908 (Date)
 Age 50 4 5 (Years) (Months) (Days)
 Date of Funeral Oct 4 1938 9 M. (Date) (Day of Week) (Hour)
 Services at Help Christian Church (Date) (Day of Week) (Hour)
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Montefiore Hosp.
 Cause of Death Lung & Liver spleen abscess
 Contributory Causes
 Certifying Physician Dr. Markson. (or Coroner)
 His Address Montefiore
 Name of Father Paul Novi
 His Birthplace Italy
 Maiden Name of Mother Sophie Margulth
 Her Birthplace Italy
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$ 355.00
Casket	225.00
Metallic Lining	
Outside Box (State Kind)	20.00
Burial Vault (State Kind)	
Embalm Body with Fluid	25.00
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	1.50
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3.00
Door Badge, \$ Gloves, \$	3.00
Hearse, \$ Ambulance, \$	14.00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	15.00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Full Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot Cem. Chg.	31.00
Death Notices in Newspapers	12.60
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	15.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Blanket	8.00
Total Footing of Bill	365.10
Less	33.10
Balance	
Entered into Ledger, page or below.	



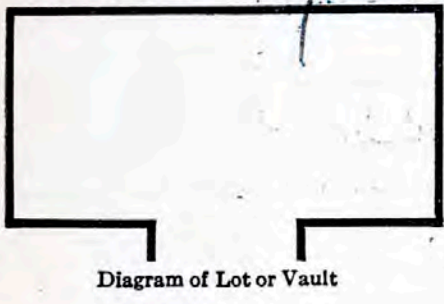
Lot No.
 Grave No.
 Section No.
 Owner
 { Cemetery
 Crematory

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.

RECORD OF FUNERAL

Total No. 1031 Yearly No. 67 Date Oct 5 1938
 Name of Deceased William J. Ashton (Single—Married—Divorced) W. (What Race) Boston Mass. (Where Born)
 Residence of Deceased 207 Federal Husband—Wife—Widow— }
 Charge to Plumber or of }
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Plumber
 Name of Employer.....
 Date of Death Oct 5 - 38 (Date) (Hour)
 Date of Birth July 17 1873 (Date) (Hour)
 Age 65 (Years) (Months) (Days)
 Date of Funeral Oct 7 - 38 (Date) (Day of Week) (Hour) 2P M.
 Services at Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Prot.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death St Francis
 Cause of Death Coronary Occlusion
 Contributory Causes.....
 Certifying Physician M. Ellis (or Coroner)
 His Address St. Francis
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at United { Cemetery }
 { Crematory }
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Complete Funeral	\$ 370 00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of	\$ 405 00
Less	\$
Balance	\$
Entered into Ledger, page	..... or below.

EDW. J. McAVOY
 PAID
 Nov 12, 1938

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:.....

BLAW-KNOX COMPANY

MANUFACTURERS OF
MACHINERY AND STEEL PRODUCTS



PITTSBURGH, PA.

OFFICE OF THE
SECRETARY

October 24, 1938

Mr. Edward J. McAvoy
1700 Forbes Street
Pittsburgh, Pennsylvania

Dear Sir:

Re: William J. Ashton, deceased

Last week two representatives of Plumbers Local Union No. 27 called at our Power Piping Division office and asked that the last paycheck of the above decedent in the amount of \$23.76 be paid to you for application to his funeral bill. They informed our office that Ashton died intestate, leaving no widow, no children, no parents, and no other relatives to their knowledge.

We are satisfied to advance the \$23.76 to you if you will execute and acknowledge the enclosed form of refunding receipt. This form is sent in duplicate. You may keep one for your records and return the other to us sworn to before a Notary Public, on receipt of which we will send our check to you.

The receipt should be returned to my personal attention at 2028 Farmers Bank Building, Pittsburgh.

Very truly yours,

Albert L. Cuff
Albert L. Cuff, Secretary

ALC/js
Enclosure

DIVISIONS OF BLAW-KNOX COMPANY

BLAW-KNOX DIVISION

LEWIS FOUNDRY & MACHINE

NATIONAL ALLOY STEEL

PITTSBURGH ROLLS

UNION STEEL CASTINGS

POWER PIPING DIVISION

ELECTROCHEMICAL PROCESSES DIVISION

BLAW-KNOX SPRINKLER DIVISION

GORDON LUBRICATORS

Blaw-Knox Company
Farmers Bank Building
Pittsburgh, Pennsylvania

Gentlemen:

I, the undersigned Edward J. McAvoy of 1700 Forbes Street, Pittsburgh, Pennsylvania, am the funeral director who conducted the burial of William J. Ashton on _____ and there is still due to me for my services in connection therewith a sum in excess of \$23.76.

I have been informed and I believe (although I have no personal knowledge of the matter) that William J. Ashton died intestate leaving neither widow nor children and no surviving parents or other close relatives.

I hereby acknowledge receipt of the sum of \$23.76 from the Power Piping Division of Blaw-Knox Company representing William J. Ashton's last pay check No. 12071 covering his pay for the week ending April 27, 1938, and being the only wages due to the decedent from Power Piping Division of Blaw-Knox Company at the time of his death.

I agree to apply said sum as a credit on the funeral bill of William J. Ashton and in the event that at any time in the future Blaw-Knox Company is called upon to pay said sum to any person or persons having a claim thereon prior or superior to mine, I hereby agree to refund said sum to Blaw-Knox Company forthwith on demand.

Edward J. McAvoy

Commonwealth of Pennsylvania)
County of Allegheny)

ss:

Sworn to and subscribed before me this ____ day of October, 1938.

Notary Public

Mr. Edward J. McCreary.
#1700 Stovess St.
City.
Dear Sir:

#818 Durango Way.
Pittsburgh, Pa (#21)
Oct. 14, 1938

I am enclosing form for proof of death of John F. Cain, who was a member of the Protected Home Circle. Will you please fill out the part "Statement of Undertaker," and return it to me by return mail, so that we can forward it to our Home Office for a settlement of members claim. I am a Notary Public and will take care of that part, and am unable to call upon you, due to having a very bad cold in addition to having my teeth extracted; so I believe that this procedure will hurry things along, and you can receive your fee much sooner.

Thanking you for your co-operation in this matter,

Remain,

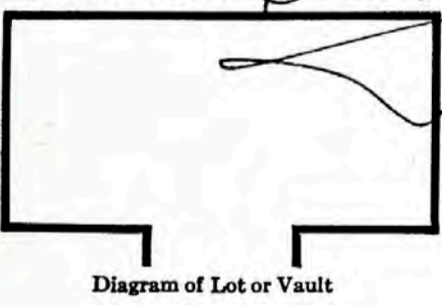
Yours respectfully
G. Harry Harrison

RECORD OF FUNERAL

Total No. 133 Yearly No. 69 Date Oct 12 1938
 Name of Deceased Julia Elias (Single — Married — Divorced) W. (What Race) Syria (Where Born)
 Residence of Deceased 1711 Webster ave Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death 10-12-38 (Date) (Hour)
 Date of Birth Oct 61 (Years) (Months) (Days)
 Date of Funeral Oct 15-38 (Date) (Day of Week) (Hour) 9AM
 Services at St Ann's
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death May view
 Cause of Death Lobar Pneumonia
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address.....
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$ 525.00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ <u>60</u> (Names of Newspapers) Rental of Palms, \$ <u>60.00</u>	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- plane Service, \$	
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 583.00
Less	\$
Balance	\$
Entered into Ledger, page..... or below.	



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

To Funeral Charges... Total, \$	By Cash <u>On acct</u> \$ <u>500.00</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.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1034 Yearly No. 70 Date Oct 18 1938
 Name of Deceased Mary Harbuta
 Residence of Deceased 2205 Watson St.
 Charge to Andrew Harbuta
 Address

Order given by

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death Oct 18 - 38 10 PM
 (Date) (Hour)

Date of Birth

Age 47
 (Years) (Months) (Days)

Date of Funeral Oct - 38 M.
 (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State

Place of Death Mercy Hosp.

Cause of Death Crushed Chest

Contributory Causes Spasms 3-4 Van Buren

Certifying Physician J. J. Henney
 (or Coroner)

His Address Pyraque

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to

Ship }

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery
 Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 247.50
Casket	.....
Metallic Lining	.....
Outside Box	.....
Burial Vault	.....
Embalming Body	.....
Barber, \$	.....
Dressing Body	.....
Suit or Dress, \$	.....
Underwear, \$	.....
Folding Chairs, \$	.....
Candelabrum, \$	.....
Door Badge, \$	.....
Hearse, \$	.....
Limousines to Cemetery @ \$	.....
Autos to R. R. Station @ \$	.....
Getting Remains from	.....
Taking Remains to	.....
Delivering Box to	.....
Flowers to	.....
Removal Charges	.....
Procuring Burial Permit	.....
Certif. Copies of Death Certificates No. ....	.....
Pall Bearer Service	.....
Personal Service	.....
Use of Chapel	.....
Outlay for Lot	.....
Death Notices in Newspapers	.....
Flowers, \$	.....
Rental of Palms, \$	.....
Rental of Tent, \$	.....
Lowering Device, \$	.....
Opening of Grave or Tomb	.....
Lining Grave, \$	.....
Outlay for Shipping Charges	.....
Clergyman, \$	.....
Railroad or Motor Tickets, \$	.....
Telegr., Phone, Cable or Radio Charges	.....
Cash Advanced	.....
Out of town Undertaker's Charges	.....
Total Footing of Bill <u>11-17-38</u>	\$ 326.00
Less	.....
Balance	.....
Entered into Ledger, page .....	.....

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. 1635 Yearly No. 71 Date Oct 26 1935
 Name of Deceased Albert Turcol (Single—Married—Divorced) W (What Race) Pgh. (Where Born)
 Residence of Deceased 602 Rollo St. N. S. Husband—Wife—Widow—
 or..... of }

Charge to:
 Address:
 Order given by:
 How Secured:
 Occupation of Deceased Shipper
 Name of Employer Wm. C. ...
 Date of Death Oct 26 1935 (Date) (Hour)
 Date of Birth Oct 8 1915 (Date) (Hour)
 Age 23 - 0 - 18 (Years) (Months) (Days)
 Date of Funeral Oct 29 9 M. (Date) (Day of Week) (Hour)
 Services at: St. Petrus
 Clergyman:
 His Address:
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Shadyside
 Cause of Death Endocarditis
 Contributory Causes Myocarditis
 Certifying Physician George Shoemaker (or Coroner)
 His Address 73 Allen
 Name of Father Joseph Turcol
 His Birthplace Italy
 Maiden Name of Mother Stella Cassonette
 Her Birthplace Italy
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery
 Crematory
 Lot No. Row 7
 Grave No. 16
 Section No. 14
 Owner

Complete Funeral	\$ 150.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	58.00
Death Notices in Newspapers	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 208.00
Less	\$
Balance	\$
Entered into Ledger, page..... or below.	

To Funeral Charges... Total, \$					
				By Cash	\$ 50.00
				By Cash	50.00
				By Check	42.06

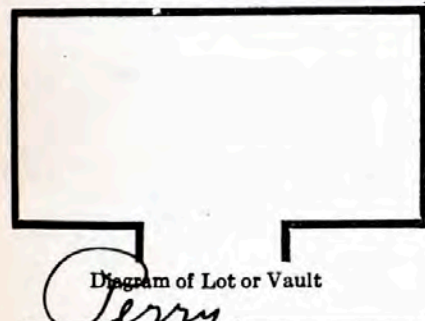
Insurance, \$ Names of Lodges
 Names of Insurance Companies
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed
 Signed
 Witness:

RECORD OF FUNERAL

Total No. 1036 Yearly No. 72 Date Oct 27 1935
 Name of Deceased Lila M. Jutzy (Single - Married - Divorced)
 Residence of Deceased 2985 Belmont Ave Husband—Wife—Widow—Widow
 Charge to Perry or of

Address
 Order given by Perry M. Jutzy (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death Oct 27 - 35 (Date) (Hour)
 Date of Birth Nov 29 1900 (Date) (Hour) (Month) (Days)
 Age 37 (Years) 28 (Months) (Days)
 Date of Funeral Oct 31 - 35 (Date) (Day of Week) (Hour) M.
 Services at Chetels Wis
 Clergyman
 His Address
 Religion of the Deceased Prot.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mesa
 Cause of Death acute appendicitis
 Contributory Causes
 Certifying Physician John Powell (or Coroner)
 His Address
 Name of Father Martin Frederickson
 His Birthplace Norway
 Maiden Name of Mother Eveline Branson
 Her Birthplace Wis
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by Chetels
 Interment at Chetels Wis { Cemetery
 Crematory

Complete Funeral	\$	
Casket		250 00
Metallic Lining		
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body with Fluid		75 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Shoe or Dress, \$ (State Color)		12 75
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		
Door Badge, \$ Gloves, \$		
Hearse, \$ Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
—Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		25 00
Use of Chapel		
Outlay for Lot		
Death Notices in (Names of Newspapers) Newspapers		
Flowers, \$ Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	312 75
Less <u>cash paid copy</u>	\$	1 00
Balance	\$	
Entered into Ledger, page or below.		



Lot No.
 Grave No.
 Section No.
 Owner

	To Funeral Charges... Total, \$		
		By Cash Nov 12, 1935 \$ 150 00	
		By check - Dec 2, 1935 50 00	
		" " Dec 16 50 00	
		" " Mar 3 35 00	
		" " Jan 16 10 00	
Box 6505 Chicago Ill.			

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. 37 Yearly No. 73 Date Oct 28 1935
 Name of Deceased Edward J. Chambers W. Riverside N.J.
 (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1316 5th Ave Husband—Wife—Widow— Widower
 Charge to Alice Hickey or _____ of _____
 Address 1316 5th Ave
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Railroader
 Name of Employer Retired
 Date of Death Oct 28 1935 (Date) (Hour)
 Date of Birth _____ (Years) (Months) (Days)
 Age 60
 Date of Funeral Oct 30 - 35 2 P.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Dowell
 His Address Smithfield Methodist
 Religion of the Deceased out.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death 1316 5th Ave
 Cause of Death Chr. Myocardial
 Contributory Causes _____
 Certifying Physician J. J. McCarthy (or Coroner)
 His Address 5th Ave
 Name of Father Joseph Chambers
 His Birthplace _____
 Maiden Name of Mother Mrs. Stevens
 Her Birthplace N.J.
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)
 Manufactured by McHesport +
 Interment at Versailles Cemetery
 Lot No. _____
 Grave No. _____
 Section No. Soldier
 Owner _____

Complete Funeral	\$ 235 00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	17
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor Tickets, EDW. J. JACAVOY	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 152 00
Less	\$
Balance	\$
Entered into Ledger, page _____ or below.	

Oct 20 12	To Funeral Charges. Total, \$ <u>252 00</u>	<u>Nov 12</u>	By Cash Mrs Hickey \$ <u>77 00</u>
	79 00		<u>480 Burials</u> 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: _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Burial of

Edward S. Chambers

Statement
of

Professional Service Rendered

Date of Death

Oct. 28, 1938

Date of Burial

Oct. 30, 1938

Place of Burial

Mc Keesport & Versailles
Cemetery

Addressed to

Mrs. Alice Hickey

1316 Fifth Ave.,

Pittsburgh, Pa.

Edward J. McAvoy

Funeral Director



1700 FORBES STREET, PITTSBURGH, PA.

PHONE GRANT 7675

RECORD OF FUNERAL

Total No. 1038 Yearly No. 74 Date Nov 10 1938
 Name of Deceased James A Harper (Single - Married - Divorced) W. (What Race) Pa (Where Born)
 Residence of Deceased 1904 Forbes St. Husband—Wife—Widow—
 Charge to: Mary Harper or son of Mary
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Bookkeeper
 Name of Employer.....
 Date of Death Nov 10 - 38 (Date) (Hour)
 Date of Birth Nov 5 - 1907 (Date) (Day of Week) (Hour)
 Age 31 (Years) 5 (Months) 5 (Days)
 Date of Funeral Nov 14 - 38 (Date) (Day of Week) (Hour) 9 M.
 Services at Epiphany S.H.
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mary Harp
 Cause of Death Stroke & Hemorrhage
 Contributory Causes fracture skull
 Certifying Physician P. J. Seemey (or Coroner)
 His Address As above
 Name of Father Alexander Harper
 His Birthplace Pa
 Maiden Name of Mother Mary Ritchie
 Her Birthplace Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at C. A. G. Co. { Cemetery
 Crematory

Complete Funeral	\$ 450
Casket	330
Metallic Lining (State Kind)	20
Outside Box (State Kind)	25
Burial Vault (State Kind)	Fluid
Embalsming Body with	Barber, \$
Barber, \$	Hair Dressing, \$
Dressing Body	Suit or Dress, \$
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery @ \$	Autos to R. R. Station @ \$
Getting Remains from <u>Blanket</u> ✓	10
Taking Remains to	Delivering Box to
Flowers to	10
Removal Charges	Procuring Burial Permit
Certif. Copies of Death Certificates No. (State Number and District)	(State Physician's or Coroner's)
Pall Bearer Service	Personal Service
Use of Chapel	Outlay for Lot
Death Notices in 2 Newspapers 4 ✓	9 24
(Names of Newspapers)	15
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	31
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	25
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	Telegr., Phone, Cable or Radio Charges
Cash Advanced	Out of town Undertaker's Charges
EDW. J. MCAVOY PAYED Total Footing of Bill <u>Nov 23, 1938</u> \$ 495 24 Less..... Balance..... Entered into Ledger, page <u> </u> or below.	

HARPER—On Thursday, Nov. 10, 1938, James A., son of Mary Ritchie Harper. Funeral from the McAvoys Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Solemn requiem high mass at Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No.....
 Grave No.....
 Section No. 2
 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.

RECORD OF FUNERAL

Total No. 1439 Yearly No. 75 Date Nov 18 1938

Name of Deceased James Malloy Malloy (Single - Married - Divorced) W. (What Race) Mass (Where Born)

Residence of Deceased 1001 Webster Ave Husband - Wife - Widow Edith M. Clelland or

Charge to Miss Alice A. Malloy Address School Street

Order given by Randolph Mass. (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Nov 18 - 38 (Date) (Hour)

Date of Birth

Age 65 (Years) (Months) (Days)

Date of Funeral 11-19-38 (Date) (Day of Week) (Hour) M.

Services at Randolph Mass.

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Passavant.

Cause of Death Pneumonia Lobu

Contributory Causes

Certifying Physician Leo H. Griep (or Coroner)

His Address Passavant Hosp.

Name of Father James

His Birthplace Ireland

Maiden Name of Mother Druidet Kierhan

Her Birthplace Ireland

Motor } Remains to Ship }

Size and Style of Casket (State Color)

Manufactured by St Marys Cemetery

Interment at Randolph Mass. Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		85 00
Metallic Lining		
Outside Box	<u>Shipping Case</u>	20 00
Burial Vault		
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	14 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery, @ \$		
Autos to R. R. Station, @ \$		20 00
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill		205 17
Less		
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

Witness Signed

RECORD OF FUNERAL

Total No. 1040 Yearly No. 70 Date Dec 7 1935
 Name of Deceased John T. Regan (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)
 Residence of Deceased _____ Husband—Wife—Widow— }
 or of }

Charge to: _____
 Address: _____
 Order given by: _____ (or informant)
 How Secured: _____
 Occupation of Deceased: _____
 Name of Employer: _____
 Date of Death 12-7-35 (Date) (Hour)
 Date of Birth: _____ (Hours)
 Age 74 (Years) (Months) (Days)
 Date of Funeral: _____ (Date) (Day of Week) (Hour) M.
 Services at: Epiphany
 Clergyman: _____
 His Address: _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Marysville
 Cause of Death Art. Sclerotic Heart Disease
 Contributory Causes: _____
 Certifying Physician: _____ (or Coroner)
 His Address: _____
 Name of Father John T. Regan
 His Birthplace Ireland
 Maiden Name of Mother Minerva Lee
 Her Birthplace Ireland
 Motor } Remains to _____
 Ship } _____
 Size and Style of Casket: _____ (State Color)
 Manufactured by: _____
 Interment at St. Marys { Cemetery
 Crematory
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner: _____
 Diagram of Lot or Vault

Complete Funeral	\$	
Casket	75.00	
Metallic Lining		
Outside Box		
Burial Vault		
Embalming Body with Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		
Gloves, \$		
Hearse, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in _____ Newspapers		
Flowers, \$ _____		
Rental of Palms, \$ _____		
Rental of Tent, \$ _____ of Temporary Tomb, \$ _____		
Lowering Device, \$ _____ Cremation, \$ _____		
Opening of Grave or Tomb		
Lining Grave, \$ _____ Matting, \$ _____		
Outlay for Shipping Charges		
Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____		
Railroad or Motor } Tickets, \$ _____ Aero-plane Service, \$ _____		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	75.00
Less	\$	
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.

RECORD OF FUNERAL

Total No. 1041 Yearly No. 77 Date Dec 7 1938
 Name of Deceased Dominic C. Abbott (Single - Married - Divorced) W. Ohio (What Race) (Where Born)
 Residence of Deceased 1714 Watson Husband—Wife—Widow—
 Charge to Mrs Francis Margaret La Rosa or of }
 Address 1714 Watson Complete Funeral \$ 350 00
 Order given by 1328 5th Ave (old address) Casket
 How Secured Paul J. Abbott Bros Metallic Lining (State Kind)
 Occupation of Deceased Shipper Outside Box (State Kind)
 Name of Employer P.A.R. Burial Vault (State Kind) 85 00
 Date of Death Dec 7 - 38 Embalming Body with Fluid 25 00
 Date of Birth Oct 31 1905 (Date) (Hour) Barber, \$ Hair Dressing, \$
 Age 33 (Years) 1 (Months) 6 (Days) Dressing Body
 Date of Funeral Dec 12 - 38 9 30 M. Suit or Dress, \$ (State Color) Hose, \$
 Services at St Peter's Hearse, \$ Ambulance, \$ 14 00
 Clergyman Limousines to Cemetery @ \$ 1 0 50
 His Address Auto to R. R. Station @ \$
 Religion of the Deceased Catholic Getting Remains from
 Resided in the State (or U. S. or City or County) (Years) (Months) Taking Remains to
 Place of Death Leech Farm Delivering Box to
 Cause of Death Pulmonary T. B. Flowers to
 Contributory Causes Removal Charges
 Certifying Physician Dr. Fishman Procuring Burial Permit (State Number and District)
 His Address Leech Farm Shop 2 Certif. Copies of Death Certificates No. 2 00
 Name of Father John Abbott (State Physician's or Coroner's)
 His Birthplace Italy Pall Bearer Service 25 00
 Maiden Name of Mother Francis Crocco Personal Service
 Her Birthplace Italy Use of Chapel
 Motor Ship } Remains to Outlay for Lot
 Size and Style of Casket (State Color) Death Notices in #2 Newspapers 4 13 86
 Manufactured by Calvary { Cemetery }
 Interment at Calvary { Crematory }
 Diagram of Lot or Vault
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral		\$	350 00
Casket			
Metallic Lining			
Outside Box			
Burial Vault			85 00
Embalming Body			25 00
Fluid			
Barber, \$			
Hair Dressing, \$			
Dressing Body			
Suit or Dress, \$			
Hose, \$			
Underwear, \$			
Slippers, \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			3 00
Candles, \$			3 00
Door Badge, \$			14 00
Gloves, \$			
Hearse, \$			
Ambulance, \$			
Limousines to Cemetery @ \$			1 0 50
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Delivering Box to			
Flowers to			
Removal Charges			
Procuring Burial Permit			
2 Certif. Copies of Death Certificates No. (State Number and District)			2 00
Pall Bearer Service (State Physician's or Coroner's)			
Personal Service			25 00
Use of Chapel			
Outlay for Lot			
Death Notices in #2 Newspapers 4 (Names of Newspapers)			13 86
Flowers, \$			15 00
Rental of Palms, \$			
Rental of Tent, \$ of Temporary Tomb, \$			
Lowering Device, \$			
Cremation, \$			
Opening of Grave or Tomb			38 00
Lining Grave, \$			
Matting, \$			
Outlay for Shipping Charges			
Clergyman, \$			20 00
Singers, \$			
Organist, \$			
Railroad or Motor } Tickets, \$			
Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill		\$	604 36
Less		\$	
Balance		\$	
Entered into Ledger, page or below.			

To Funeral Charges... Total, \$			
	Jan 4	By Cash	\$ 300 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.

RECORD OF FUNERAL

Total No. 1042 Yearly No. 78 Date Dec 10, 1938

Name of Deceased Mary Graber (Single - Married - Divorced) Husband—Wife—Widow— } W (What Race) England (Where Born)

Residence of Deceased..... or..... of } 385

Charge to: Wm J. Graber

Address: 1709 Austin St.

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Housewife

Name of Employer.....

Date of Death Dec 10, 1938 (Date) (Hour)

Date of Birth Dec 28, 1869 (Date) (Hour)

Age 68 (Years) 11 (Months) 18 (Days)

Date of Funeral Dec 13, 1938 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman.....

His Address.....

Religion of the Deceased Cath.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death ac. nephritis

Contributory Causes ch. myocarditis

Certifying Physician J. M. Kearney (or Coroner)

His Address 5th Ave

Name of Father Wm Dougherty

His Birthplace Ireland

Maiden Name of Mother Ellen Duss

Her Birthplace Ireland

Motor } Remains to.....
Ship }

Size and Style of Casket..... (State Color)

Manufactured by.....

Interment at Calvary { Cemetery
Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral 255.00	\$ 255.00
Casket	255.00
Metallic Lining (State Kind)	20.00
Outside Box (State Kind)	25.00
Burial Vault (State Kind)	25.00
Embalming Body with Fluid	16.50
Barber, \$ Hair Dressing, \$	14.00
Dressing Body	10.50
Suit or Dress, \$ (State Color) Hose, \$	8.00
Underwear, \$ Slippers, \$	3.00
Folding Chairs, \$ Tarpaulin, \$	3.00
Candelabrum, \$ Candles, \$	1.40
Door Badge, \$ Gloves, \$	10.50
Hearse, \$ Ambulance, \$	8.00
Limousines to Cemetery @ \$ 1 car	8.00
Autos to R. R. Station @ \$	0.00
Getting Remains from <u>Benhet</u>	0.00
Taking Remains to	0.00
Delivering Box to	0.00
Flowers to	0.00
Removal Charges	0.00
Procuring Burial Permit (State Number and District)	0.00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	0.00
Pall Bearer Service	0.00
Personal Service	0.00
Use of Chapel	0.00
Outlay for Lot	17.82
Death Notices in <u>Press & 54</u> Newspapers 26 <u>54</u>	15.00
Flowers, \$ Rental of Palms, \$	31.00
Rental of Tent, \$ of Temporary Tomb, \$	0.00
Lowering Device, \$ Cremation, \$	0.00
Opening of Grave or Tomb <u>Bench</u>	0.00
Lining Grave, \$ Matting, \$	0.00
Outlay for Shipping Charges	0.00
Clergyman, \$ Singers, \$ Organist, \$	0.00
Railroad } Tickets, \$ Aero- or Motor } plane Service, \$	0.00
Telegr., Phone, Cable or Radio Charges	0.00
Cash Advanced	0.00
Out of town Undertaker's Charges	0.00
EDW. J. MCAVOY	
<i>dec 21</i>	
Total Footing of Bill	\$ 405.82
Less.....	\$
Balance.....	\$
Entered into Ledger, page..... or below.	

GRABER - On Saturday, December 10, 1938, Mary, wife of the late John Graber (nee Dougherty), and mother of William Graber and Mrs. Paul Hill, died at her family home, 1709 Austin St., on Tuesday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock. Friends invited.

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. 1043 Yearly No. 79 Date Dec 16 1938
 Name of Deceased Rose Sophia Boyce (Single - Married - Divorced) W. M. W. Huntington (What Race) (Where Born)
 Residence of Deceased 141 Wash. Pl. Husband - Wife - Widow - Robert
 Charge to.....
 Address.....

Order given by Mrs Margaret Miller (Informant)
 How Secured 1417 5th Ave
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death Dec 16 - 38 (Date) (Hour)
 Date of Birth May 5 - 1874 (Date) (Hour)
 Age 64 7 11 (Years) (Months) (Days)
 Date of Funeral 12 - 19 - 38 2 P.M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman.....

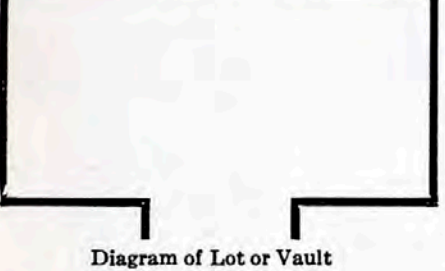
His Address.....
 Religion of the Deceased Prot.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Montefiore Hosp.

Cause of Death Coronary Atherosclerosis - Myocardial Degeneration
 Contributory Causes Obstructive Pulmonary Disease
 Certifying Physician J. Rosen (or Coroner) I. N. K.

His Address Montefiore Hosp.
 Name of Father.....
 His Birthplace England
 Maiden Name of Mother.....
 Her Birthplace England
 Motor Ship } Remains to.....

Size and Style of Casket..... (State Color)

Manufactured by.....
 Interment Minersville { Cemetery }
 { Crematory }



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

Complete Funeral.....	\$ 280.00
Casket.....	
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	41.00
Death Notices in..... Newspapers..... (Names of Newspapers)	6.73
Flowers, \$..... Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- plane Service, \$.....	
or Motor } Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Jan 12, 1939	
Total Footing of Bill.....	\$ 321.80
Less.....	
Balance.....	
Entered into Ledger, page..... or below.	

	To Funeral Charges.... Total, \$				
		<u>Dec 17</u>	By Cash.....		\$ 75.00
		<u>11 24</u>			6.10

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.

RECORD OF FUNERAL

Total No. 144 Yearly No. 80 Date 12-18-35 1935

Name of Deceased John Griffin (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 264 Melwood St Husband - Wife - Widow - } or of }

Charge to: Complete Funeral \$

Address: Casket \$250.00

Order given by: Metallic Lining (State Kind) \$20.00

How Secured: Outside Box (State Kind) \$25.00

Occupation of Deceased: Burial Vault (State Kind) \$15.00

Name of Employer: Embalming Body with Fluid \$15.00

Date of Death: 12-18-35 Barber, \$ Hair Dressing, \$ Dressing Body \$

Date of Birth: Suit or Dress, \$ Hose, \$

Age: Underwear, \$ Slippers, \$

Date of Funeral: 12-21-35 Folding Chairs, \$ Tarpaulin, \$

Services at: St. Pauls Candelabrum, \$ Candles, \$

Clergyman: Door Badge, \$ Gloves, \$

His Address: Hearse, \$ Ambulance, \$

Religion of the Deceased: Catholic Limousines to Cemetery @ \$

Resided in the State: Autos to R. R. Station @ \$

Place of Death: in prison Getting Remains from

Cause of Death: Taking Remains to

Contributory Causes: Delivering Box to

Certifying Physician: Flowers to

His Address: Removal Charges

Name of Father: Procuring Burial Permit

His Birthplace: Certif. Copies of Death Certificates No.

Maiden Name of Mother: Pall Bearer Service Blanket \$8.00

Her Birthplace: Personal Service

Motor Ship } Remains to Use of Chapel

Size and Style of Casket: Outlay for Lot Cem Chy \$31.00

Manufactured by: Death Notices in Newspapers \$5.88

Interment at: Calvary { Cemetery } Crematory near Bldg \$10.00

Lot No. Flowers, \$ Rental of Palms, \$ \$15.00

Grave No. Rental of Tent, \$ of Temporary Tomb, \$

Section No. Lowering Device, \$ Cremation, \$

Owner: Opening of Grave or Tomb

Total Footing of Bill \$399.88

Less

Balance

GRiffin—Sunday, December 18, 1935. John F., husband of Nan Gratten and father of Mrs. Helen Miner and Margaret Griffin. Funeral from the family home, 264 Melwood St., near Craig, on Wednesday morning at 10 o'clock. Requiem high mass at St. Paul's Cathedral at 10:30 o'clock. Friends invited.

Diagram of Lot or Vault

To Funeral Charges.... Total, \$	Jan 11	By Cash	\$ 170.00
	11 21		120.00
	2 12		60.00
	2 18		10.00
	May 4		8.00
	June 23		15.00

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. 1045 Yearly No. 81 Date Dec 21 1938
 Name of Deceased Helen Boucours (Single — Married — Divorced) W. (What Race) (Where Born)
 Residence of Deceased 3 Utica St. Husband—Wife—Widow— }
 or of }

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased
 Name of Employer
 Date of Death 12-21-38 (Date) (Hour)
 Date of Birth
 Age (Years) (Months) (Days)
 Date of Funeral 12-23-38 (Date) (Day of Week) (Hour) M.
 Services at St. Nicholas
 Clergyman
 His Address
 Religion of the Deceased Ev. Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death West Penn
 Cause of Death Arterio-sclerotic Heart D.
 Contributory Causes Broncho-Pneumonia
 Certifying Physician L. C. Bister (or Coroner)
 His Address West Penn Hosp.
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }

Complete Funeral	\$ 75 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW. J. MCAVOY	
Total Footing of Bill	\$ 75 00
Less	
Balance	
Entered into Ledger, page	or below.

Manufactured by
 Interment at St. Nicholas { Cemetery
 Crematory
 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
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1846 Yearly No. 82 Date Dec 22 1938

Name of Deceased Anthony Miceli (Single - Married - Divorced) St (What Race) Italy (Where Born)

Residence of Deceased 1821 Laurel St Hillside (What Race) Mary Pireaux (Where Born)
 Charge to Wife or _____ of _____

Address _____

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Retired

Name of Employer _____

Date of Death Dec 23, 1938 (Date) _____ (Hour)

Date of Birth Feb 27, 1877 (Date) _____ (Hour)

Age 61 9 26
 (Years) (Months) (Days)

Date of Funeral Dec 26, 1938 (Date) 9:17 (Hour) M (Day of Week)

Services at St. Peters Church

Clergyman _____

His Address _____

Religion of the Deceased Catholic

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Name

Cause of Death Tuberc Pneumonia

Contributory Causes _____

Certifying Physician L. J. Barnett (or Coroner)

His Address 2004 - 5th Ave

Name of Father Peter Miceli

His Birthplace Italy

Maiden Name of Mother Mary Scalaba

Her Birthplace Italy

Motor } Remains to _____
 Ship }

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Calvary { Cemetery } Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Diagram of Lot or Vault

Complete Funeral	\$	<u>310.00</u>
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with _____ Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	<u>2</u> @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
	EDW. J. MCAVOY	
	<i>[Signature]</i>	
Total Footing of Bill	\$	<u>300.00</u>
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

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

Insurance, \$ Judge # 317 Names of Lodges Italian Sons & Daughters of Amer.

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. 1047 Yearly No. 83 Date Dec 25 1935
 Name of Deceased Sarah Dabbs (Single - Married - Divorced) W (What Race) England (Where Born)
 Residence of Deceased 116 M Shaw St Husband—Wife—Widow—W or..... of Mrs
 Charge to: Mary Dabbs
 Address: 116 M Shaw St
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer Retired
 Date of Death 12-25-35 (Date) (Hour)
 Date of Birth July 19 1857 (Date) (Hour)
 Age 81 5 6 (Years) (Months) (Days)
 Date of Funeral 12-28-35 (Date) (Day of Week) (Hour) M.
 Services at: Chapel
 Clergyman Rev Johnson
 His Address 613 Diamond
 Religion of the Deceased Pro
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 116 M Shaw St
 Cause of Death Chronic myocarditis
 Contributory Causes arterio-sclerotic
 Certifying Physician J. M. Carthy (or Coroner) Chapman
 His Address 5th ave
 Name of Father John Cartwright
 His Birthplace England
 Maiden Name of Mother Sarah Shaw
 Her Birthplace England
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)

Complete Funeral..... \$ 330.00
 Casket.....
 Metallic Lining..... (State Kind)
 Outside Box..... (State Kind)
 Burial Vault..... (State Kind)
 Embalming Body..... with..... Fluid
 Barber, \$..... Hair Dressing, \$.....
 Dressing Body.....
 Suit or Dress, \$..... (State Color) Hose, \$.....
 Underwear, \$..... Slippers, \$.....
 Folding Chairs, \$..... Tarpaulin, \$.....
 Candelabrum, \$..... Candles, \$.....
 Door Badge, \$..... Gloves, \$.....
 Hearse, \$..... Ambulance, \$.....
 Limousines to Cemetery..... @ \$.....
 Autos to R. R. Station..... @ \$.....
 Getting Remains from.....
 Taking Remains to.....
 Delivering Box to.....
 Flowers to.....
 Removal Charges.....
 Procuring Burial Permit..... (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service.....
 Personal Service.....
 Use of Chapel.....
 Outlay for Lot.....
 Death Notices in..... Newspapers..... 3.96
 (Names of Newspapers)
 Flowers, \$..... Rental of Palms, \$.....
 Rental of Tent, \$..... of Temporary Tomb, \$.....
 Lowering Device, \$..... Cremation, \$.....
 Opening of Grave or Tomb..... 35.00
 Lining Grave, \$..... Matting, \$.....
 Outlay for Shipping Charges.....
 Clergyman, \$..... Singers, \$..... Organist, \$.....
 Railroad } Tickets, \$..... Aero-
 or Motor } plane Service, \$.....
 Telegr., Phone, Cable or Radio Charges.....
 Cash Advanced.....
 Out of town Undertaker's Charges.....
EDW. J. MCAVOY
 Total Footing of Bill..... \$ 365.00
 Less..... \$.....
 Balance..... \$.....
 Entered into Ledger, page..... or below.

Manufactured by.....
 Interment at United { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....
 Diagram of Lot or Vault

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

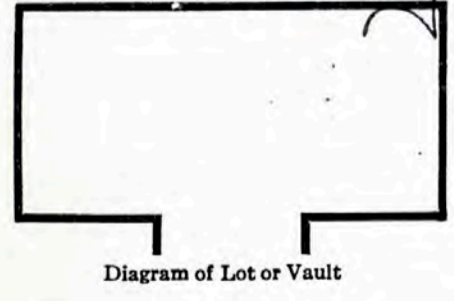
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness.....

RECORD OF FUNERAL

Total No. 1048 Yearly No. 84 Date Dec 29 1938
 Name of Deceased Mary O'Keefe (Single Married - Divorced) W (What Race) Ireland (Where Born)
 Residence of Deceased 1100 Gibbons St Husband—Wife—Widow— Bryan
 Charge to _____ or _____ of _____

Address _____
 Order given by Bryan O'Keefe (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Date of Death Dec 29 - 38 (Date) (Hour)
 Date of Birth _____ (Date) (Hour)
 Age 59 (Years) (Months) (Days)
 Date of Funeral Jan 2 - 39 M. (Date) (Day of Week) (Hour)
 Services at St. Pius Church
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp
 Cause of Death Lobar Pneumonia
 Contributory Causes Pulmonary Edema
 Certifying Physician D. P. Patrick (or Coroner)
 His Address Mercy Hosp
 Name of Father John W. O'Keefe
 His Birthplace Ireland
 Maiden Name of Mother Barbara M. Donoghue
 Her Birthplace Ireland
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Galvany { Cemetery
 Crematory

Complete Funeral	\$	
Casket		165 00
Metallic Lining		
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		14 00
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	21 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
_____ Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	6 60
Flowers, \$	(Names of Newspapers) Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		18 00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10 00
Organist, \$		
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	309 60
Less	\$	
Balance	\$	
Entered into Ledger, page	_____ or below.	



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

To Funeral Charges... Total, \$			
		Feb 9	By Cash \$ 182 40
		Feb 21	By Cash 8 60
		Mar 7	By Cash 170 70
		Mar 20	By Cash 18 00
		June 10	" " 70 00
		June 10	" " 5 00
		June 26	" " 6 00
		July 10	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

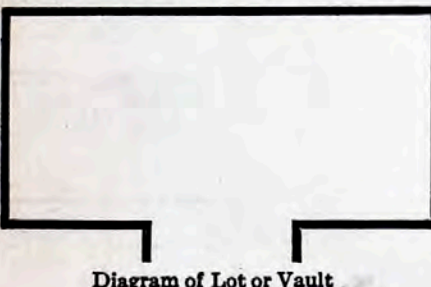
Total No. 1149 Yearly No. 85 Date December 31 1938

Name of Deceased William E. Hanrahan (Single Married - Divorced) W. (What Race) Pa. (Where Born)

Residence of Deceased 1845 Blvd. of Allies, Pgs. Husband - Wife - Widow } Margaret Hanrahan or of

Charge to:
 Address:
 Order given by Margaret Hanrahan (or informant)
 How Secured:
 Occupation of Deceased Retired
 Name of Employer:
 Date of Death Dec. 31, 1938 8:30 PM. (Date) (Hour)
 Date of Birth January 1st, 1871 (Date) (Hour)
 Age 67 11 30 (Years) (Months) (Days)
 Date of Funeral January 4 - Thurs M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman:
 His Address:
 Religion of the Deceased:
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death Chronic Myocarditis
 Contributory Causes:
 Certifying Physician E. J. Henney, Coroner (or Coroner)
 His Address:
 Name of Father Edward Hanrahan
 His Birthplace Ireland
 Maiden Name of Mother Lucy Hogan
 Her Birthplace Ireland
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by:
 Interment at St. Mary's { Cemetery Crematory

Lot No. 139
 Grave No.
 Section No. F1
 Owner:



Complete Funeral	\$ 310.00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$.....	Hair Dressing, \$.....
Dressing Body	
Suit or Dress, \$.....	Hose, \$.....
Underwear, \$.....	Slippers, \$.....
Folding Chairs, \$.....	Tarpaulin, \$.....
Candelabrum, \$.....	Candles, \$.....
Door Badge, \$.....	Gloves, \$.....
....., \$.....	Ambulance, \$.....
Limousines to Cemetery	@ \$.....
Autos to R. R. Station	@ \$.....
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
..... Certif. Copies of Death Certificates No.	(State Number and District)
..... (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
..... Cemetery chg	31.00
Outlay for Lot	
Death Notices in Newspapers	
..... (Names of Newspapers)	
Flowers, \$.....	Rental of Palms, \$.....
Rental of Tent, \$.....	of Temporary Tomb, \$.....
Lowering Device, \$.....	Cremation, \$.....
Opening of Grave or Tomb	
Lining Grave, \$.....	Matting, \$.....
Outlay for Shipping Charges	
Clergyman, \$.....	Singers, \$.....
Organist, \$.....	
Railroad or Motor } Tickets, \$.....	Aero-plane Service, \$.....
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	EDW. J. MCAVOY
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 341.00
Less	\$.....
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.

RECORD OF FUNERAL

Total No. 1050 Yearly No. 1 Date Jan 5 1939
 Name of Deceased John David Miller Jr. (Single - Married - Divorced) W. (What Race) Pgh. (Where Born)
 Residence of Deceased 1610 Watson Husband—Wife—Widow— }
 Charge to or of }

Address
 Order given by John J. Miller (or informant)
 How Secured
 Occupation of Deceased Infant
 Name of Employer
 Date of Death Jan 5 - 39 (Date) (Hour)
 Date of Birth Feb 6 - 1937 (Date) (Hour)
 Age 1 (Years) 10 (Months) 29 (Days)
 Date of Funeral Jan 7 - 39 (Date) 2 P. (Hour) M.
 Services at Home 1610 Watson
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Dead on arrival at Childrens
 Cause of Death Lobar Pneumonia
 Contributory Causes
 Certifying Physician J. J. McCarthy (or Coroner)
 His Address 5th ave
 Name of Father John J. Miller
 His Birthplace Pgh. Pa.
 Maiden Name of Mother Mary Sudder
 Her Birthplace New York City
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St. Marys { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 51.50
Casket	
Metallic Lining	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	5.00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- plane Service, \$	
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 56.50
Less	
Balance	
Entered into Ledger, page or below.	

To Funeral Charges. Total, \$	<u>Jan 12</u>	By Cash	\$ 25.00
	<u>July 26 - 39</u>	<u>Cash</u>	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. 1051 Yearly No. 2 Date Jan 9 1939
 Name of Deceased Lucy Michael (Single - Married - Divorced) (What Race) W. (Where Born) Pgh Pa
 Residence of Deceased 248 Sunwiddie St. Husband—Wife—Widow— }
 Charge to Toney Michael or of }
 Address Same
 Order given by Same (or informant)
 How Secured
 Occupation of Deceased At Home
 Name of Employer
 Date of Death Jan 9 - 39 (Date) (Hour)
 Date of Birth Nov 27 - 1916 (Date) (Hour)
 Age 22 1 12 (Years) (Months) (Days)
 Date of Funeral Jan 11 - 39 (Date) (Day of Week) (Hour) 10 M.
 Services at St Ann's
 Clergyman Fr Basil
 His Address St Ann's
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Leeches Farms.
 Cause of Death Pulmonary T. B.
 Contributory Causes
 Certifying Physician Trishman (or Coroner)
 His Address Leeches Farms
 Name of Father Toney Michael
 His Birthplace Syria
 Maiden Name of Mother Rose Casey
 Her Birthplace Syria
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Co alvary { Cemetery
 Crematory
 Diagram of Lot or Vault []
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 280.00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificate No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers (Names of Newspapers)	
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 280.00
Less <u>Jan 12 Per</u>	
Balance	\$
Entered into Ledger, page or below.	

EDWARD J. MCAVOY
Paid

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. 1152 Yearly No. 3 Date January 10 1939

Name of Deceased Thomas J. Curren (Single Married Divorced) (What Race) (Where Born)

Residence of Deceased 1820 Forbes Street Husband—Wife—Widow— } Elizabeth Kennedy

Charge to Mrs Nellie Tracey
Address

Order given by (or informant)
How Secured

Occupation of Deceased Laborer
Name of Employer City of Cgh

Date of Death January 10 (Date) (Hour)

Date of Birth (Years) (Months) (Days)

Age About 66 (Years) (Months) (Days)

Date of Funeral 14 Saturday 9A.M. (Date) (Day of Week) (Hour)

Services at Epiphany
Clergyman

His Address
Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Cgh
Cause of Death Arterio Sclerosis

Contributory Causes
Certifying Physician J. J. Mc Carthy (or Coroner)

His Address 2016 5th Avenue

Name of Father James Curren
His Birthplace Ireland

Maiden Name of Mother Mary Mc Donough
Her Birthplace Ireland

Motor } Remains to
Ship }
Size and Style of Casket (State Color)

Manufactured by
Interment at Calvary { Cemetery
Crematory

CURREN—On Tuesday, January 10, 1939, Thomas J., son of the late James and Mary Curren, Funeral from his late residence, 1820 Forbes St., on Saturday morning at 8:30. Solemn-requiem high mass at the Church of the Epiphany at 9 o'clock. Friends invited.

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$ 265 00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot <u>Cem chg</u>	31 00
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 321 80
Less	13 25
Balance	\$ 307 75
Entered into Ledger, page or below.	

EDWARD J. KELLEY
Funeral Home
1325 N. 1st St.
St. Louis, Mo.

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. 1153 Yearly No. 4 Date Jan 16 1939

Name of Deceased Elizabeth Clapp
(Single - Married - Divorced) (What Race) W (Where Born) Pa.

Residence of Deceased _____ Husband—Wife—Widow—
or _____ of _____

Charge to: _____

Address _____

Order given by Mrs. Minnie O'Boy (or informant)

How Secured Milton Pa

Occupation of Deceased Teacher

Name of Employer Ed Public Edu

Date of Death Jan 16 39 (Date) (Hour)

Date of Birth Aug 18 1876 (Date) (Hour)

Age 62 (Years) 4 (Months) 25 (Days)

Date of Funeral Jan 17 - 39 (Date) (Day of Week) (Hour) M.

Services at Milton Pa

Clergyman _____

His Address _____

Religion of the Deceased _____

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death Marye

Cause of Death Mitosis to spine & carcinoma of left Breast

Contributory Causes _____

Certifying Physician Marye (or Coroner)

His Address Marye

Name of Father Wm S Clapp

His Birthplace _____

Maiden Name of Mother Elizabeth Eschbach

Her Birthplace _____

Motor } Remains to Milton Pa
Ship }

Size and Style of Casket P.R.R. 805 AM 1-17-39 (State Color)

Manufactured by _____

Interment at Milton Pa { Cemetery Crematory

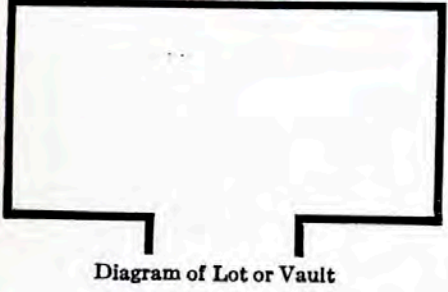
Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$	
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with <u>4 hours</u> Fluid	<u>30 00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color)	
Hose, \$		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers	
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		<u>14 40</u>
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill for <u>Jan 17 1939</u>	\$	<u>14 40</u>
Less <u>Jan 18 1939</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

Witness: _____ Signed _____

Witness: _____ Signed _____

RECORD OF FUNERAL

Total No. 1154 Yearly No. 5 Date Jan 18 1939

Name of Deceased John A. Feeney (Single — Married — Divorced) (What Race) Irish (Where Born) Ireland

Residence of Deceased 238 N. Craig Husband—Wife—Widow— } Irene
 or..... of }

Charge to: 5512 Centre Ave
 Address St 2419

Order given by..... (or informant)
 How Secured.....

Occupation of Deceased Clerk

Name of Employer Standard Sanitary

Date of Death Jan 18 - 39

Date of Birth May 19 1885 (Hour)

Age 53 (Years) 7 (Months) 29 (Days)

Date of Funeral Jan 23 39 (Date) (Day of Week) (Hour) M.

Services at St Marys of Mercy

Clergyman.....

His Address.....

Religion of the Deceased Cath.

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Center & Craig

Cause of Death Primary infection

Contributory Causes.....

Certifying Physician J. Henry (or Coroner)

His Address.....

Name of Father Patrick Feeney

His Birthplace Ireland

Maiden Name of Mother Bridget Welsh

Her Birthplace Ireland

Motor } Remains to.....
 Ship }

Size and Style of Casket..... (State Color)

Manufactured by Calvary

Interment at..... { Cemetery
 Crematory

Plot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault.....

.....

Complete Funeral	\$ 535.00
Casket	
Metallic Lining	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color)	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
(State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot <u>See in Chap</u>	36.00
Death Notices in <u>2</u> Newspapers	
<u>THUR - Sun Inquirer</u> (Names of Newspapers)	
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	22.00
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 593.00
Less <u>PAID 2-18-39</u>	\$ 27.00
Balance	\$ 566.00
Entered into Ledger, page..... or below.	

FEENEY—Suddenly, on Wednesday, January 18, John A., beloved husband of Irene Smith and father of Robert Feeney. Funeral from his late residence, 238 N. Craig St., on Monday morning at 9 o'clock. Solemn requiem high mass at St. Mary's of Mercy Church, 3rd and Ferry St., at 9 o'clock. Friends invited.

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.....

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

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

RECORD OF FUNERAL

Total No. 1155 Yearly No. 6 Date Jan 20 1939

Name of Deceased Paul M. Cormick (Single Married Divorced) (What Race) (Where Born) Pgh

Residence of Deceased Mercy Hospital Husband—Wife—Widow—Single

Charge to Dr. M. Eustachia

Address 3333 3rd Ave

Order given by (or informant)

How Secured

Occupation of Deceased Night Watchman

Name of Employer Mercy Hosp

Date of Death Jan 20-39 (Date) (Hour)

Date of Birth Aug 23 1874 (Date) (Hour)

Age 64 4 27 (Years) (Months) (Days)

Date of Funeral Jan 24-39 9 A M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Coronary occlusion

Contributory Causes

Certifying Physician Smulbin (or Coroner)

His Address Mercy Hosp

Name of Father James M. Cormick

His Birthplace Pgh

Maiden Name of Mother Mary Ellen Pope

Her Birthplace Pgh Pa

Motor Ship } Remains to

Size and Style of Casket (State Color)

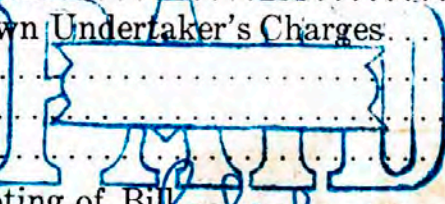
Manufactured by

Interment at St Marys { Cemetery Crematory

Lot No. Grave No. Section No. Owner

Diagram of Lot or Vault

Complete Funeral	\$		
Casket		150.00	
Metallic Lining		150.00	
Outside Box	(State Kind)	15.00	
Burial Vault	(State Kind)		
Embalming Body	with Fluid	25.00	
Barber, \$	Hair Dressing, \$		
Dressing Body			
Suit or Dress, \$	Hose, \$		
Underwear, \$	Slippers, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	4.00	
Door Badge, \$	Gloves, \$		
Hearse, \$	Ambulance, \$	14.00	
Limousines to Cemetery	@ \$	10.00	
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Delivering Box to			
Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service			
Personal Service			
Use of Chapel			
Outlay for Lot			
Death Notices in Newspapers		15.84	
Flowers, \$	(Names of Newspapers)	15.00	
Rental of Palms, \$			
Rental of Tent, \$	of Temporary Tomb, \$		
Lowering Device, \$	Cremation, \$		
Opening of Grave or Tomb		18.00	
Lining Grave, \$	Matting, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	25.00
Railroad or Motor	Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill		\$	292.34
Less		\$	57.84
Balance		\$	
Entered into Ledger, page			or below.

E. W. 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
 Signed
 Witness Signed

RECORD OF FUNERAL

259

Total No. 1156 Yearly No. 7 Date Jan 21 1939
Name of Deceased Margaretta Blythe (Reffner) Spangler Pa
(Single - Married - Divorced) (What Race) (Where Born)
Residence of Deceased 401 S. Dillbridge Husband - Wife - Widow - Thomas
Charge to Thomas A. Blythe or of

Address 401 S. Dillbridge
Order given by
How Secured
Occupation of Deceased Housewife
Name of Employer
Date of Death Jan 21 - 39 (Date) (Hour)
Date of Birth Aug 6 1915 (Date) (Hour)
Age 23 (Years) 5 (Months) 15 (Days)
Date of Funeral Jan 24 - 39 (Date) (Day of Week) 9 A.M. (Hour)
Services at St. Pauls
Clergyman
His Address
Religion of the Deceased Cath
Resided in the State Pa (U. S. or City or County) (Years) (Months)
Place of Death West Penn
Cause of Death Subacute Bacterial Endocarditis
Contributory Causes Streptococcus Viridans Septicemia
Certifying Physician W. E. Wayman (or Coroner)
His Address West Penn
Name of Father Charles Reffner
His Birthplace Pa
Maiden Name of Mother Mannie Burchel
Her Birthplace Pa
Motor } Remains to
Ship }
Size and Style of Casket (State Color)

Complete Funeral	\$ 315
Casket	225 00
Metallic Lining	
Outside Box (State Kind)	20 00
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	18 00
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	3 00
Door Badge, \$ Gloves, \$	3 00
Hearse, \$ Ambulance, \$	40 00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Bearer Service	
Personal Service	
Use of Chapel	
Decorations	15 00
Outlay for Lot	
Death Notices in Newspapers	10 56
Flowers, \$ (Names of Newspapers) Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- plane Service, \$	
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW. J. McAVOY	
Total Footing of Bill	334 56
Less	
Balance	
Entered into Ledger, page or below.	

REFFNER - On Saturday, Jan. 21, 1939, Margaretta, daughter of Mayne and the late Charles Reffner, and sister of Helen and William Reffner, Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday morning at 8:30. Requiem high mass St. Paul's Cathedral, 9 o'clock.

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. 1158 Yearly No. 9 Date Jan 21 1939

Name of Deceased Francis A. Reilly (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1612 Monterey St Husband—Wife—Widow—Margaret Brennan or..... of

Charge to:..... Complete Funeral \$ 225.00

Address..... Casket.....

Order given by..... Metallic Lining..... (State Kind)

How Secured..... Outside Box..... (State Kind)

Occupation of Deceased..... Burial Vault..... (State Kind)

Name of Employer..... Embalming Body..... with..... Fluid

Date of Death Jan 21 - 39 (Date) (Hour) Barber, \$..... Hair Dressing, \$.....

Date of Birth..... Dressing Body..... Suit or Dress, \$..... (State Color) Hose, \$.....

Age 58 (Years) (Months) (Days) Underwear, \$..... Slippers, \$.....

Date of Funeral Jan 25 - 39 (Date) (Day of Week) (Hour) M. Folding Chairs, \$..... Tarpaulin, \$.....

Services at St Peters Candelabrum, \$..... Candles, \$.....

Clergyman..... Door Badge, \$..... Gloves, \$.....

His Address..... Hearse, \$..... Ambulance, \$.....

Religion of the Deceased Cath. Limousines to Cemetery @ \$.....

Resided in the State..... Autos to R. R. Station @ \$.....

Place of Death Maryeue Getting Remains from.....

Cause of Death..... Taking Remains to.....

Contributory Causes Gangrene Spinal Tumor Delivering Box to.....

Certifying Physician..... Flowers to.....

His Address..... Removal Charges.....

Name of Father..... Procuring Burial Permit..... (State Number and District)

His Birthplace..... Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)

Maiden Name of Mother..... Pall Bearer Service.....

Her Birthplace..... Personal Service.....

Motor } Remains to..... Use of Chapel.....

Ship } Size and Style of Casket..... (State Color) Outlay for Lot.....

Manufactured by..... Death Notices in..... Newspapers.....

Interment at Calvary { Cemetery Crematory} Flowers, \$..... Rental of Palms, \$.....

Lot No..... Rental of Tent, \$..... of Temporary Tomb, \$.....

Grave No..... Lowering Device, \$..... Cremation, \$.....

Section No..... Opening of Grave or Tomb..... cem chg 18.00

Owner..... Lining Grave, \$..... Matting, \$.....

Diagram of Lot or Vault..... Outlay for Shipping Charges.....

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

Balance \$ 48.94
Total Footing of Bill \$ 308.94

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.

RECORD OF FUNERAL

Total No. 1159 Yearly No. 10 Date Jan 25 1939
 Name of Deceased Adin Mason (Single — Married — Divorced) W. Repzmitz (What Race) Amens (Where Born)
 Residence of Deceased 1218 Bedford ave Husband—Wife—Widow— of Amens

Charge to Amens Mason
 Address 714 Myrtle Ave
 Order given by Mary Genge (or informant)
 How Secured 1018 Webster ave
 Occupation of Deceased Laborer

Name of Employer _____
 Date of Death Jan 26-39 (Date) (Hour)
 Date of Birth _____ (Date) (Hour)
 Age 42 (Years) (Months) (Days)
 Date of Funeral Jan 28-39 (Date) (Day of Week) (Hour) M.
 Services at St Ann's
 Clergyman _____

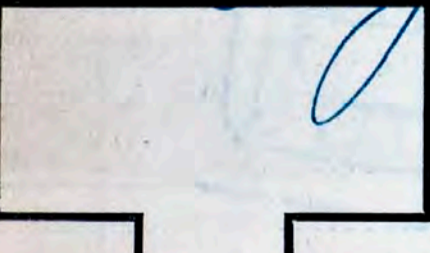
His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death 1218 Bedford
 Cause of Death Coronary Occlusion
 Contributory Causes _____
 Certifying Physician P. Henney (or Coroner)
 His Address St. Louis

Name of Father Mason Mason
 His Birthplace Butt Lebanon
 Maiden Name of Mother Merina Hag
 Her Birthplace Repzmitz Lebanon

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at Balwyn Cemetery
 Crematory



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

Complete Funeral	\$	
Casket		365 00
Metallic Lining		
Outside Box (State Kind)		20 00
Burial Vault (State Kind)		
Embalming Body with Fluid		25 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		3 00
Door Badge, \$ Gloves, \$		3 00
Hearse, \$ Ambulance, \$		14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel <u>Door Badge</u>		10 00
Outlay for Lot <u>burial</u>		50 00
Death Notices in Newspapers (Names of Newspapers)		
Flowers, \$ Rental of Palms, \$ <u>Dec</u>		15 00
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$ <u>Matting</u>		9 00
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad } Tickets, \$ Aero- plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertakers Charges		
EDW. J. McAVOY		
PAID		
<u>Feb 16, 1939</u>		
Total Footing of Bill	\$	524 50
Less	\$	1
Per <u>EJM</u> Balance	\$	
Entered into Ledger, page _____ or below.		

	To Funeral Charges... Total, \$	<u>Feb</u>	1	By Cash	\$	138 88
				<u>Bal</u>		385 62

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.

RECORD OF FUNERAL

Total No. 1160 Yearly No. 11 Date Jan 29 1939
 Name of Deceased Charles Adolph Mott (Single — Married — Divorced) (What Race) W (Where Born) Pgh.
 Residence of Deceased 209 Van Brumm Husband—Wife—Widow—Margaret B. Holliday
 Charge to:..... or..... of..... 530

Address.....
 Order given by Mrs Mott - Rev Dr Turner (or informant)
 How Secured.....
 Occupation of Deceased Mechanic
 Name of Employer C.R.R.
 Date of Death Jan 29-39
 Date of Birth 1868 (Date) (Hour)
 Age 70 (Years) (Months) (Days)
 Date of Funeral Feb 1-39 9 30 A.M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death 209 Van Brumm
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Arterio sclerosis
 Certifying Physician J. E. Turner (or Coroner)
 His Address Mercy Hosp
 Name of Father Charles Mott

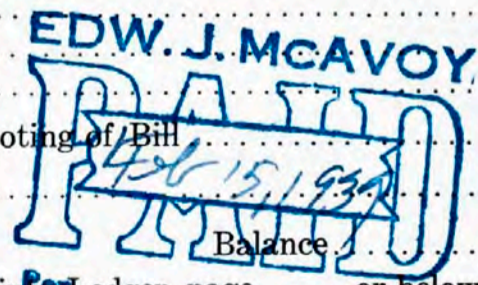
His Birthplace.....
 Maiden Name of Mother Anna Teresa
 Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Manufactured by.....
 Interment at Caldwary { Cemetery
 Crematory
 Diagram of Lot or Vault (Empty box)
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral.....	\$	<u>450.00</u>
Casket.....		
Metallic Lining..... (State Kind)		
Outside Box..... (State Kind)		
Burial Vault..... (State Kind)		
Embalming Body..... with..... Fluid		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... Hose, \$..... (State Color)		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse, \$..... Ambulance, \$.....		
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
___ Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		
Death Notices in..... Newspapers..... (Names of Newspapers)		<u>15.84</u>
Flowers, \$..... <u>Central of Penns.</u> \$.....		<u>25.00</u>
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb <u>Remedy</u>		<u>36.00</u>
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		<u>25.00</u>
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of Bill.....	\$	<u>551.84</u>
Less.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.....		

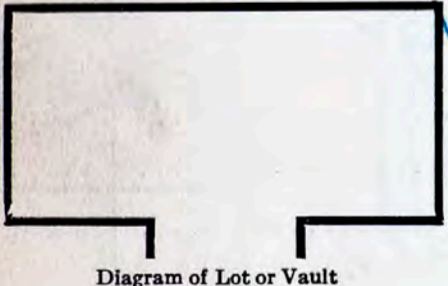
To Funeral Charges..... Total, \$		By Cash..... \$
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Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof.....
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

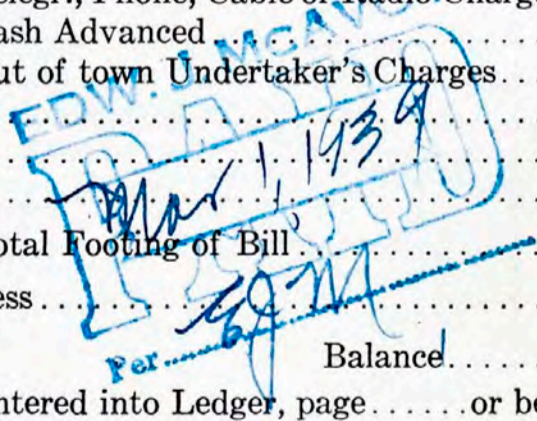


RECORD OF FUNERAL

Total No. 1161 Yearly No. 12 Date Jan 29 1939
 Name of Deceased Annie Dunn (Single — Married — Divorced) W. (What Race) Pa (Where Born)
 Residence of Deceased St Marys Convent Husband—Wife—Widow—
 Charge to S. M. Aloysius or..... of }
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death Jan 29-39 (Date) (Hour)
 Date of Birth.....
 Age 74 (Years) (Months) (Days)
 Date of Funeral Jan 31-39 (Date) (Day of Week) 9 M. (Hour)
 Services at C. Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mary Hop
 Cause of Death Coronary Occlusion
 Contributory Causes.....
 Certifying Physician John Shaver (or Coroner)
 His Address Mary Hop
 Name of Father John Dunn
 His Birthplace Ireland
 Maiden Name of Mother Mary Reed
 Her Birthplace Ireland
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery } Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Complete Funeral	\$	
Casket		85 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	15 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	15 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	14 50
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2 00
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificate No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		53 00
Death Notices in	Newspapers	4 80
Flowers, \$	(Names of Newspapers)	
Rental of Palms, \$		
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10 00
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	273 30
Less	\$	
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.

RECORD OF FUNERAL

Total No. 1162 Yearly No. 13 Date Jan 29 1939

Name of Deceased John Sullivan (Single - Married - Divorced) (What Race) (Where Born) Ireland

Residence of Deceased 715 Lombard St. Husband—Wife—Widow—Margaret Powers

Charge to Mrs. Margaret Sullivan or of

Address Mrs. Margaret Sullivan

Order given by Miss Katherine Sullivan (or informant)

How Secured 1611 Forbes St.

Occupation of Deceased Rev. Clerk

Name of Employer

Date of Death Jan 29-39 (Date) (Hour)

Date of Birth 1873 (Date) (Hour)

Age 66 (Years) (Months) (Days)

Date of Funeral Feb 1-39 (Date) (Day of Week) (Hour) 10 A.M.

Services at Epiphany

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mary Strop

Cause of Death acute cardiac failure

Contributory Causes

Certifying Physician John Shaw (or Coroner)

His Address Mary Strop

Name of Father Daniel Sullivan

His Birthplace Ireland

Maiden Name of Mother Mellie H. Shaw

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary Cemetery Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 495 00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	12 97
Flowers, \$ (Names of Newspapers)	
Rental of Palms, \$	5 00
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb <u>conch</u>	34 00
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	25 00
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW. J. McAVOY	
PAID	
Total Footing of Bill <u>27-39</u>	\$ 568 97
Less	\$
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. 1163 Yearly No. 14 Date Jan 30 1939
 Name of Deceased Julia Coleman (Single — Married — Divorced)
 Residence of Deceased 50 Myrtle St. Husband—Wife—Widow—
 Charge to Mrs. Margt. Scott or of Single (What Race) (Where Born)
 Address 209 Van Broun St.
 Order given by Anna Mae Sweeney (or informant)
 How Secured 1105 Bluff St.
 Occupation of Deceased Retired
 Name of Employer
 Date of Death Jan 30-39 (Date) (Hour)
 Date of Birth Mar 23 1867 (Date) (Hour)
 Age 71 (Years) 10 (Months) 7 (Days)
 Date of Funeral Feb 2-39 (Date) (Day of Week) 9 A.M. (Hour)
 Services at Epiphany
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hosp.
 Cause of Death Fractured Skull
 Contributory Causes due to being struck by a street car
 Certifying Physician P. J. Sweeney (or Coroner)
 His Address
 Name of Father William Coleman
 His Birthplace Ireland
 Maiden Name of Mother Julia Graham
 Her Birthplace Ireland
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St. Martins Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	668	645.00
Casket			
Metallic Lining			
Outside Box (State Kind)			
Burial Vault (State Kind)			
Embalming Body with Fluid			
Barber, \$			
Hair Dressing, \$			
Dressing Body			
Suit or Dress, \$ (State Color)			18.50
Hose, \$			
Underwear, \$			
Slippers, \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Badge, \$			
Gloves, \$			
Hearse, \$			
Ambulance, \$			
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Delivering Box to			
Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)			
Pall Bearer Service			
Personal Service			
Use of Chapel			
Outlay for Lot			
Death Notices in Newspapers (Names of Newspapers)			12.97
Flowers, \$			
Rental of Palms, \$			
Rental of Tent, \$			
of Temporary Tomb, \$			
Lowering Device, \$			
Cremation, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Matting, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Singers, \$			
Organist, \$			25.00
Railroad or Motor } Tickets, \$			
Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Total Footing of Bill	\$	701	47
Less	\$	729	47
Balance	\$		
Entered into Ledger, page or below.			

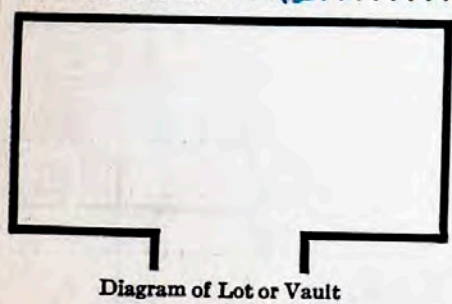


Diagram of Lot or Vault

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.

RECORD OF FUNERAL

Total No. 1164 Yearly No. 15 Date Feb 3 1939
 Name of Deceased Michael A Bosco (Single — Married — Divorced) W (What Race) Pgh (Where Born)
 Residence of Deceased 18 Congress St Husband—Wife—Widow—
 Charge to _____ or _____ of _____

Address _____
 Order given by Mrs Mary Bosco (Informant)
 How Secured _____
 Occupation of Deceased Infant
 Name of Employer _____
 Date of Death Feb 3 - 39 (Date) (Hour)
 Date of Birth May 23 - 38 (Date) (Hour)
 Age 2 8 10 (Years) (Months) (Days)
 Date of Funeral Feb 5 - 39 (Date) (Day of Week) (Hour) M.
 Services at Home
 Clergyman _____

His Address _____
 Religion of the Deceased Cath
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death 18 Congress St
 Cause of Death Convulsions - Gastro
 Contributory Causes Enteritis with acidosis
 Certifying Physician P J Henney (or Coroner)
 His Address _____
 Name of Father Thomas Bosco
 His Birthplace Pgh Pa
 Maiden Name of Mother Mary Zulla
 Her Birthplace Pgh Pa

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at Calvary Cemetery
 Lot No. 274
 Grave No. _____
 Section No. 0

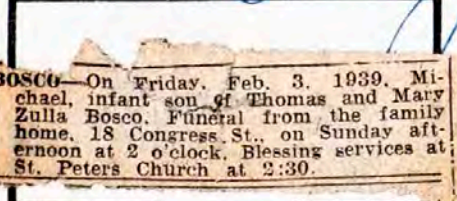


Diagram of Lot or Vault

Owner Salvatore Bosco

Complete Funeral	\$	
Casket		57.00
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	50.00
Embalming Body	with Fluid	15.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2.00
Door Badge, \$	Gloves, \$	2.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
_____ (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel	<u>Blanket</u>	4.00
	<u>Door B</u>	8.00
Outlay for Lot		8.40
Death Notices in _____ Newspapers	<u>7.92</u>	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	15.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		31.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	206.40
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

To Funeral Charges... Total, \$	<u>Feb 4</u>	By Cash	\$	57.00
	<u>11</u>			70.00

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

RECORD OF FUNERAL

Total No. 1165 Yearly No. 16 Date Feb 6 1939
 Name of Deceased Annita Vignano (Single—Married—Divorced) (What Race) W. Italy (Where Born)
 Residence of Deceased 175 Southern ave Husband—Wife—Widow—Romaldo
 or..... of

Charge to:.....
 Address.....
 Order given by R. Vignano (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death Feb 6-39 (Date) (Hour)
 Date of Birth.....
 Age 37 (Years) (Months) (Days)
 Date of Funeral Feb 9-39 10 M. (Date) (Day of Week) (Hour)
 Services at St. Peter's Church
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Passavant
 Cause of Death Cardiac Decomp.
 Contributory Causes.....
 Certifying Physician Wuerhele (or Coroner)
 His Address Passavant Hosp
 Name of Father Giuseppe Sodina
 His Birthplace Italy
 Maiden Name of Mother Margaretta Sodina
 Her Birthplace Italy
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	
Casket	2.75	00
Metallic Lining		
Outside Box	2.0	00
Burial Vault		
Embalming Body with Fluid	25	00
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$	24	00
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$	3	00
Candles, \$		
Door Badge, \$	3	00
Gloves, \$		
Hearse, \$	14	00
Ambulance, \$		
Limousines to Cemetery @ \$	18	50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to	8	00
Flowers to <u>cein</u>		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Blanket	12	00
Outlay for Lot	58	00
Death Notices in <u>Newspapers</u>		
Doors B	12	00
Flowers, \$	20	00
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad } Tickets, \$		
or Motor } Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	484 50
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

	To Funeral Charges... Total, \$		
		By Cash	\$ 160 00
			40 00
			40 00
			40 00
			45 00
			45 00
			20 00

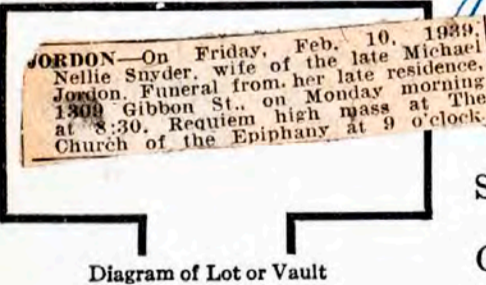
Insurance, \$..... Names of Lodges.....
 Names of Insurance Companies.....
 We hereby authorize the above funeral and agree to pay the expenses thereof
 Signed.....
 Signed.....
 Witness:.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

269

Total No. 1166 Yearly No. 17 Date Feb. 10 1939
 Name of Deceased Nellie Jordan (Single—Married—Divorced) W. Gyn. Ga. (What Race) (Where Born)
 Residence of Deceased 1309 Gibbon Street Husband—Wife—Widow—Michael
 Charge to Mrs. Margret Swanson or..... of }
 Address. 1309 Gibbon St.
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death February 10, 1939 (Date) (Hour)
 Date of Birth June 16, 1888 (Date) (Hour)
 Age 50 7 24 (Years) (Months) (Days)
 Date of Funeral February 13, 1939 M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Same as Home Address
 Cause of Death.....
 Contributory Causes.....
 Certifying Physician Dr. Paul Murray (or Coroner)
 His Address Fifty Ave., Gyn.
 Name of Father George Schneider
 His Birthplace Gyn. Ga.
 Maiden Name of Mother Cecilia Barrett
 Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner.....

Complete Funeral	\$ 265 00
Casket	.....
Metallic Lining	.....
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	.....
Suit or Dress, \$	Hose, \$ 14 00
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	1 @ \$
Autos to R. R. Station	@ \$
Getting Remains from	.....
Taking Remains to	.....
Delivering Box to	.....
Flowers to	.....
Removal Charges	.....
Procuring Burial Permit	.....
_____ Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)
Pall Bearer Service	.....
Personal Service	.....
Use of Chapel	.....
Outlay for Lot	.....
Death Notices in Newspapers	7 92 7 92
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	18 00
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	.....
Clergyman, \$	Singers, \$ Organist, \$ 10 00
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	.....
Cash Advanced	.....
Out of town Undertaker's Charges	.....
Total Footing of Bill	\$ 314 92
Less	\$
Per 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.

RECORD OF FUNERAL

Total No. 1167 Yearly No. 18 Date February 11, 1939

Name of Deceased Clyton Lynn (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 3445 Fifth Ave Husband—Wife—Widow—Rose Moriarity or of

Charge to: Complete Funeral 300 \$ 265.00

Address: Casket

Order given by Rose Moriarity (or informant) Metallic Lining

How Secured: Outside Box

Occupation of Deceased Mechanic (Auto) Burial Vault

Name of Employer: Embalming Body with Fluid

Date of Death February 11, 1939 Barber, \$ Hair Dressing, \$

Date of Birth April 19, 1885 Dressing Body

Age 53 9 12 Suit or Dress, \$ Hose, \$

Date of Funeral February 14, 1939 M. Underwear, \$ Slippers, \$

Services at Chapel Folding Chairs, \$ Tarpaulin, \$

Clergyman Rev. Johnston Candelabrum, \$ Candles, \$

His Address 613 N. Diamond St Door Badge, \$ Gloves, \$

Religion of the Deceased Prot. Hearse, \$ Ambulance, \$

Resided in the State: Limousines to Cemetery @ \$

Place of Death Cassovant Hospital Autos to R. R. Station @ \$

Cause of Death Lobar Pneumonia Getting Remains from

Contributory Causes: Taking Remains to

Certifying Physician Dr. Calloman Delivering Box to

His Address Cassovant Hospital Flowers to

Name of Father Charney Lynn Removal Charges

His Birthplace N.Y. Procuring Burial Permit

Maiden Name of Mother: Pall Bearer Service

Her Birthplace: Personal Service

Motor } Remains to Use of Chapel

Ship } Size and Style of Casket

Manufactured by: Outlay for Lot

Interment at Meneseville Death Notices in Newspapers 7.26

Lot No. Flowers, \$ Rental of Palms, \$

Grave No. Rental of Tent, \$ of Temporary Tomb, \$

Section No. Lowering Device, \$ Cremation, \$

Owner: Opening of Grave or Tomb

Diagram of Lot or Vault: Lining Grave, \$ Matting, \$

LYNN—On Saturday, Feb. 11, 1939, Clyton, husband of Rose Moriarity Lynn, of 3225 Fifth Ave. Funeral services at the McAvoyn Funeral Home, 1700 Forbes St. on Tuesday afternoon at 2:30 o'clock.

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-plane Service \$

or Motor } Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Total Footing of Bill \$ 322.60

Less

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. 1168 Yearly No. 19 Date Feb 14 1939
 Name of Deceased John Summers (Single—Married—Divorced)
 Residence of Deceased 1810 Forbes St (What Race) W. (Where Born) Pa.
 Charge Mrs. Doray Barry Husband—Wife—Widow—Div.
 Address 1810 Forbes St or of Pa.

Order given by (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Date of Death Feb 14 - 39
 Date of Birth Feb 24 - 1864 (Date) (Hour)
 Age 74 (Years) 11 (Months) 20 (Days)
 Date of Funeral Feb 17 - 39 9 M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1810 Forbes St
 Cause of Death Hypostatic Pneumonia
 Contributory Causes
 Certifying Physician J. J. McCarthy (or Coroner)
 His Address 2615 5th
 Name of Father John Summers
 His Birthplace Ireland
 Maiden Name of Mother Mary Skellin
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by Boulter Rd. Elkhville
 Interment at St. Patrick's Cemetery
 Crematory

Complete Funeral	\$ 140	00
Casket		
Metallic Lining		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers	3.96	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	120 00
Less	\$	20 00
Balance	\$	100 00
Entered into Ledger, page		or below.

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

	To Funeral Charges... Total, \$	Feb 17	By Cash	\$ 20 00	
		M 17		120 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
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1169 Yearly No. 20 Date Feb. 16 1939
 Name of Deceased Ethel Campola (Single — Married — Divorced) W. (What Race) Irish (Where Born)
 Residence of Deceased 2003 Foster St. Husband—Wife—Widow— Joseph P.
 Charge to: _____ or _____ of _____

Address: _____
 Order given by Joseph P. Campola (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Date of Death Feb 16-39 (Date) (Hour)
 Date of Birth Jan 15-1901 (Date) (Hour)
 Age 38 (Years) 1 (Months) 1 (Days)
 Date of Funeral Feb 18-39 (Date) (Day of Week) 2 (Hour) M.
 Services at Chapel
 Clergyman _____

His Address _____
 Religion of the Deceased Catholic
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death West Penn.
 Cause of Death Carcinomatosis
 Contributory Causes _____
 Certifying Physician D. W. Cameron (or Coroner)
 His Address West Penn.
 Name of Father Theodore Leonard
 His Birthplace Kansas
 Maiden Name of Mother Rose Meyers
 Her Birthplace Mo.

Motor } Remains to _____
 Ship } _____
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at Allegheny { Cemetery }
 Crematory



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

Complete Funeral	\$ 450 00
Casket	
Metallic Lining (State Kind)	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificate No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers <input checked="" type="checkbox"/>	77 00
(Names of Newspapers)	79 24
Flowers, \$ Rental of Palms, \$	
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad } Tickets, \$ Aero- plane Service, \$	
or Motor } _____	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW. J. McAVOY	
PAID	
FEB 21 1939	
Total Footing of Bill	\$ 536 24
Less _____	\$
Per _____ 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.

RECORD OF FUNERAL

Total No. 1170 Yearly No. 21

Name of Deceased Charles Descalzi
(Single - Married - Divorced)

Date Feb 15 1939

W. Pgh Pa
(What Race) (Where Born)

Residence of Deceased 3401 Forbes St

Husband—Wife—Widow—
or of } Agnes

Charge to: Agnes Descalzi

Address: 1703 Bona Vista St

Order given by: Fa 4754
(or informant)

How Secured

Occupation of Deceased Latorer

Name of Employer

Date of Death Feb 15 39
(Date) (Hour)

Date of Birth Oct 3 1894
(Date) (Hour)

Age 44 3 12
(Years) (Months) (Days)

Date of Funeral Feb 18 39 11 A. M.
(Date) (Day of Week) (Hour)

Services at: St Pauls Chrch

Clergyman

His Address

Religion of the Deceased Cath

Resided in the State

Place of Death Montefiore Hosp

Cause of Death Coronary Sclerosis

Contributory Causes

Certifying Physician P. J. Henry
(or Coroner)

His Address Montefiore

Name of Father John Descalzi

His Birthplace Italy

Maiden Name of Mother Antoinette Campo

Her Birthplace Italy

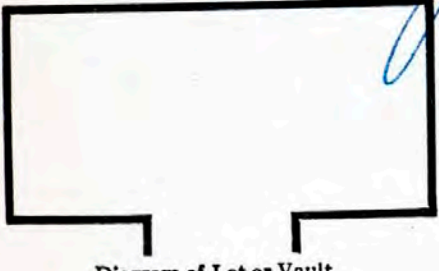
Motor } Remains to

Ship } (State Color)

Size and Style of Casket

Manufactured by

Interment at St Mary { Cemetery
Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 355 00
Casket	
Metallic Lining	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	<small>(State Number and District)</small>
.....	<small>(State Physician's or Coroner's)</small>
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	Newspapers <u>12 50</u>
.....	<small>(Names of Newspapers)</small>
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	<u>36 00</u>
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
.....	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
EDW. J. MCAVOY PAID Total Footing of Bill <u>3-8-39</u> \$ Less	
Balance	
Entered into Ledger, page or below.	

	By Cash		\$ 306 12
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

RECORD OF FUNERAL

Total No. 1171 Yearly No. 22 Date Feb 16 1939
 Name of Deceased Joseph E. Gibbons (Single — Married — Divorced) W. (What Race) St. Louis (Where Born)
 Residence of Deceased 6. Boyd St. Husband—Wife—Widow— Mildred Lee
 Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Clerk
 Name of Employer Records Office
 Date of Death Feb 16 1939 (Date) (Hour)
 Date of Birth Jan 1 1867 (Date) (Hour)
 Age 72 (Years) 1 (Months) 15 (Days)
 Date of Funeral Feb 20-39 (Date) (Day of Week) 9 A.M. (Hour)
 Services at E. Pappany
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mersey
 Cause of Death Scarlat Pneuonia
 Contributory Causes
 Certifying Physician Barnett (or Coroner)
 His Address 5th Ave
 Name of Father John F. Gibbons
 His Birthplace Ireland
 Maiden Name of Mother Estlin Branconier
 Her Birthplace St. Louis
 Motor } Remains to
 Ship }
 Size and Style of Casket Removal from Calvary Cem to State of Missouri Cem, Silver Springs Md. 7/17/62 (State Color)
 Manufactured by
 Interment at Calvary { Cemetery Crematory
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	137.00
Casket		
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	with Fluid	
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color)	Hose, \$
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in	Newspapers <u>6.93</u>	
	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	137.00
Less	\$	
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

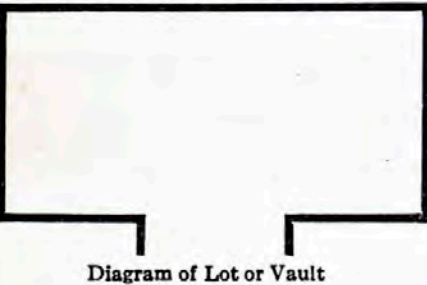
Total No. 1172 Yearly No. 23 Date Feb 17 1939
 Name of Deceased Arthur Massan (Single - Married - Divorced) W. (What Race) Pgh Pa (Where Born)
 Residence of Deceased 904 Webster Husband—Wife—Widow— }
 Charge to: or of }

Address.....
 Order given by.....
 How Secured.....
 Occupation of Deceased Student
 Name of Employer.....
 Date of Death Feb 17 - 39
 Date of Birth Nov 11 1927 (Date) (Hour)
 Age 11 3 6
 (Years) (Months) (Days)
 Date of Funeral 2-20-39 2 P.M.
 (Date) (Day of Week) (Hour)
 Services at St Georges
 Clergyman.....

His Address.....
 Religion of the Deceased Orth
 Resided in the State.....
 (or U. S. or City or County) (Years) (Months)
 Place of Death On arrival Passavant Hosp
 Cause of Death Shock and hemorrhage
 Contributory Causes following gun shot
 Certifying Physician J. J. Henney
 (or Coroner)
 His Address St Georges
 Name of Father Maman Massan
 His Birthplace Syria
 Maiden Name of Mother Helen Salem
 Her Birthplace Pa

Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
 (State Color)

Manufactured by.....
 Interment at Munroville Cemetery
 Crematory



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

Complete Funeral.....	\$ <u>275.00</u>
Casket.....	150.00
Metallic Lining.....	
Outside Box..... (State Kind)	10.00
Burial Vault..... (State Kind)	
Embalming Body..... with Fluid	15.00
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$.....	12.50
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	2.00
Door Badge, \$..... Gloves, \$.....	2.00
Hearse, \$..... Ambulance, \$.....	14.00
Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to..... <u>1 car</u>	10.50
Removal Charges.....	
Procuring Burial Permit.....	
_____ Certif. Copies of Death Certificates No. _____ <small>(State Number and District)</small> <small>(State Physician's or Coroner's)</small>	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel..... <u>Blanket</u>	6.00
Outlay for Lot.....	
Death Notices in..... Newspapers <u>WOB</u>	4.80
Flowers, \$..... (Names of Newspapers) Rental of Palms, \$.....	15.00
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill.....	\$ <u>286.00</u>
Less.....	
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.

RECORD OF FUNERAL

Total No. 1173 Yearly No. 24 Date Feb 19 1939 Name of Deceased Kate McGeehan (Single - Married - Divorced) W. Ireland (What Race) (Where Born) Residence of Deceased 13 Tunnel St. Husband - Wife - Widow - Single or of

Charge to Address Order given by Mary Ellen Kamey (or informant) How Secured 214 Robinson St Occupation of Deceased Retired Name of Employer Date of Death 2-19-39 (Date) (Hour) Date of Birth 1864 (Years) (Months) (Days) Age 75 Date of Funeral 2-22-39 (Date) (Day of Week) (Hour) M. Services at Epiphany Clergyman His Address Religion of the Deceased Cath Resided in the State Place of Death St Marys Convent Cause of Death Undetermined Contributory Causes Certifying Physician P. J. Henney (or Coroner) His Address Name of Father Joseph McGeehan His Birthplace Ireland Maiden Name of Mother Mary Ann Rogers Her Birthplace Ireland Motor Ship Remains to Size and Style of Casket Manufactured by Interment at Calvary Cemetery { Crematory Lot No. Grave No. Section No. Owner

Table with columns for item, price, and total. Includes items like Complete Funeral (\$190.00), Casket, Metallic Lining, Outside Box, Burial Vault, Embalming Body, Barber, Dressing Body, Suit or Dress, Underwear, Slippers, Folding Chairs, Tarpaulin, Candelabrum, Candles, Door Badge, Gloves, Hearse, Ambulance, Limousines to Cemetery, Autos to R.R. Station, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates, Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in Newspapers, Flowers, Rental of Palms, Rental of Tent, of Temporary Tomb, Lowering Device, Cremation, Opening of Grave or Tomb, Lining Grave, Matting, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Aero-plane Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges. Total Footing of Bill \$369.50.

McGEEHAN—On Sunday, February 19, 1939, Kate McGeehan of 700 Webster Avenue, Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Wednesday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Table with columns for To Funeral Charges... Total, \$ and By Cash \$.

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

RECORD OF FUNERAL

277

Total No. 1174 Yearly No. 25 Date Feb 20 1939
 Name of Deceased Anthony Busha (Single - Married - Divorced) W. Poland (What Race) (Where Born)
 Residence of Deceased 508 Selton St (Elliot) Husband - Wife - Widow - Josephine Urbach or of
 Charge to:
 Address:
 Order given by Anna Toley (or informant)
 How Secured 1406 Arch St
 Occupation of Deceased Retired
 Name of Employer Lead miner
 Date of Death 2-20-39 (Date) (Hour)
 Date of Birth
 Age 63 (Years) (Months) (Days)
 Date of Funeral 2-23-39 9 M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman
 His Address:
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Smith Side Hosp
 Cause of Death Hemiplegia
 Contributory Causes
 Certifying Physician Melvin H Knoey (or Coroner)
 His Address 701 Brownville Rd.
 Name of Father
 His Birthplace Poland
 Maiden Name of Mother
 Her Birthplace Poland
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery Crematory
 Lot No. 14
 Grave No. 44
 Section No. 13
 Owner

Complete Funeral	\$ 265.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body with Fluid	
Barber, \$	
Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$	
Hose, \$	
Underwear, \$	
Slippers, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Badge, \$	
Gloves, \$	
Hearse, \$	
Ambulance, \$	
Limousines to Cemetery	2 @ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in Newspapers	19 92
Flowers, \$	
Rental of Palms, \$	
Rental of Tent, \$	
of Temporary Tomb, \$	
Lowering Device, \$	
Cremation, \$	
Opening of Grave or Tomb	18 00
Lining Grave, \$	
Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	10 00
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	10 00
<u>Flowers</u>	10 00
Total Footing of Bill	\$ 329 92
Less	
<u>PAID</u>	
<u>373-39</u>	
Entered into Ledger, page	

BUSHA—On Monday, Feb. 20, 1939, Anthony, husband of the late Josephine Busha. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30. Requiem high mass at the Church of the Epiphany, at 9 o'clock.

Diagram of Lot or Vault

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.....

RECORD OF FUNERAL

Total No. 1175 Yearly No. 26 Date Feb 22 1939

Name of Deceased John Holliday (Single - Married - Divorced) W. Pgh. (What Race) (Where Born)

Residence of Deceased 209 Van Braam Husband—Wife—Widow—Single or of

Charge to Charles A. Mott Address 209 Van Braam

Order given by _____ How Secured Structural Iron Worker (or informant)

Occupation of Deceased Retired 1933 Name of Employer City of Pgh Pa

Date of Death Feb 22 - 39 Date of Birth June 4 1869 (Date) (Hour)

Age 69 (Years) 8 (Months) 18 (Days)

Date of Funeral Feb 25 - 39 10 A.M. (Date) (Day of Week) (Hour)

Services at Epiphany Clergyman _____

His Address _____ Religion of the Deceased Cath

Resided in the State _____ (or U. S. or City or County) (Years) (Months)

Place of Death 209 Van Braam Cause of Death Cancer Rectum

Contributory Causes Bronch. Pneumonia Certifying Physician J. Turner (or Coroner)

His Address Dr. Charles Mott Name of Father James Holliday

His Birthplace Ireland Maiden Name of Mother Grace McGinley

Her Birthplace Ireland Motor } Remains to _____ Ship }

Size and Style of Casket _____ (State Color)

Manufactured by _____ Interment at Calvary Cemetery _____ Crematory _____

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

Owner _____

Diagram of Lot or Vault _____

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.

Complete Funeral	\$ <u>450</u> 00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with _____ Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	<u>2</u> @ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates	No. _____ (State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	66 00
Death Notices in _____ Newspapers	17 03
Flowers, \$	75 00
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill <u>Mar 9, 1939</u>	\$ <u>583</u> 03
Less _____	
Balance	
Entered into Ledger, page _____ of 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

RECORD OF FUNERAL

Total No. 1176 Yearly No. 27 Date 3-6 1939
 Name of Deceased Malby Abraham (Single - Married - Divorced) W. Syria (What Race) (Where Born)
 Residence of Deceased 1219 Gilmore Husband—Wife—Widow—Widow or... of Bashma

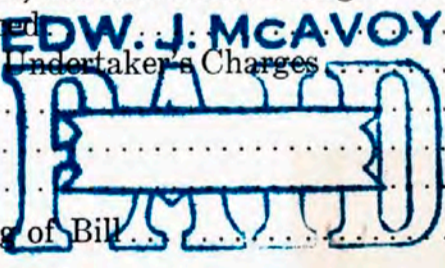
Charge to: Charles Abraham
 Address.....
 Order given by.....
 How Secured.....
 Occupation of Deceased At Home
 Name of Employer.....
 Date of Death 3-6-39 (Date) (Hour)
 Date of Birth Nov 3 1939/1869 (Date) (Hour)
 Age 69 (Years) 3 (Months) 3 (Days)
 Date of Funeral 3-9-39 (Date) (Day of Week) (Hour) 9 M.
 Services at St Annus

Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 1219 Gilmore
 Cause of Death Sudden Valvular Heart Disease
 Contributory Causes.....
 Certifying Physician J. M. Jackson (or Coroner)
 His Address Jenkins Ave St
 Name of Father Abraham Adesey
 His Birthplace Syria
 Maiden Name of Mother Jennie Adesey
 Her Birthplace Syria
 Motor } Remains to
 Ship }

Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Plot No. 1
 Grave No. 82
 Section No. 14
 Owner.....

Complete Funeral.....	\$	
Casket.....		360 00
Metallic Lining.....		
Outside Box.....	(State Kind)	
Burial Vault.....	(State Kind)	
Embalming Body.....	with Fluid	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body.....		
Suit or Dress, \$.....	Hose, \$.....	15 00
Underwear, \$.....	Slippers, \$.....	
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Badge, \$.....	Gloves, \$.....	
Hearse, \$.....	Ambulance, \$.....	
Limousines to Cemetery.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit.....	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		58 00
Death Notices in.....	Newspapers	
Flowers, \$.....	(Names of Newspapers)	
Rental of Palms, \$.....		
Rental of Tent, \$.....	of Temporary Tomb, \$.....	
Lowering Device, \$.....	Cremation, \$.....	
Opening of Grave or Tomb.....		
Lining Grave, \$.....	Matting, \$.....	
Outlay for Shipping Charges.....		
Clergyman, \$.....	Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$.....	Aero-plane Service, \$.....	
or Motor }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of Bill.....		433 00
Less.....		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.....
 Signed.....
 Signed.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

UNDER INSURANCE DEPARTMENT SUPERVISION

NATIONAL MUTUAL BENEFIT ASSOCIATION

CHARTERED IN 1908

PAID OVER TWO MILLION DOLLARS FOR CLAIMS



HOUSTON · TEXAS

July 7, 1939.

A large, stylized handwritten signature in black ink, which appears to be 'L. W. Davis', is written over a horizontal line.

Mr. Edward J. McAvoy,
1700 Forbes Street,
Pittsburgh, Pennsylvania.

Re: Mrs. Mulkey Abraham, deceased.
1219 Gilmore Way.

Dear Sir:

We have been advised by the beneficiary under the above styled claim that he, Abie C. Adyseh, of 456 Sheffield Avenue, Aliquippa, Pa., is responsible for one-half of the funeral expenses in this instance.

We should like your confirmation on this report and would thank you for letting us know the amount for which he is responsible. This will assist us in making the proper disposition of the now pending claim.

Enclosed, is stamped self-addressed envelope for your convenience in writing us.

Thanking you in advance for your cooperation in this matter, we are

Very truly yours,

A handwritten signature in black ink, which appears to be 'L. W. Davis', is written in a cursive style.

L. W. DAVIS, Claim Department.
NATIONAL MUTUAL BENEFIT ASSOCIATION.

8:5

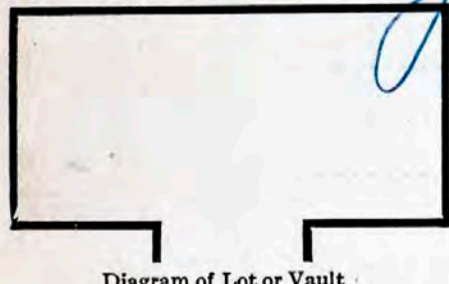
RECORD OF FUNERAL

Total No. 1177 Yearly No. 28 Date May 10 1939
 Name of Deceased Margaret Bendin (Single - Married - Divorced) W. Myrsdale Pa (What Race) (Where Born)
 Residence of Deceased 700 Webster ave Husband—Wife—Widow— } Single
 Charge to S. M. Annette or..... of }

Address 700 Webster ave
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death May 10 - 39 (Date) (Hour)
 Date of Birth May 5 1875 (Date) (Hour)
 Age 63 10 5 (Years) (Months) (Days)
 Date of Funeral May 13 39 M. (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 700 Webster ave
 Cause of Death Carcinomatosis

Contributory Causes.....
 Certifying Physician John C. Shaner (or Coroner)
 His Address.....
 Name of Father Joseph Bendin
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Manufactured by.....
 Interment at Calvary } Cemetery }
 Lot No. Row 8 } Crematory }
 Grave No. 2
 Section No. 14
 Owned Welfare



Complete Funeral	\$	
Casket <u>of lead</u>		<u>50 00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body with Fluid		<u>10 00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	<u>None</u> Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Badge, \$	Gloves, \$	
Hearse, \$	Ambulance, \$	<u>15 00</u>
Limousines to Cemetery <u>1</u> @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
___ Certif. Copies of Death Certificates No. _____	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		<u>25 00</u>
Death Notices in _____ Newspapers	(Names of Newspapers)	
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-	plane Service, \$
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	<u>EDW. J. MCAVOY</u>	
Out of town Undertaker's Charges		
Total Footing of Bill		<u>100 00</u>
Less <u>Person. State old age P.</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. 1178 Yearly No. 29 Date Mar 10 1939

Name of Deceased Martin H. Maylow (Single—Married—Divorced) (What Race) W (Where Born) Pa.

Residence of Deceased 40 Van Braam St Husband—Wife—Widow Mrs. Mary C. Maylow or Mary Cavanaugh

Charge to Mrs. Mary C. Maylow

Address 40 Van Braam St.

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Retired Bricklayer

Name of Employer _____

Date of Death Mar 10 1939 (Date) (Hour)

Date of Birth July 7 1868 (Date) (Hour)

Age 70 8 3 (Years) (Months) (Days)

Date of Funeral Mar 14 39 (Date) (Day of Week) (Hour) M.

Services at E. G. Phelan

Clergyman _____

His Address _____

Religion of the Deceased Cath.

Resided in the State Pa. (or U. S. or City or County) (Years) (Months)

Place of Death New York City

Cause of Death _____

Contributory Causes _____

Certifying Physician _____ (or Coroner)

His Address _____

Name of Father Martin Maylow

His Birthplace Pa.

Maiden Name of Mother Budget Fitzpatrick

Her Birthplace Ireland

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Calvary { Cemetery Crematory

Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

EDWARD J. MCAVOY

Funeral Home

Complete Funeral	\$ 240
Casket	
Metallic Lining	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body with Fluid	
Barber, \$ Hair Dressing, \$	
Dressing Body	
Suit or Dress, \$ (State Color) Hose, \$	
Underwear, \$ Slippers, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Badge, \$ Gloves, \$	
Hearse, \$ Ambulance, \$	
Limousines to Cemetery @ \$	15
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	58
Death Notices in Newspapers	9 10
Flowers, \$ (Names of Newspapers) Rental of Coffin, \$	12
Rental of Tent, \$ of Temporary Tomb, \$	
Lowering Device, \$ Cremation, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Matting, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	10
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	65 99
	3 68
Total Footing of Bill	413 77
Less <u>Pa. State</u>	12 00
Balance	401 77
Entered into Ledger, page _____ or below.	

To Funeral Charges... Total, \$		By Cash	\$
		<u>Mar 31, 39</u>	<u>On account</u>
<u>340 Barbery</u>			245 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 _____

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

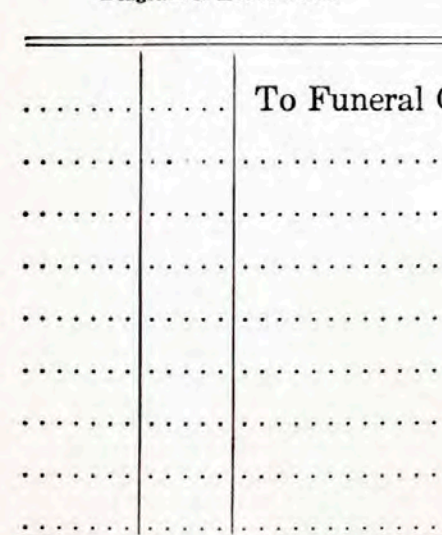
Total No. 1180 Yearly No. 31 Date April 8 1939
 Name of Deceased Smaya Houry also Mary Houry (Single - Married - Divorced) Syria (What Race) (Where Born)
 Residence of Deceased 1863 Arcena St. Husband - Wife - Widow }
 Charge to or of }

Address
 Order given to Mrs. Abraham Houry (or informant)
 How Secured 1806 Bedford
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death April 8 - 39 (Date) (Hour)
 Date of Birth (Year) (Month) (Day)
 Age 60
 Date of Funeral April 11 - 39 (Date) (Day of Week) (Hour) 9 M.
 Services at St. Annus
 Clergyman

His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1863 Arcena St.
 Cause of Death Coronary occlusion
 Contributory Causes
 Certifying Physician P. J. Henney (or Coroner)
 His Address Marquette
 Name of Father Richard R. Roman
 His Birthplace Syria
 Maiden Name of Mother
 Her Birthplace

Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery Crematory

Lot No. 117
 Grave No. 9 X D
 Section No. M
 Owner



Complete Funeral	\$	<u>465.</u>
Casket		<u>295.00</u>
Metallie Lining	(State Kind)	<u>15.00</u>
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body with Fluid		<u>25.00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		<u>8.50</u>
Suit or Dress, \$	Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	<u>3.00</u>
Door Badge, \$	Gloves, \$	<u>3.00</u>
Hearse, \$	Ambulance, \$	<u>14.00</u>
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to <u>1 rem</u>		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
<u>3</u> Certif. Copies of Death Certificates No. <u>5</u>	(State Physician's or Coroner's)	<u>5.00</u>
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		<u>123.00</u>
Death Notices in Newspapers		
Flowers, \$	Rental of Palms, \$	<u>15.00</u>
Rental of Tent, \$	Temporary Room, \$	<u>10.00</u>
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	<u>511.50</u>
Less <u>for</u>	\$	
Balance	\$	
Entered into Ledger, page or below.		

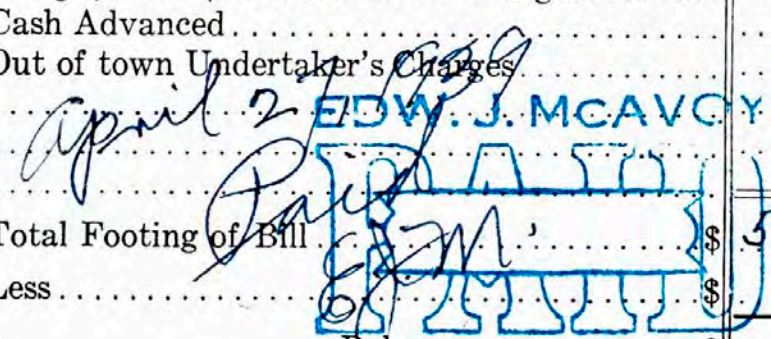
To Funeral Charges... Total, \$		By Cash	\$

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. 1181 Yearly No. 32 Date April 7 1939
 Name of Deceased Josephine Smith (Single—Married—Divorced) (What Race) (Where Born) Pgh Pa.
 Residence of Deceased 5512 Centre ave Husband—Wife—Widow— }
 or..... of } 480

Charge to:
 Address. Mrs. Mary Long &
 Order given by Mrs. Irene Feeney (or informant)
 How Secured. 5512 Centre
 Occupation of Deceased At Home
 Name of Employer
 Date of Death. April 7-39 (Date) (Hour)
 Date of Birth. Sept 19 1867 (Date) (Hour)
 Age. 71 6 18 (Years) (Months) (Days)
 Date of Funeral. Apr 11-39 (Date) (Day of Week) (Hour) M.
 Services at. Sacred Heart
 Clergyman
 His Address
 Religion of the Deceased. Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death. 5512 Centre ave
 Cause of Death
 Contributory Causes
 Certifying Physician. J. W. McMeans (or Coroner)
 His Address. Pittsburgh Pa
 Name of Father. Patrick Doolin
 His Birthplace. Ireland
 Maiden Name of Mother. Margaret Burgon
 Her Birthplace. Pa
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at. Calvary { Cemetery
 Crematory

Complete Funeral	\$ <u>440 00</u>
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	<u>9 50</u>
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	<u>Cemetery clip</u> <u>36 00</u>
Death Notices in	<u>6 X Newspapers 50 lines</u> <u>16 50</u>
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
	
Total Footing of Bill	\$ <u>506 00</u>
Less	
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:

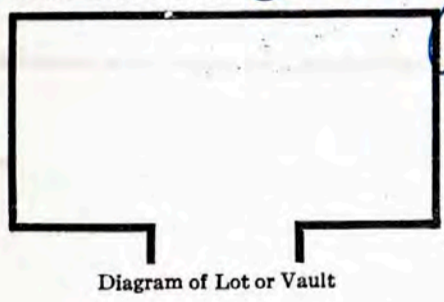
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1182 Yearly No. 33 Date April 14 1939
 Name of Deceased Helen Marie McCarthy (Single—Married—Divorced) (What Race) W. (Where Born) Pgh.
 Residence of Deceased 35 Miltenberger Husband—Wife—Widow— }
 or of }

Charge to
 Address
 Order given by Charles McCarthy (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Date of Death 4-14-39 (Date) (Hour)
 Date of Birth Jan 5 - 1894 (Date) (Hour)
 Age 45 3 9 (Years) (Months) (Days)
 Date of Funeral 4-17-39 (Date) (Day of Week) (Hour) 10 M.
 Services at Epiphany
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 35 Miltenberger
 Cause of Death Rheumatic Heart Disease
 Contributory Causes
 Certifying Physician John B. Wood (Coroner)
 His Address 3218 5th Ave
 Name of Father John S. Burns
 His Birthplace Pgh Pa
 Maiden Name of Mother Mary E. Dagenhardt
 Her Birthplace Pa
 Motor } Remains to
 Ship }

Complete Funeral	\$	<u>580</u>
Casket		<u>350 00</u>
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	<u>100 00</u>
Embalming Body	with Fluid	<u>25 00</u>
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	<u>16 50</u>
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	<u>3 00</u>
Door Badge, \$	Gloves, \$	<u>3 00</u>
Hearse, \$	Ambulance, \$	<u>17 00</u>
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers		<u>17 00</u>
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot	<u>Cemetery chg</u>	<u>36 00</u>
Death Notices in <u>2</u> Newspapers <u>5X</u>		<u>38 86</u>
Flowers, \$	Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	<u>25 00</u>
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. MCAVOY		
Total Footing of Bill	\$	<u>603 36</u>
Less	\$	
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.

RECORD OF FUNERAL

Total No. 1183 Yearly No. 34 Date April 14 1939

Name of Deceased Joseph H. Teeters (Single - Married - Divorced) (What Race) (Where Born) Pgh.

Residence of Deceased 434 Dawson Bellevue Husband - Wife - Widow - of Mary Cartwright

Charge to John Cartwright Complete Funeral \$ 340.00

Address 434 Dawson Bellevue Casket Metallic Lining

Order given by John Cartwright (or informant) Outside Box

How Secured Burial Vault

Occupation of Deceased Truck Driver Embalming Body with Fluid

Name of Employer Peerless Wall Paper Co. Barber, \$ Hair Dressing, \$

Date of Death 4-14-39 Dressing Body Suit or Dress, \$ Hose, \$

Date of Birth Oct 26 Underwear, \$ Slippers, \$

Age 26 (Years) (Months) (Days) Folding Chairs, \$ Tarpaulin, \$

Date of Funeral 4-18-39 230 M. Candelabrum, \$ Candles, \$

Services at Home Door Badge, \$ Gloves, \$

Clergyman Rev. Kaufman Hearse, \$ Ambulance, \$

His Address Oril. Limousines to Cemetery @ \$

Religion of the Deceased Oril. Autos to R. R. Station @ \$

Resided in the State Oril. Getting Remains from

Place of Death Albany General Hosp. Taking Remains to

Cause of Death Rheumatic Heart Disease Delivering Box to

Contributory Causes Disease Flowers to

Certifying Physician P. J. Henney Removal Charges

His Address Oril. Procuring Burial Permit

Name of Father Joseph Teeters Certif. Copies of Death Certificates No.

His Birthplace unknown Pall Bearer Service

Maiden Name of Mother '' Personal Service

Her Birthplace '' Use of Chapel

Motor Ship } Remains to Outlay for Lot

Size and Style of Casket (State Color) Death Notices in 2 Newspapers 3X

Manufactured by United C. Flowers, \$ Rental of Palms, \$

Interment at United C. Cemetery } Crematory Rental of Tent, \$ of Temporary Tomb, \$

Lot No. Lowering Device, \$ Cremation, \$

Grave No. Opening of Grave or Tomb

Section No. Lining Grave, \$ Matting, \$

Owner Outlay for Shipping Charges

Per E. J. M. Clergyman, \$ Singers, \$ Organist, \$

Entered into Ledger, page 486 88 or below.

Total Footing of Bill \$ 486 88

Less 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. 1184 Yearly No. 35 Date Apr 19 1939
 Name of Deceased Martina Mayer (Single - Married - Divorced) W. (What Race) Germany (Where Born)
 Residence of Deceased 68 Congress Husband—Wife—Widow—Adam
 Charge to..... or..... of

Address.....
 Order given by Frank H.A. Mayer (or informant)
 How Secured 830 Norwich Ave
 Occupation of Deceased Retired
 Name of Employer.....
 Date of Death 4-19-39
 Date of Birth 11-11-1848 (Date) (Hour)
 Age 90 - 5 - 8 (Years) (Months) (Days)
 Date of Funeral 4-22-39 9 M. (Date) (Day of Week) (Hour)
 Services at Holy Trinity
 Clergyman Fr. Charles
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U.S. or City or County) (Years) (Months)
 Place of Death 68 Congress
 Cause of Death Cerebral Hemorrhage
 Contributory Causes.....
 Certifying Physician J.P. Hearty (or Coroner)
 His Address Med. Bldg.
 Name of Father Martin Werner
 His Birthplace Germany
 Maiden Name of Mother.....
 Her Birthplace Germany
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)

Complete Funeral	\$	
Casket <u>Lease</u>		190.00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body with Fluid		25.00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	3.00
(State Color)		
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Badge, \$	Gloves, \$	3.00
Hearse, \$	Ambulance, \$	14.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to <u>Blanket</u>		8.00
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot <u>Cem. Chg.</u>		33.00
Death Notices in Newspapers		5.94
(Names of Newspapers)		
Flowers, \$	Rental of Palms, \$	10.00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill <u>EDW. J. MCAVOY PAID 4-29-40</u>		294.94
Less		
Per Balance		
Entered into Ledger, page..... or below.		

Manufactured by.....
 Interment at Mt. Carmel { Cemetery Crematory
 Plot No. 79
 Grave No.....
 Section No. 4
 Owner Adam Mayer

To Funeral Charges... Total, \$	<u>2/28/40</u>	By Cash <u>ch.</u>	\$ <u>100.00</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.

RECORD OF FUNERAL

Total No. 1185 Yearly No. 36 Date April 29 1939

Name of Deceased Delia Thurley (Single—Married—Divorced) W (What Race) St. (Where Born)

Residence of Deceased 1637 Tuscan St. Husband—Wife—Widow—
 Charge to Mary Kennedy or..... of }

Address.....

Order given by..... (or informant)

How Secured.....

Occupation of Deceased Retired

Name of Employer.....

Date of Death 4-29-39 (Date) (Hour)

Date of Birth.....

Age 79 (Years) (Months) (Days)

Date of Funeral 5-2-39 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman.....

His Address.....

Religion of the Deceased Cath

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Mayview

Cause of Death arteriosclerosis heart dis

Contributory Causes congestive heart failure

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor } Remains to.....
 Ship }

Size and Style of Casket..... (State Color)

Manufactured by.....

Interment at Calvary { Cemetery
 Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$ 245.00
Casket	
Metallic Lining	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	10
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to <u>Transfuner</u>	7.00
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	(State Number and District) (State Physician's or Coroner's)
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	
Death Notices in	Newspapers
Flowers, \$	(Names of Newspapers)
Rental of Palms, \$	
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	36.
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	25.
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	124
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	\$ 324.24
Less	\$
Balance	\$

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

HURLEY—On Saturday,
 Delia Thornton Hurley
 Mary Kennedy. Funer
 Avoy Funeral Home.
 Tuesday morning at 8
 quiet high mass at th
 Epiphany at 9 o'clock.

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:.....

RECORD OF FUNERAL

Total No. 1186 Yearly No. 37 Date May 3 1939

Name of Deceased Mary Hurley
(Single — Married — Divorced) (What Race) (Where Born)
W. Frank Ireland

Residence of Deceased 1609 Watson St.
Husband — Wife — Widow —
W. Frank of Ireland

Charge to: Frank Hurley
 Address: 1609 Watson St.
 Order given by: _____
(or informant)

How Secured: _____
 Occupation of Deceased Housewife
 Name of Employer: _____

Date of Death May 3 - 39
(Date) (Hour)
 Date of Birth Mar 25 1880
(Date) (Hour)

Age 59
(Years) (Months) (Days)
 Date of Funeral May 6 - 39 9 A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany
 Clergyman _____
 His Address _____

Religion of the Deceased Cath.
 Resided in the State _____
(or U. S. or City or County) (Years) (Months)

Place of Death Cassavant Hosp.
 Cause of Death Ruptured appendix
 Contributory Causes Peritonitis

Certifying Physician J. Watson
(or Coroner)
 His Address Cassavant

Name of Father Edward Brickley
 His Birthplace Ireland

Maiden Name of Mother Margaret Brickley
 Her Birthplace Ireland

Motor } Remains to _____
 Ship } _____
 Size and Style of Casket _____
(State Color)

Manufactured by _____
 Interment at Galumy { Cemetery
 Crematory



Plot No. 1
 Grave No. 110
 Section No. 14
 Owner _____

Complete Funeral	\$ 265.00
Casket	
Metallic Lining	
Outside Box	
Burial Vault	
Embalming Body	with Fluid
Barber, \$	Hair Dressing, \$
Dressing Body	10.00
Suit or Dress, \$	Hose, \$
Underwear, \$	Slippers, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Badge, \$	Gloves, \$
Hearse, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Delivering Box to	
Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service	
Personal Service	
Use of Chapel	
Outlay for Lot	58.00
Death Notices in	4.62
Flowers, \$	Rental of Palms, \$
Rental of Tent, \$	of Temporary Tomb, \$
Lowering Device, \$	Cremation, \$
Opening of Grave or Tomb	
Lining Grave, \$	Matting, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Organist, \$
or Motor } _____	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Total Footing of Bill	347.62
Less _____	89.62
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.

RECORD OF FUNERAL

Total No. 1187 Yearly No. 38 Date 5-9-39

Name of Deceased Julia Hurley (Single - Married - Divorced) W. (What Race) Ireland (Where Born)

Residence of Deceased 836 Clarissa Husband—Wife—Widow— of William

Charge to Katherine McGuire

Address.....

Order given by 2328 Walford (or informant)

How Secured.....

Occupation of Deceased Retired

Name of Employer.....

Date of Death 5-9-39 (Date) (Hour)

Date of Birth..... (State Color) Hose, \$

Age 71 (Years) (Months) (Days)

Date of Funeral 5-13-39 (Date) (Day of Week) (Hour) 10 AM

Services at St. Richards

Clergyman.....

His Address.....

Religion of the Deceased Catholic

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death 836 Clarissa

Cause of Death Myocarditis

Contributory Causes.....

Certifying Physician S. R. Cohen (or Coroner)

His Address 1703 Beaver ave

Name of Father Hurley

His Birthplace Ireland

Maiden Name of Mother Margaret

Her Birthplace Ireland

Motor Ship } Remains to.....

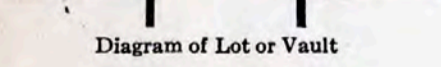
Size and Style of Casket..... (State Color)

Manufactured by.....

Interment at Calvary { Cemetery Crematory

Lot No. Row #1
 Grave No. 113
 Section No. 14

Owner.....



Complete Funeral	\$	510
Casket		345 00
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	20 00
Burial Vault	(State Kind)	
Embalming Body	with Fluid	25 00
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	(State Color) Hose, \$	
Underwear, \$	Slippers, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Badge, \$	Gloves, \$	3 00
Hearse, \$	Ambulance, \$	14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel	<u>Blanket</u>	10 00
Outlay for Lot		71 00
Death Notices in	Newspapers	13 86
	(Names of Newspapers) <u>Door B.</u>	10 00
Flowers, \$	Rental of Palms, \$	15 00
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
EDW. J. McAVOY		
PAID		
<u>May 26, 1939</u>		
Total Footing of Bill	\$	529 86
Less	\$	
Per <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.....

RECORD OF FUNERAL

Total No. 1189 Yearly No. 39 Date 5-12 1939
Name of Deceased Antoinette George W. Syria
Residence of Deceased 1228 Bedford
Charge to: Husband-Wife-Widow or of Joseph G.

Address: Mrs. Thomas Monohan
Order given by: (or informant)
How Secured: 1228 Bedford
Occupation of Deceased: Housewife
Name of Employer:
Date of Death: 5-12-39
Date of Birth:
Age: 45
Date of Funeral: 5-15-39
Services at: St. Ann's.

Clergyman:
His Address:
Religion of the Deceased: Cath.
Resided in the State:
Place of Death: 1228 Bedford.
Cause of Death: Hypertensive Heart Disease
Contributory Causes:
Certifying Physician: Francis A. Hegarty
His Address: Medical Arts
Name of Father: George Moses
His Birthplace: Syria
Maiden Name of Mother:
Her Birthplace: Syria
Motor Ship } Remains to
Size and Style of Casket:
Manufactured by:
Interment at: Colony Cemetery

GEORGE—Friday, May 12, 1939. Antoinette, wife of Joseph George and mother of Mrs. Thomas Monahan, Mrs. Dominick Bartrome, Bedelia, Phillip, George, John, Charles and Michael George. Funeral from the family home, 1218 Bedford Ave., on Monday morning at 9 o'clock. Requiem high mass at St. Ann's Church, 9:30.

Table with columns for item and amount. Items include Complete Funeral (\$625.00), Casket (\$495.00), Metallic Lining, Outside Box, Burial Vault, Embalming Body with Fluid (\$25.00), Barber, Hair Dressing (\$22.50), Dressing Body, Suit or Dress (\$3.00), Underwear (\$3.00), Slippers (\$3.00), Folding Chairs, Tarpaulin (\$3.00), Candelabrum, Candles (\$3.00), Door Badge, Gloves (\$3.00), Hearse, Ambulance (\$14.00), Limousines to Cemetery @ \$, Autos to R. R. Station @ \$, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates No., Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in Newspapers (\$66.00 + \$5.94), Flowers, Rental of Palms (\$15.00), Rental of Tent, Temporary Tomb (\$10.00), Lowering Device, Cremation (\$10.00), Opening of Grave or Tomb, Lining Grave, Matting, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Aero-plane Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges. Total Footing of Bill \$662.44. Balance.

Lot No.
Grave No.
Section No.
Owner

Table for payment: 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.

RECORD OF FUNERAL

Total No. 1190 Yearly No. 40 Date May 13 1939
Name of Deceased Martha Kanfoush (Single - Married - Divorced) W. Syria (What Race) (Where Born)

Residence of Deceased 1313 Webster Ave Husband - Wife - Widow - Marshall K.
Charge to Miss Jennie Kanfoush or of
Address 1412 Webster Ave

Order given by (or informant)
How Secured
Occupation of Deceased Housewife

Name of Employer
Date of Death May 13 - 39 (Date) (Hour)
Date of Birth
Age 58 (Years) (Months) (Days)

Date of Funeral May 16 - 39 (Date) (Day of Week) (Hour) M.
Services at St. Ann's
Clergyman

His Address
Religion of the Deceased Catholic
Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1313 Webster
Cause of Death Pyemia
Contributory Causes Cardiovascular Renal

Certifying Physician H. H. Hegarty (or Coroner)
His Address Medical Bldg.
Name of Father Michael Maffah
His Birthplace Syria

Maiden Name of Mother
Her Birthplace
Motor } Remains to
Ship }

Size and Style of Casket (State Color)
Manufactured by
Interment at Calvary Cemetery

Lot No.
Grave No.
Section No.
Owner

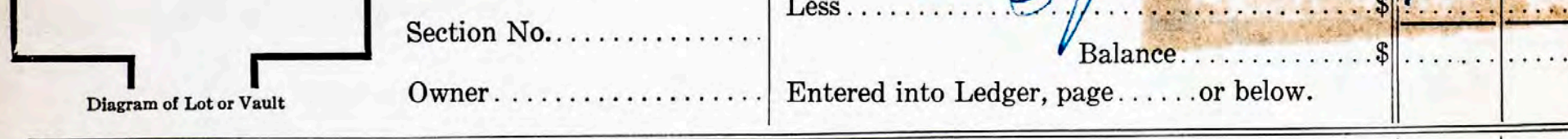


Table with columns for item description and price. Items include: Complete Funeral \$, Casket 325.00, Metallic Lining, Outside Box 1.500, Burial Vault, Embalming Body with Fluid 25.00, Barber, \$, Hair Dressing, \$, Dressing Body, Suit or Dress, \$, Hose, \$ 75.75, Underwear, \$, Slippers, \$, Folding Chairs, \$, Tarpaulin, \$, Candelabrum, \$, Candles, \$ 3.00, Door Badge, \$, Gloves, \$ 3.00, Hearse, \$, Ambulance, \$ 14.00, Limousines to Cemetery @ \$, Autos to R. R. Station @ \$, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates No., Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in Newspapers, Flowers, \$, Rental of Palms, \$ 15.00, Rental of Tent, \$, of Temporary Tomb, \$, Lowering Device, \$, Cremation, \$, Opening of Grave or Tomb 36.00, Lining Grave, \$, Matting, \$, Outlay for Shipping Charges, Clergyman, \$, Singers, \$, Organist, \$, Railroad } Tickets, \$, Aero- plane Service, \$, or Motor } Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges. Total Footing of Bill \$ 466.75. Less Balance \$

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

Witness Bill (signature) Signed:
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1191 Yearly No. 41 Date May 14 1939

Name of Deceased Mary Stutes (born Francis Raphael)
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Mercy Hosp.
Husband - Wife - Widow - }
or of }

Charge to:
Address: Mt. Mercy

Order given by Sr. Anna Maria Dept.
(or informant)

How Secured Mercy Hosp.
Occupation of Deceased Religion

Name of Employer:

Date of Death 5-14-39
(Date) (Hour)

Date of Birth:

Age 50
(Years) (Months) (Days)

Date of Funeral 5-16-39 9:4 A.M.
(Date) (Day of Week) (Hour)

Services at St. Xavier

Clergyman:

His Address:

Religion of the Deceased Cath.

Resided in the State

Place of Death Mercy Hosp.

Cause of Death Coronary occlusion

Contributory Causes:

Certifying Physician Dr. Mullen
(or Coroner)

His Address Mercy Hosp.

Name of Father:

His Birthplace:

Maiden Name of Mother:

Her Birthplace:

Motor } Remains to
Ship }
Size and Style of Casket:

Manufactured by:

Interment at St. Xavier { Cemetery
Crematory

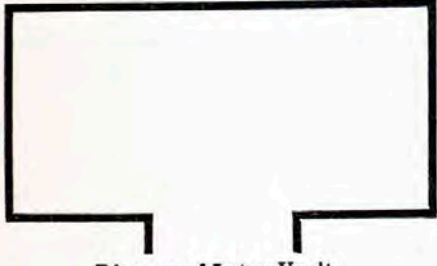


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner:

Complete Funeral	\$	
Casket		60 00
Metallic Lining		
Outside Box (State Kind)		15 00
Burial Vault (State Kind)		
Embalming Body with Fluid		15 00
Barber, \$ Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color) Hose, \$		
Underwear, \$ Slippers, \$		
Folding Chairs, \$ Tarpaulin, \$		
Candelabrum, \$ Candles, \$		1 50
Door Badge, \$ Gloves, \$		
Hearse, \$ Ambulance, \$		35 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death (State Number and District) Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in Newspapers		1 65
(Names of Newspapers)		
Flowers, \$ Rental of Palms, \$		
Rental of Tent, \$ of Temporary Tomb, \$		
Lowering Device, \$ Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Matting, \$		
Outlay for Shipping Charges		
Clergyman, \$ Singers, \$ Organist, \$		
Railroad or Motor } Tickets, \$ Aero- plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	128 15
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

EDW. J. MCAVOY
7-15-39

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. 1192 Yearly No. 43 Date May 25 1939
 Name of Deceased Paul Wolff (Single — Married — Divorced) W. (What Race) Germany (Where Born)
 Residence of Deceased 2702 Sherlock St Husband—Wife—Widow— Emily Schneider or..... of }

Charge to.....
 Address Edwin A. Lutz
 Order given by 2700 Hazelton Ave (or informant)
 How Secured.....
 Occupation of Deceased Carpenter
 Name of Employer.....
 Date of Death May 25 - 39 (Date) (Hour)
 Date of Birth Mar 3 1874
 Age 65 2 23 (Years) (Months) (Days)
 Date of Funeral 5 - 27 - 39 2:30 M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev. L. J. ...
 His Address 2630 Perryville Ave
 Religion of the Deceased J. M.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 2702 Sherlock
 Cause of Death Nephritis
 Contributory Causes Myocarditis
 Certifying Physician A. King (or Coroner)
 His Address 2517 Perryville Ave
 Name of Father Paul Wolff
 His Birthplace Germany
 Maiden Name of Mother White
 Her Birthplace Germany
 Motor } Remains to
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at United Cemetery
 Crematory

Complete Funeral.....	\$ <u>230 00</u>
Casket.....	
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... with..... Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$.....	
Underwear, \$..... Slippers, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Badge, \$..... Gloves, \$.....	
Hearse, \$..... Ambulance, \$.....	
Limousines to Cemetery..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
_____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	
Death Notices in..... Newspapers.....	<u>60 00</u> <u>4 62</u>
Flowers, \$..... (Names of Newspapers)	
Rental of Palms, \$.....	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	<u>5 00</u>
Railroad } Tickets, \$..... Aero- plane Service, \$..... or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Total Footing of Bill.....	<u>294 62</u>
Less.....	
Balance.....	
Entered into Ledger, page..... or below.	

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

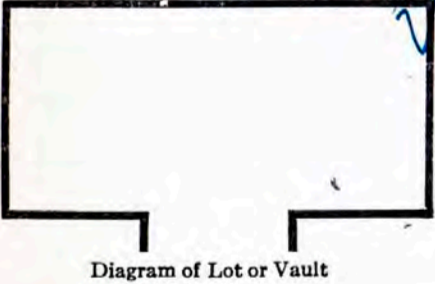
To Funeral Charges... Total, \$	By Cash..... \$

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.

RECORD OF FUNERAL

Total No. 1193 Yearly No. 44 Date May 27 1939
 Name of Deceased Baby Female Foley (Single — Married — Divorced) W. (What Race) Pgh Pa (Where Born)
 Residence of Deceased 337 Meredith Husband—Wife—Widow—
 Charge to..... or..... of }

Address.....
 Order given by Geo Foley (or informant)
 How Secured 337 Meredith
 Occupation of Deceased.....
 Name of Employer.....
 Date of Death 5-27-39 (Date) (Hour)
 Date of Birth 5-27-39 (Date) (Hour)
 Age Stillborn (Years) (Months) (Days)
 Date of Funeral 5-29-39 (Date) (Day of Week) (Hour) M.
 Services at.....
 Clergyman.....
 His Address.....
 Religion of the Deceased.....
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mega Hosp
 Cause of Death meningitis monster
 Contributory Causes Premature Stillborn
 Certifying Physician M. A. Guthrie (or Coroner)
 His Address 3700 Forbes St
 Name of Father Geo Foley
 His Birthplace.....
 Maiden Name of Mother Catherine Gatchell
 Her Birthplace Erie Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....



Complete Funeral.....	\$	
Casket.....		8 00
Metallic Lining.....		
Outside Box..... (State Kind)		
Burial Vault..... (State Kind)		
Embalming Body..... with..... Fluid		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body.....		
Suit or Dress, \$..... (State Color) Hose, \$.....		
Underwear, \$..... Slippers, \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Badge, \$..... Gloves, \$.....		
Hearse, \$..... Ambulance, \$.....		
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Delivering Box to.....		
Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service.....		
Personal Service.....		
Use of Chapel.....		
Outlay for Lot.....		10 00
Death Notices in..... Newspapers..... (Names of Newspapers)		
Flowers, \$..... Rental of Palms, \$.....		
Rental of Tent, \$..... of Temporary Tomb, \$.....		
Lowering Device, \$..... Cremation, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Matting, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		
Railroad } Tickets, \$..... (State) or Motor } plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Total Footing of Bill.....	\$	18 00
Less.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.		

EDW. J. MEAVY
 5/29/39

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.

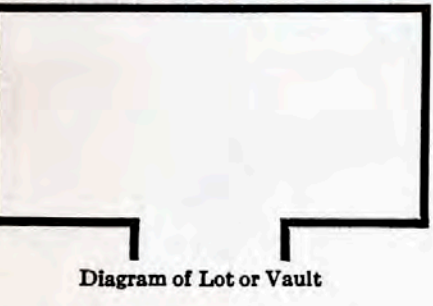
RECORD OF FUNERAL

Total No. 1194 Yearly No. 45 Date May 27 1939
 Name of Deceased Dennis McComahon (Single - Married - Divorced) Irish (What Race) Ireland (Where Born)
 Residence of Deceased 1211 Webster ave Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by Elizabeth Bynane (or informant)
 How Secured.....
 Occupation of Deceased Retired Cooperator
 Name of Employer.....
 Date of Death May 27 - 39 (Date) (Hour)
 Date of Birth Dec 5 - 1854 (Date) (Hour)
 Age 84 (Years) 5 (Months) 22 (Days)
 Date of Funeral May 31 - 9A (Date) (Day of Week) (Hour) M.
 Services at Epiphany
 Clergyman.....

His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 1211 Webster
 Cause of Death Myocardial Fibrosis
 Contributory Causes Denial of Houston
 Certifying Physician A. R. Coratty (or Coroner)
 His Address 813 Wyline

Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St. Camel { Cemetery
 Crematory



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

Complete Funeral.....	\$	440	00
Casket.....			
Metallic Lining.....			
Outside Box.....	(State Kind)		
Burial Vault.....	(State Kind)		
Embalming Body.....	with..... Fluid		
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body.....			
Suit or Dress, \$.....	Hose, \$.....	15	00
Underwear, \$.....	Slippers, \$.....	1	50
Folding Chairs, \$.....	Tarpaulin, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Badge, \$.....	Gloves, \$.....		
Hearse, \$.....	Ambulance, \$.....		
Limousines to Cemetery.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Getting Remains from.....			
Taking Remains to.....			
Delivering Box to.....			
Flowers to.....			
Removal Charges.....			
Procuring Burial Permit.....	(State Number and District)		
_____ Certif. Copies of Death Certificates No.....	(State Physician's or Coroner's)		
Pall Bearer Service.....			
Personal Service.....			
Use of Chapel.....			
Outlay for Lot.....		31	00
Death Notices in..... Newspapers.....		4	84
Flowers, \$.....	(Names of Newspapers)	15	00
Rental of Tent, \$.....	of Temporary Tomb, \$.....		
Lowering Device, \$.....	Cremation, \$.....		
Opening of Grave or Tomb.....			
Lining Grave, \$.....	Matting, \$.....		
Outlay for Shipping Charges.....			
Clergyman, \$.....	Singers, \$..... Organist, \$.....	25	00
Railroad } Tickets, \$.....	Aero plane Service, \$.....		
or Motor }			
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Total Footing of Bill.....	\$	532	34
Less \$22.00 before June 29, 1939.....	\$	511	34
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. 1195 Yearly No. #6 Date June 11 1939
 Name of Deceased Elizabeth Deeb (Single — Married — Divorced) (What Race) Syria (Where Born)
 Residence of Deceased 1826 Webster Husband—Wife—Widow—Essa Deeb
 Charge to..... or..... of

Address.....
 Order given by Tracy Elias (or informant)
 How Secured No
 Occupation of Deceased Housewife
 Name of Employer.....
 Date of Death June 11 1939 (Date) (Hour)
 Date of Birth..... (Years) (Months) (Days)
 Age 55 43
 Date of Funeral June 14 1939 (Date) (Day of Week) (Hour) M.
 Services at St George
 Clergyman.....
 His Address.....
 Religion of the Deceased Orthodox
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Pasavant Hosp
 Cause of Death Fractured Skull
 Contributory Causes.....
 Certifying Physician P J Sherry (or Coroner)
 His Address 1075 Olive St
 Name of Father Joseph Boulas
 His Birthplace Syria
 Maiden Name of Mother Estime Samra
 Her Birthplace Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St George Cemetery }
Bridgerville Crematory }
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ <u>550</u>
Casket <u>Complete FD</u>	\$ <u>500</u>
Metallic Lining..... (State Kind)	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body <input checked="" type="checkbox"/> with Fluid	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body.....	
Suit or Dress, \$..... (State Color) Hose, \$ <input checked="" type="checkbox"/>	
Underwear, \$..... Slippers, \$ <input checked="" type="checkbox"/>	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$ <input checked="" type="checkbox"/>	
Door Badge, \$..... Gloves, \$ <input checked="" type="checkbox"/>	
Hearse, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Delivering Box to.....	
Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service.....	
Personal Service.....	
Use of Chapel.....	
Outlay for Lot.....	
Death Notices in..... Newspapers	
Flowers, \$..... (Names of Newspapers)	
Rental of Palms, \$ <input checked="" type="checkbox"/>	
Rental of Tent, \$..... of Temporary Tomb, \$.....	
Lowering Device, \$..... Cremation, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Matting, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- plane Service, \$..... or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
EDW. J. MCAVOY	
Per [Signature]	
Total Footing of Bill.....	\$
Less.....	\$
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.

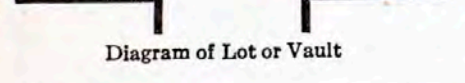
RECORD OF FUNERAL

Total No. 1196 Yearly No. 48 Date June 24 1939
 Name of Deceased Joseph Bronski (Single — Married — Divorced) (What Race) Polish (Where Born) England
 Residence of Deceased 2033 Forbes St Husband—Wife—Widow— of Minnie Galke

Charge to
 Address 2025 Forbes St
 Order given by Sister Bessi Bronski (or informant)
 How Secured #7 Davis St. Boston Mass.
 Occupation of Deceased Unemployed
 Name of Employer
 Date of Death 6-24-39 (Date) (Hour)
 Date of Birth Oct 61 (Years) (Months) (Days)
 Date of Funeral 6-27-39 2 P M (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev Johnson
 His Address 613 W. Diamond
 Religion of the Deceased Prot - Hebrew
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death 5th ave
 Cause of Death Coronary occlusion
 Contributory Causes
 Certifying Physician P J Henney (or Coroner)
 His Address Morgan
 Name of Father Abraham Bronski
 His Birthplace England
 Maiden Name of Mother Hermine Freeman
 Her Birthplace England
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$	
Casket		295-
Metallic Lining		
Outside Box (State Kind)		20
Burial Vault (State Kind)		
Embalming Body with Fluid		
Barber, \$		
Hair Dressing, \$		
Dressing Body		
Suit or Dress, \$ (State Color)		
Hose, \$		
Underwear, \$		
Slippers, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Badge, \$		3
Gloves, \$		14
Hearse, \$		21
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Blount</u>		8
Delivering Box to		
Flowers to <u>Minister Bar</u>		5
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		
Death Notices in 3 Newspapers 1		6.00
(Names of Newspapers)		
Flowers, \$		15
Rental of Palms, \$		
Rental of Tent, \$		
of Temporary Tomb, \$		
Lowering Device, \$		
Cremation, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Matting, \$		
Outlay for Shipping Charges		10
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad or Motor } Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of Own Undertaker's Charges		
D. W. J. MCAVOY		
PAID		
67-17-39		
Total Footing of Bill	\$	397
Less	\$	
Balance	\$	222
Entered into Ledger, page <u>175</u> or below.		

BRONSKI—Suddenly on Saturday, June 24, 1939, Joseph, beloved husband of Minnie Galke Bronski, of 2025 Forbes street. Funeral from the McAvoys Funeral Home, 1700 Forbes street, on Tuesday at 2 p. m.



Lot No. S. Hwy #7
 Grave No. 1
 Section No. E Range 7
 Owner

To Funeral Charges... Total, \$				
			By Cash	\$ 399
				100
				75-

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.

COPY

Office No. 13

Pittsburgh, Pa.

June 24

1937

Received of **W. J. MCGREGOR, M. D.**, Coroner of Allegheny County,

the body of Joseph Bronski and the following effects:

& Clothing

at 9. M.

\$10.00 Paid for Embalming

EJ McAnay
Per JPM

RECORD OF FUNERAL

Total No. 1197 Yearly No. 49 Date July 3 1939

Name of Deceased Frances E. Busberger (Single Married — Divorced) (What Race) W (Where Born) Pa

Residence of Deceased 3338 Parkview Ave Husband—Wife—Widow—Charles or..... of

Charge to Charles E. Busberger Address same

Order given by..... (or informant) How Secured.....

Occupation of Deceased Housewife Name of Employer.....

Date of Death July 3, 1939 Date of Birth Mar 29 - 1886 (Date) (Hour)

Age 53 3 4 (Years) (Months) (Days)

Date of Funeral July 16, 1939 10A (Date) (Day of Week) (Hour)

Services at St. Pauls Chapel Clergyman.....

His Address..... Religion of the Deceased Cath.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death 3338 Parkview Cause of Death Chronic myocarditis

Contributory Causes Hypertension Certifying Physician Owens (or Coroner)

His Address Dawson St Name of Father Frank Glenn

His Birthplace..... Maiden Name of Mother Ann Sanders

Her Birthplace Pvt Pa Motor } Remains to..... Ship }

Size and Style of Casket..... (State Color)

Manufactured by..... Interment at Calvary { Cemetery Crematory

Lot No. 127 Grave No. 5 Section No. 7 Owner.....

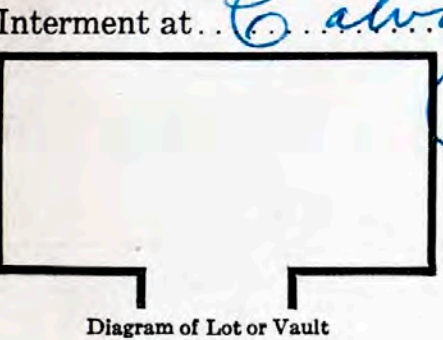


Diagram of Lot or Vault

Complete Funeral	\$	750
Casket		315
Metallic Lining	(State Kind)	
Outside Box	(State Kind)	
Burial Vault	(State Kind)	100
Embalming Body	with Fluid	25
Barber, \$	Hair Dressing, \$	
Dressing Body		
Suit or Dress, \$	Hose, \$	
(State Color)		
Underwear, \$	Slippers, \$	No
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Badge, \$	Gloves, \$	3
Hearse, \$	Ambulance, \$	74
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to <u>Don Bodge</u>		10
Delivering Box to		
Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pall Bearer Service		
Personal Service		
Use of Chapel		
Outlay for Lot		250
Death Notices in <u>3</u> Newspapers	(Names of Newspapers)	8.91
Flowers, \$	Rental of Palms, \$	15
Rental of Tent, \$	of Temporary Tomb, \$	
Lowering Device, \$	Cremation, \$	
Opening of Grave or Tomb		36.00
Lining Grave, \$	Matting, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	12
Organist, \$		
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Total Footing of Bill	\$	791.91
Less	\$	
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:.....

Registrar for Sharpshooting
John L. Hergenrother
Herman (Hafendesch)

Stirling 05-17.

110 Penn ave. Sharpshooting Pa.

James Harvey Reese ^{905 Bedford} ap 18, 1938.
Mary Oliver ^{700 - 2nd St} ap 9, 1938

John T. Ryan Dec 7, 1938

Helen Boncouras Dec 21.

